HEALTHCARE RESEARCH AND QUALITY ACT OF 1999

Mr. BLILEY. Mr. Speaker, I ask unanimous consent to take from the Clerk a copy of the Senate bill (S. 580) to amend title IX of the Public Health Service Act to revise and extend the Agency for Healthcare Policy and Research, and ask for its immediate consideration in the House.

Mr. Speaker, S. 580 reauthorizes and renames the Agency for Healthcare Policy and Research as the agency for Health Research and Quality, AHRQ. It also refocuses the Agency's mission, which is to conduct and support research on the quality, outcomes, cost, and utilization of healthcare services, and access to those services.

The bill authorizes critical funding by sharing information, build public-private partnerships to advance and share quality measures, report annually to Congress on the state of quality in the Nation, support the evaluation of state-of-the-art information systems for healthcare quality, support primary care and access in underserved areas, facilitate innovation in patient care with streamlined assessment of new technologies, coordinate quality improvement efforts to avoid duplication, and facilitate utilization of preventative health services.

The bill also authorizes appropriations for pediatric graduate medical education, children's hospitals. These represent important reforms.

Mr. Speaker, I urge my colleagues to support this request.

Mr. BROWN of Ohio. Mr. Speaker, further reserving my right to object, with that explanation, I want to associate myself with the remarks of the gentleman from Virginia (Mr. BLILEY) to let my colleagues know that I support the adoption of S. 580.

I am particularly pleased because one of the key provisions in this bill is the Graduate Medical Education Funding for children's hospitals. They will receive actual dollars in fiscal year 2000 if this authorization is enacted. We have worked in a bipartisan manner in this bill, and I am glad to see its inclusion.

HCP is needed to study key health care issues as we go into the next century. These issues include access, cost, quality, and in virtually all aspects of the health care system.

The true bipartisanship exhibited by the gentleman from Virginia (Mr. BLILEY), the gentleman from Florida (Mr. BILIRAKIS), his staff, the Senate, particularly the efforts of Senators JEFFORDS, Frist, Kennedy, and their staff, especially the efforts of Ellie Dehoney in my office.

Mr. Speaker, I recommend that this bill be adopted by unanimous consent in the House of Representatives.

Mr. BILIRAKIS. Mr. Speaker, I am pleased to support consideration of S. 580, the Healthcare Research and Quality Act of 1999 by the House today. I introduced H.R. 2506 in the House on September 14, 1999. Following approval by my Subcommittee and the full Commerce Committee, the House voted overwhelmingly to pass H.R. 2506 on September 28, 1999.

Late last week, the Senate passed S. 580 by unanimous consent. The bill before us today represents a bipartisan agreement between the House and Senate authorizing committees on a compromise version of the bills previously approved by each body. This widely supported, bipartisan measure is critical to improving the quality of health care in this country. The "Healthcare Research and Quality Act of 1999" will significantly increase health care research and science-based evidence to improve the quality of patient care.

S. 580 reauthorizes the Agency for Health Care Policy and Research (AHCPR) for fiscal years 2000–2005, renames it as the "Agency for Healthcare Research and Quality," and refocuses the agency's mission to become a focal point, and partner to the private sector, in supporting of health care research and quality improvement activities.

Equally important, the bill authorizes critical funding for our nation's children's hospitals. I was pleased to support the adoption of these provisions when this bill was previously considered by the House. Passage of this legislation today is an important step in ensuring that America's children's hospitals receive the resources that they need.

Mr. BROWN of Ohio. Mr. Speaker, I withdraw my reservation of objection.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

Mr. Speaker, S. 580 reauthorizes and renames the Agency for Healthcare Policy and Research as the agency for Health Research and Quality, AHRQ. It also refocuses the Agency's mission, which is to conduct and support research on the quality, outcomes, cost, and utilization of healthcare services, and access to those services.

