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110TH CONGRESS, 1st Session | HOUSE OF REPRESENTATIVES | REPORT 110–76

NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM REAUTHORIZATION ACT OF 2007

MARCH 27, 2007.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. DINGELL, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 1132]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 1132) 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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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 2007".

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 shall establish a demonstration project under which the Secretary may waive the requirements of paragraphs (1) and (4) of subsection (a) for not more than 5 States, if—

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

"(B) the application of such requirement would result in a barrier to the enrollment of qualifying women;

"(C) the State involved—

"(i) demonstrates, to the satisfaction of the Secretary, the manner in which the State will use such waiver to expand the level of screening and follow-up services provided immediately prior to the date on which the waiver is granted; and

"(ii) provides assurances, satisfactory to the Secretary, that the State will, on an annual basis, demonstrate, through such documentation as the Secretary may require, that the State has used such waiver as described in clause (i);

"(D) the State involved submits to the Secretary—

"(i) assurances, satisfactory to the Secretary, that the State will maintain the average annual level of State fiscal year expenditures for the services and activities described in paragraphs (1) and (2) of section 1501(a) for the period for which the waiver is granted, and for the period for which any extension of such wavier is granted, at a level that is not less than—

"(I) the level of the State fiscal year expenditures for such services and activities for the fiscal year preceding the first fiscal year for which the waiver is granted; or

"(II) at the option of the State and upon approval by the Secretary, the average level of the State expenditures for such services and activities for the 3-fiscal year period preceding the first fiscal year for which the waiver is granted; and

"(ii) a plan, satisfactory to the Secretary, for maintaining the level of activities carried out under the waiver after the expiration of the waiver and any extension of such waiver;

"(E) the Secretary finds that granting such a waiver to a State will increase the number of women in the State that receive each of the services or activities described in paragraphs (1) and (2) of section 1501(a), including making available screening procedures for both breast and cervical cancers; and

"(F) the Secretary finds that granting such a waiver to a State will not adversely affect the quality of each 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 that is not less than 1 year but not more than 2 years; and

"(ii) upon request of a State, may extend a waiver for an additional period that is not less than 1 year but not more than 2 years in accordance with subparagraph (B).

"(B) ADDITIONAL PERIOD.—The Secretary, upon the request of a State that has received a waiver under paragraph (1), shall, at the end of the waiver period described in subparagraph (A)(i), review performance under the

waiver and may extend the waiver for an additional period if the Secretary determines that—

"(i) without an extension of the waiver, there will be a barrier to the enrollment of qualifying women;

"(ii) the State requesting such extended waiver will use the waiver to leverage non-Federal funds to supplement the services or activities described in paragraphs (1) and (2) of section 1501(a);

"(iii) the waiver has increased, and will continue to increase, the number of women in the State that receive the services or activities described in paragraphs (1) and (2) of section 1501(a);

"(iv) the waiver has not, and will not, result in lower quality in the State of the services or activities described in paragraphs (1) and (2) of section 1501(a); and

"(v) the State has maintained the average annual level of State fiscal expenditures for the services and activities described in paragraphs (1) and (2) of section 1501(a) for the period for which the waiver was granted at a level that is not less than—

"(I) the level of the State fiscal year expenditures for such services and activities for the fiscal year preceding the first fiscal year for which the waiver is granted; or

"(II) at the option of the State and upon approval by the Secretary, the average level of the State expenditures for such services and activities for the 3-fiscal year period preceding the first fiscal year for which the waiver is granted.

"(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 Non-Federal entities in States receiving a waiver under paragraph (1) and how these amounts were used.

"(B) With respect to States receiving a waiver under paragraph (1), a description of the percentage of the grant that is expended on providing each of the services or activities described in—

"(i) paragraphs (1) and (2) of section 1501(a); and

"(ii) paragraphs (3) through (6) of section 1501(a).

"(C) A description of the number of States receiving waivers under paragraph (1) annually.