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Mr. BROWN of Ohio. Mr. Speaker, I withdraw my reservation of objection.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

The Clerk read the Senate bill, as follows:

S. 580

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Healthcare Research and Quality Act of 1999".

SECTION 2. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

(a) In General.—Title IX of the Public Health Service Act (42 U.S.C. 299 et seq.) is amended to read as follows:

"TITLE IX—AGENCY FOR HEALTHCARE RESEARCH AND QUALITY"

"PART A—ESTABLISHMENT AND GENERAL DUTIES"

"SEC. 901. MISSION AND DUTIES.

(a) In General.—There is established within the Public Health Service an agency to be known as the Agency for Healthcare Research and Quality, which shall be headed by a director appointed by the Secretary. The Secretary shall carry out this title through the Director.

(b) Mission.—The purpose of the Agency is to enhance the quality, appropriateness, and effectiveness of health services, and access to health services, and to improve the prevention of diseases and other health conditions. The Agency shall promote health care quality improvement by conducting and supporting research that develops and presents scientific evidence regarding all aspects of health care, including—

(A) the development and assessment of methods for enhancing patient participation in their own care and for facilitating shared patient-physician decision-making; and

(B) the outcomes, effectiveness, and cost-effectiveness of health care practices, including preventive measures and long-term care; and

(C) existing and innovative technologies; and

(D) the costs and utilization of, and access to health care; and

(E) the ways in which health care services are organized, delivered, and financed and the interaction and impact of these factors on the quality of patient care; and

(F) methods for measuring quality and strategies for improving quality; and

(G) ways in which patients, consumers, purchasers, and practitioners acquire new information about best practices and health benefits, the determinants and impact of their use of this information, the synthesis, and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and

(3) initiatives to advance private and public efforts to improve health care quality.

(c) REQUIREMENTS WITH RESPECT TO RURAL AND INNER-CITY AREAS AND PRIORITY POPULATIONS.—

(1) RESEARCH, EVALUATIONS AND DEMONSTRATION PROJECTS.—In carrying out this title, the Director shall conduct and support research and evaluations, and support demonstration projects, with respect to—

(A) the delivery of health care in inner-city areas, and in rural areas (including frontier areas); and

(B) health care for priority populations, which shall include—

(i) low-income groups;

(ii) minority groups;

(iii) women;

(iv) children;

(v) the elderly; and

(vi) individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.

(2) PROCESS TO ENSURE APPROPRIATE RESEARCH.—The Director shall establish a process to ensure that the requirements of paragraph (1) are reflected in the overall portfolio of research conducted and supported by the Agency.

(3) OFFICE OF PRIORITY POPULATIONS.—The Director shall establish an Office of Priority Populations to assist in carrying out the requirements of paragraph (1)."
for the delivery of such care, including activities that:

“(1) the quality, effectiveness, efficiency, appropriateness and value of health care services;

“(2) quality measurement and improvement;

“(3) the outcomes, cost, cost-effectiveness, and use of health care services and access to such services;

“(4) clinical practice, including primary care and practice-oriented research;

“(5) health care technologies, facilities, and equipment;

“(6) health care costs, productivity, organization, and market forces;

“(7) health promotion and disease prevention, including clinical preventive services;

“(8) health statistics, surveys, database development, and epidemiology; and

“(9) medical liability.

“(b) HEALTH SERVICES TRAINING GRANTS.—

“(1) IN GENERAL.—The Director may provide training grants in the field of health services research related to activities authorized by subsection (a) to conduct and support multi-disciplinary and post-doctoral fellowships and training programs, young investigator awards, and other programs and activities as appropriate. In carrying out this subsection, the Director shall make use of funds made available under section 47(d)(3) as well as other appropriated funds.

“(2) REQUIREMENTS.—In developing priorities for the allocation of training funds under this subsection, the Director shall take into consideration shortages in the number of trained researchers who are addressing health care issues for the priority populations identified in section 901(c)(1)(B) and in addition, shall take into consideration interest in establishing multi-term commitments amongst applicants for training funds, to addressing health care needs of the priority populations.

“(c) MULTIDISCIPLINARY CENTERS.—The Director may provide financial assistance to assist in meeting the costs of planning and establishing new centers, and operating existing centers, and for multi-disciplinary health services research, demonstration projects, evaluations, training, and policy analysis with respect to the matters referred to in subsection (a).

“(d) RELATION TO CERTAIN AUTHORITIES REGARDING SOCIAL SECURITY.—Activities authorized in this section shall be appropriately coordinated with experiments, demonstration projects, and other related activities authorized by the Social Security Act and the Social Security Amendments of 1967. Activities under subsection (a)(2) of this section that affect the programs under titles XVIII, XIX and XXI of the Social Security Act shall be carried out consistent with section 111 of such Act.

“(e) DISCLAIMER.—The Agency shall not mandate national standards of clinical practice or quality health care standards. Recommendations resulting from projects funded and published by the Agency shall include a corresponding disclaimer.

“(f) RULE OF CONSTRUCTION.—Nothing in this section is intended to imply that the Agency’s role is to mandate a national standard or specific approach to quality measurement and reporting. In research and quality measurement activities, the Agency shall consider a wide range of choices, providers, health care delivery systems, and individual preferences.

“(g) PRELIMINARY REPORT.—Beginning with fiscal year 2003, the Director shall annually submit to the Congress a report regarding prevailing disparities in health care delivery as well as the role of socio-economic factors in priority populations.

“PART B—HEALTH CARE IMPROVEMENT RESEARCH

“SEC. 911. HEALTH CARE OUTCOME IMPROVEMENT RESEARCH.

“(a) EVIDENCE RATING SYSTEMS.—In collaboration with experts from the public and private sector, the Agency shall identify and disseminate methods or systems to assess health care research results, particularly methods or systems to rate the strength of the scientific evidence underlying health care practice, recommendations in the research literature, and technology assessments. The Agency shall make methods or systems for evidence rating widely available. Agency publications containing health care recommendations shall indicate the level of substantiating evidence using such methods or systems.

“(b) HEALTH CARE IMPROVEMENT RESEARCH CENTERS AND PROVIDER-BASED RESEARCH NETWORKS.—

“(1) IN GENERAL.—In order to address the full continuum of care and outcomes research, to link research to practice improvement, and to assist researchers in their search for evidence that can improve patient care and practice, the Agency shall establish a program for the purpose of carrying out the activities specified in paragraph (2).

“(2) REQUIREMENTS.—In carrying out this subsection, the Director shall:

“(A) health care improvement research centers that combine multiple disciplines expertise in outcomes or quality improvement research with linkages to relevant sites of care;

“(B) provider-based research networks, including plan, facility, or delivery system sites of care (especially primary care), that can evaluate outcomes and evaluate and promote quality improvement; and

“(C) other innovative mechanisms or strategies to link research with clinical practice.

“(2) REQUIREMENTS.—The Director is authorized to establish the requirements for entities applying for grants under this subsection.

“SEC. 912. PRIVATE-PUBLIC PARTNERSHIPS TO IMPROVE ORGANIZATION AND DELIVERY.

“(a) SUPPORT FOR EFFORTS TO DEVELOP INFORMATION ON QUALITY.

“(1) SCIENTIFIC AND TECHNICAL SUPPORT.—In its role as the principal agency for health care research and quality, the Agency may provide scientific and technical support for private and public efforts to improve health care quality, including the activities of accrediting organizations.