"(D) With respect to States receiving a waiver under paragraph (1), a description of—

"(i) 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; and

"(ii) the average annual level of State fiscal expenditures for the services and activities described in paragraphs (1) and (2) of section 1501(a) for the year preceding the first year for which the waiver was granted.

"(4) LIMITATION.—Amounts to which a waiver applies under this subsection shall not be used to increase the number of salaried employees.

"(5) DEFINITIONS.—In this subsection:

"(A) INDIAN TRIBE.—The term 'Indian tribe' has the meaning given the term in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

"(B) TRIBAL ORGANIZATION.—The term 'tribal organization' has the meaning given the term in section 4 of the Indian Health Care Improvement Act.

"(C) STATE.—The term 'State' means each of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, the Republic of Palau, an Indian tribe, and a tribal organization.

"(6) SUNSET.—The Secretary may not grant a waiver or extension under this subsection after September 30, 2012.";

(3) in section 1508—

(A) in subsection (a), by striking "evaluations of the extent to which" and all that follows through the period and inserting: "evaluations of—

"(1) the extent to which States carrying out such programs are in compliance with section 1501(a)(2) and with section 1504(c); and

"(2) the extent to which each State receiving a grant under this title is in compliance with section 1502, including identification of—

"(A) the amount of the non-Federal contributions by the State for the preceding fiscal year, disaggregated according to the source of the contributions; and

"(B) the proportion of such amount of non-Federal contributions relative to the amount of Federal funds provided through the grant to the State for the preceding fiscal year."; and

(B) in subsection (b), by striking "not later than 1 year after the date on which amounts are first appropriated pursuant to section 1509(a), and annually thereafter" and inserting "not later than 1 year after the date of the enactment of the National Breast and Cervical Cancer Early Detection Program Reauthorization of 2007, and annually thereafter"; and

(4) in section 1510(a)—

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

(B) by inserting ", $225,000,000 for fiscal year 2008, $245,000,000 for fiscal year 2009, $250,000,000 for fiscal year 2010, $255,000,000 for fiscal year 2011, and $275,000,000 for fiscal year 2012" before the period at the end.

PURPOSE AND SUMMARY

H.R. 1132, the National Breast and Cervical Cancer Early Detection Program Reauthorization of 2007, amends the Public Health Service Act to provide a five-year reauthorization of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), and in addition, to provide waivers relating to grants for preventive health measures concerning breast and cervical cancers.

BACKGROUND AND NEED FOR LEGISLATION

Established by Congress in 1991, the 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 between the ages of 40 to 64 for breast cancer screening and between the ages of 18 to 64 for cervical cancer screening. Services offered by the program include mammograms, clinical breast examinations, 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.

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. As a result, over half of all women screened by the program are ethnic and racial minorities.

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. Breast cancer mortality has steadily decreased since the late 1980s, a trend that experts attribute to increased mammography screening. It is estimated that timely mammography screening of all women over the age of 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 (NCI)

of the National Institutes of Health (NIH) has attributed this decline to effective Pap smear screening.

In recognition of the clear value of breast and cervical cancer screenings in reducing mortality from these diseases, the NBCCEDP is part of a multifaceted 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 screening on more than 600,000 women annually.

In 2000, Congress passed the Breast and Cervical Cancer Treatment and Prevention Act. That 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. While the emphasis on service provision required by the 60/40 split is appropriate for the vast majority of grantees, unique challenges exist in implementing the required 60/40 split for programs serving smaller populations. 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. For this reason, H.R. 1132 would allow for a grant 60/40 requirement waiver for no more than five States.

This legislation 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 will increase as a result of a 60/40 requirement waiver. The 60/40 requirement waiver will have a duration that is not less than one year but not more than two years. Additionally, H.R. 1132 allows the Secretary of HHS to grant a State a waiver extension, upon their request, for a period that is not less than one year but not more than two years.

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 recommendations 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 2008 through 2012.

At the time of Committee consideration, this bill had 66 cosponsors and is supported by the Susan G. Komen Breast Cancer Foundation and the American Cancer Society.

HEARINGS

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

COMMITTEE CONSIDERATION

On Tuesday, March 13, 2007, the Subcommittee on Health met in open markup session and approved H.R. 1132 for full Committee consideration, amended, by voice vote. On Thursday, March 15, 2007, the full Committee met in open markup session and ordered H.R. 1132 favorably reported to the House, amended, by voice vote.

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 record votes taken on amendments or in connection with ordering H.R. 1132 reported. A motion by Mr. Dingell to order H.R. 1132 favorably reported to the House, amended, was agreed to by a voice vote.

COMMITTEE OVERSIGHT FINDINGS

Regarding 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 goals and objectives of H.R. 1132 are to update and reauthorize the National Breast and Cervical Cancer Early Detection Program, granting the program increased flexibility to continue to provide vital cancer screening and referral services.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Regarding compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 1132 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

EARMARKS AND TAX AND TARIFF BENEFITS

Regarding compliance with clause 9 of rule XXI of the Rules of the House of Representatives, H.R. 1132 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

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, March 23, 2007.

Hon. JOHN D. DINGELL,
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. 1132, the National Breast and Cervical Cancer Early Detection Program Reauthorization Act of 2007.

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

Sincerely,

PETER R. ORSZAG.

Enclosure.

H.R. 1132—National Breast and Cervical Cancer Early Detection Program Reauthorization Act of 2007

H.R. 1132 would modify the Public Health Service Act to authorize funding for programs to detect breast and cervical cancer. The bill also would set rules and conditions for grants to states for cervical and breast cancer detection programs, and would specify circumstances under which the Secretary of Health and Human Services could waive those rules. The bill would authorize the appropriation of $225 million in 2008 and $1.25 billion over the 2008–2012 period. ($202 million was appropriated for those programs for 2007.)

Based on historical spending patterns for those activities, and assuming appropriation of the specified amounts, CBO estimates that implementing H.R. 1132 would cost $86 million in 2008 and $1 billion over the 2008–2012 period. Enacting H.R. 1132 would not affect direct spending or receipts.

H.R. 1132 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act, and in some cases it would ease the conditions of grants that states receive for programs to detect breast and cervical cancer.

The estimated budgetary impact of H.R. 1132 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—					
	2007	2008	2009	2010	2011	2012
SPENDING SUBJECT TO APPROPRIATION						
Spending Under Current Law:						
Budget Authority[1]	202	0	0	0	0	0
Estimated Outlays	198	122	35	9	1	0

	By fiscal year, in millions of dollars—					
	2007	2008	2009	2010	2011	2012
Proposed Changes:						
Authorization Level	0	225	245	250	255	275
Estimated Outlays	0	86	191	230	245	258
Spending Under H.R. 1132:						
Authorization Level [1]	202	225	245	250	255	275
Estimated Outlays	198	208	226	239	246	258

[1] The 2007 level is the amount appropriated for that year for programs to detect breast and cervical cancer.

The CBO staff contact for this estimate is Tim Gronniger. Public- and private-sector mandate statements were prepared by Leo Lex and Peter Richmond, respectively. This estimate was approved by Peter H. Fontaine, Deputy 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 the provisions of Article I, section 8, clause 1 that relate to expending funds to provide for the general welfare of the United States.

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 as the "National Breast and Cervical Cancer Early Detection Program Reauthorization Act of 2007."

Section 2. National Breast and Cervical Cancer Early Detection Program

Section 2 amends title XV of the Public Health Service Act (42 U.S.C. 300k et seq.) by updating the 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 Health and Human Services may waive the 60/40 funding requirement for no more than five States if the following conditions apply: (1) the State will use

the waiver to leverage non-Federal funds; (2) keeping the 60/40 requirement in place will result in a barrier to women seeking services; (3) the Secretary determines that granting such a waiver will increase the number of women in the State that receive screening services; (4) the State will maintain the average annual level of State fiscal year expenditures for screening services for the period for which the waiver is granted at a level not less than the level of the State fiscal year expenditures for such services and activities for the fiscal year preceding the first fiscal year for which the waiver is granted or at the option of the State, and upon approval by the Secretary, the average level of the State expenditures for such services for the 3-fiscal-year period preceding the first fiscal year for which the waiver is granted; and (5) granting the waiver will not adversely affect the quality of services available.