“(2) ROLE OF THE AGENCY.—With respect to paragraph (1), the role of the Agency shall include:

“(A) the identification and assessment of methods for the evaluation of the health of—

“(i) enrollees in health plans by type of plan, provider, and provider arrangements; and

“(ii) other populations, including those receiving long-term care services;

“(B) the ongoing development, testing, and dissemination of methods for the evaluation of the health of—

“(i) enrollees in health plans by type of plan, provider, and provider arrangements; and

“(ii) other populations, including those receiving long-term care services;

“(C) the compilation and dissemination of health care quality measures developed in the private and public sector;

“(D) assistance in the development of improved health care information systems;

“(E) the development of survey tools for the purpose of measuring participant and beneficiary assessments of their health care and

“(F) identifying and disseminating information and mechanisms for the integration of information on quality into purchaser and consumer decision-making processes.

“(b) CENTERS FOR EDUCATION AND RESEARCH ON THERAPEUTICS.

“(1) IN GENERAL.—The Secretary, acting through the Director and in consultation with the Commissioner of Food and Drugs, shall establish a program for the purpose of making one or more grants for the establishment and operation of one or more centers to carry out the activities specified in paragraph (2).

“(2) REQUIREMENTS.—The activities referred to in this paragraph are the following:

“(A) The conduct of state-of-the-art research for the following purposes:

“(i) To increase awareness of—

“(1) new uses of drugs, biological products, and devices;

“(II) ways to improve the effective use of drugs, biological products, and devices; and

“(III) risks of new uses and risks of combination of drugs, biological products, and devices;

“(ii) To provide objective clinical information to the following individuals and entities:

“(I) Health care practitioners and other providers of health care goods or services;

“(II) Pharmacists, pharmacy benefit managers and purchasers;

“(III) Health maintenance organizations and other managed health care organizations.

“(IV) Health care insurers and governmental agencies.

“(V) Patients and consumers.

“(ii) To improve the quality of health care while reducing the cost of health care services:

“(I) an increase in the appropriate use of drugs, biological products, or devices; and

“(II) the prevention of adverse effects of drugs, biological products, and devices and the consequences of such effects, such as unnecessary hospitalizations.

“(B) The conduct of research on the comparative effectiveness, cost-effectiveness, and safety of drugs, biological products, and devices.

“(C) Such other activities as the Secretary determines to be appropriate, except that a grant may not be expended to assist the Secretary in the review of new drugs, biological products, and devices.

“(c) REDUCING ERRORS IN MEDICINE.—The Director shall conduct and support research and build private-public partnerships to—

“(1) identify the causes of preventable health care errors and patient injury in health care delivery;

“(2) develop, demonstrate, and evaluate strategies for reducing errors and improving patient safety; and

“(3) disseminate such effective strategies throughout the health care industry.

“SEC. 913. INFORMATION ON QUALITY AND COST OF CARE.

“(a) IN GENERAL.—The Director shall—

“(1) conduct a survey to collect data on a nationally representative sample of the population on the cost, use and, for fiscal years 2001 and subsequent fiscal years, quality of health care, including the types of health care services Americans use, their access to health care services, frequency of use, how much is paid for the services used, the source of those payments, the types and costs of private health insurance, access, satisfaction with the quality of care for the general population and ethnic minority population including rural residents and also for populations identified in section 901(c); and
health care provided to the American people.

report on national trends in the quality of
year 2003, the Secretary, acting through the

giene, and functional status, including the
health care needs of populations identified in
section 901(c), provide data to study the relation-
between health care quality, out-
comes, access use, and cost, measure changes over time, and monitor the overall national trends for Federal and State policy changes on health care;

(B) provide information on the quality of care and patient outcomes for frequently oc-
curring clinical conditions generally collected by private sector accreditation organizations.

(2) ANNUAL REPORT.—Beginning in fiscal year 2003, the Secretary, acting through the

In expanding the Medical Expenditure Panel Survey, as in existence on the date the

Enlarging the national surveys generally collected by private sector accreditation organizations.

(3) RESEARCH.—In carrying out this sec-
tion, the Center shall conduct and support research concerning—

(a) the nature and characteristics of pri-
care practice;

(b) the management of commonly occur-
ing clinical problems;

(c) the management of undifferentiated clinical problems; and

(d) the continuity and coordination of health services.