Section 2 provides that waivers will last for a period that is not less than one year but not more than two years. The Secretary may grant a renewal of a waiver for an additional period, of not less than one year but not more than two years, if the following applies: (1) without a waiver extension, a barrier to eligible women will result; (2) the State will use the waiver to leverage non-Federal funds; (3) the waiver has increased, and will continue to increase, the number of women receiving services; (4) the waiver has not adversely affected the quality of services available; and (5) the State has maintained the average annual level of fiscal expenditures for the screening services for the fiscal year preceding the first fiscal year for which the waiver was granted or, with approval by the Secretary, the average level of the State expenditures for the 3-fiscal-year period preceding the first fiscal year for which the waiver was granted.

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 non-Federal entities in States that receive a waiver; (2) for States that receive waivers, the percentage of the grant that is spent on each service must be specified; (3) States receiving waivers must be specified; and (4) States that receive waivers must include a description of the number of women receiving services as well as the average annual level of State fiscal expenditures for these services for the year preceding the first year for which the waiver was granted. Furthermore, Section 2 includes a limitation requiring that a waiver shall not be used to increase the number of salaried employees.

Section 2 also includes a sunset whereby the Secretary may not grant a waiver or extension after September 30, 2012.

Section 2 authorizes appropriations of $225,000,000 for fiscal year 2008; $245,000,000 for fiscal year 2009; $250,000,000 for fiscal year 2010; $255,000,000 for fiscal year 2011; and $275,000,000 for fiscal year 2012.

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] *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 shall establish a demonstration project under which the Secretary may waive the requirements of paragraphs (1) and (4) of subsection (a) for not more than 5 States, if—

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

(B) the application of such requirement would result in a barrier to the enrollment of qualifying women;

(C) the State involved—

(i) demonstrates, to the satisfaction of the Secretary, the manner in which the State will use such waiver to expand the level of screening and follow-up services provided immediately prior to the date on which the waiver is granted; and

(ii) provides assurances, satisfactory to the Secretary, that the State will, on an annual basis, demonstrate, through such documentation as the Secretary may require, that the State has used such waiver as described in clause (i);

(D) the State involved submits to the Secretary—

(i) assurances, satisfactory to the Secretary, that the State will maintain the average annual level of State fiscal year expenditures for the services and activities described in paragraphs (1) and (2) of section 1501(a) for the period for which the waiver is granted, and for the period for which any extension of such wavier is granted, at a level that is not less than—

(I) the level of the State fiscal year expenditures for such services and activities for the fiscal year preceding the first fiscal year for which the waiver is granted; or

(II) at the option of the State and upon approval by the Secretary, the average level of the State expenditures for such services and activities for the 3-fiscal year period preceding the first fiscal year for which the waiver is granted; and

(ii) a plan, satisfactory to the Secretary, for maintaining the level of activities carried out under the waiver after the expiration of the waiver and any extension of such waiver;

(E) the Secretary finds that granting such a waiver to a State will increase the number of women in the State that receive each of the services or activities described in paragraphs (1) and (2) of section 1501(a), including making available screening procedures for both breast and cervical cancers; and

(F) the Secretary finds that granting such a waiver to a State will not adversely affect the quality of each 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 that is not less than 1 year but not more than 2 years; and

(ii) upon request of a State, may extend a waiver for an additional period that is not less than 1 year but not more than 2 years in accordance with subparagraph (B).

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

(i) without an extension of the waiver, there will be a barrier to the enrollment of qualifying women;

(ii) the State requesting such extended waiver will use the waiver to leverage non-Federal funds to supplement the services or activities described in paragraphs (1) and (2) of section 1501(a);

(iii) the waiver has increased, and will continue to increase, the number of women in the State that receive the services or activities described in paragraphs (1) and (2) of section 1501(a);

(iv) the waiver has not, and will not, result in lower quality in the State of the services or activities described in paragraphs (1) and (2) of section 1501(a); and

(v) the State has maintained the average annual level of State fiscal expenditures for the services and activities described in paragraphs (1) and (2) of section 1501(a) for the period for which the waiver was granted at a level that is not less than—

(I) the level of the State fiscal year expenditures for such services and activities for the fiscal year preceding the first fiscal year for which the waiver is granted; or

(II) at the option of the State and upon approval by the Secretary, the average level of the State expenditures for such services and activities for the 3-fiscal year period preceding the first fiscal year for which the waiver is granted.

(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 Non-Federal entities in States receiving a waiver under paragraph (1) and how these amounts were used.

(B) With respect to States receiving a waiver under paragraph (1), a description of the percentage of the grant that is expended on providing each of the services or activities described in—

(i) paragraphs (1) and (2) of section 1501(a); and

(ii) paragraphs (3) through (6) of section 1501(a).

(C) A description of the number of States receiving waivers under paragraph (1) annually.

(D) With respect to States receiving a waiver under paragraph (1), a description of—

(i) 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; and

(ii) the average annual level of State fiscal expenditures for the services and activities described in paragraphs (1) and (2) of section 1501(a) for the year preceding the first year for which the waiver was granted.

(4) LIMITATION.—Amounts to which a waiver applies under this subsection shall not be used to increase the number of salaried employees.

(5) DEFINITIONS.—In this subsection:

(A) INDIAN TRIBE.—The term "Indian tribe" has the meaning given the term in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

(B) TRIBAL ORGANIZATION.—The term "tribal organization" has the meaning given the term in section 4 of the Indian Health Care Improvement Act.

(C) STATE.—The term "State" means each of the several States of the United States, the District of Columbia, the

Commonwealth of Puerto Rico, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, the Republic of Palau, an Indian tribe, and a tribal organization.

(6) SUNSET.—The Secretary may not grant a waiver or extension under this subsection after September 30, 2012.

* * * * * * *

SEC. 1508. EVALUATIONS AND REPORTS.

(a) EVALUATIONS.—The Secretary shall, directly or through contracts with public or private entities, provide for annual evaluations of programs carried out pursuant to section 1501. Such evaluations shall include [evaluations of the extent to which States carrying out such programs are in compliance with section 1501(a)(2) and with section 1504(c).] *evaluations of—*

(1) the extent to which States carrying out such programs are in compliance with section 1501(a)(2) and with section 1504(c); and

(2) the extent to which each State receiving a grant under this title is in compliance with section 1502, including identification of—

(A) the amount of the non-Federal contributions by the State for the preceding fiscal year, disaggregated according to the source of the contributions; and

(B) the proportion of such amount of non-Federal contributions relative to the amount of Federal funds provided through the grant to the State for the preceding fiscal year.

(b) REPORT TO CONGRESS.—The Secretary shall, [not later than 1 year after the date on which amounts are first appropriated pursuant to section 1509(a), and annually thereafter] *not later than 1 year after the date of the enactment of the National Breast and Cervical Cancer Early Detection Program Reauthorization of 2007, and annually thereafter*, submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report summarizing evaluations carried out pursuant to subsection (a) during the preceding fiscal year and making such recommendations for administrative and legislative initiatives with respect to this title as the Secretary determines to be appropriate, including recommendations regarding compliance by the States with section 1501(a)(2) and with section 1504(c).

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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*, $225,000,000 for fiscal year 2008, $245,000,000 for fiscal year 2009, $250,000,000 for fiscal year 2010,*

$255,000,000 for fiscal year 2011, and $275,000,000 for fiscal year 2012.

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