(4) ELIGIBLE ENTITIES.—An entity des-
cribed in paragraph (4) for the purpose of
carried out by the Director may include grants to, or enter into cooperative agreements or contracts with, entities de-
determined to be appropriate by the Director, including academic medical centers, re-
search institutions and organizations, pro-
fessional organizations, third party payers, governmental agencies, minority institu-
tions of higher education (such as Histori-
cally Black Colleges and Universities, and Hispanic institutions), and consortia of ap-
propriate research entities established for the purpose of conducting technology assess-
ments.

(5) MEDICAL EXAMINATION OF CERTAIN VIC-
tims.—

(1) IN GENERAL.—The Director shall pro-
develop and disseminate a report on evidence-
based clinical practices for—

(A) the examination and treatment, by health professionals of individuals who are victi-
ms of sexual assault (including child molestation) or attempted sexual assault; and

(B) the training of health professionals, in consultation with the Health Resources and Services Administration, on performing medical evidentiary examinations of individ-
uals who are victims of child abuse or ne-
glect, sexual assault, elder abuse, or domes-
tic violence;

(2) CERTAIN CONSIDERATIONS.—In identi-
fying the issues to be addressed by the re-
port, the Director shall, to the extent prac-
ticable, take into consideration the expertise and experience of Federal, State, and local law en-
forcement officials regarding the victims re-
ferrals to in paragraph (1), and of other ap-
propriate public and private entities (includ-
ing medical societies, victim service organi-
zations, sexual assault prevention organiza-
tions, and social services organizations).
Health and Human Services for the medicare, medicaid, and CHIP programs under titles XVIII, XIX, and XXI of the Social Security Act; and

“(ii) not later than 24 months after the date of the enactment of this title, of a final report containing—

“(B) REPORTS.—The Secretary shall submit the reports described in subparagraph (A) to the Committee on Ways and Means and the Committee on Commerce of the House of Representatives.

PART C—GENERAL PROVISIONS

SEC. 921. ADVISORY COUNCIL FOR HEALTHCARE RESEARCH AND QUALITY.

“(a) ESTABLISHMENT.—There is established an advisory council to be known as the National Advisory Council for Healthcare Research and Quality.

“(b) DUTIES.—

“(1) IN GENERAL.—The Advisory Council shall advise the Secretary and the Director with respect to activities proposed or undertaken to carry out the mission of the Agency under section 901(b).

“(2) REPORTS—The Secretary shall submit the report described in paragraph (A) to the Congress.

“(A) IN GENERAL.—In each of the following categories, the Advisory Council shall describe and evaluate current quality improvement activities and identify opportunities for improvement:

“(B) a summary of the partnerships that the Council has recommended to the Secretary in accordance with section 917(c)(2).

“(c) MEMBERSHIP.—

“(1) APPOINTED MEMBERS.—Members of the Advisory Council shall be appointed by the Secretary.

“(2) C E RTAIN RECOMMENDATIONS.—Activities of the Advisory Council under paragraph (1) shall include making recommendations to the Secretary

“(A) to describe and evaluate current quality improvement and health care quality improvement initiatives;

“(B) to identify options and make recommendations to the Secretary in accordance with section 917(c)(2) with respect to quality improvement and quality improvement activities undertaken by the Federal Government.

“(D) to strengthen the management of Federal health care quality improvement programs, including health plans, providers, and purchasers or individuals distinguished as administrators of health care delivery systems.

“(f) C HAIR.—The Director shall, from among the members of the Advisory Council appointed under subsection (c)(2), designate an individual to serve as the chair of the Advisory Council.

“(g) MEETINGS.—The Advisory Council shall meet at least two times each year, with each meeting held at the call of the chair.

“(h) COMPENSATION AND REIMBURSEMENT OF EXPENSES.—

“(1) APPOINTED MEMBERS.—Members of the Advisory Council appointed under subsection (c)(2) shall receive compensation for each day (including travel time) engaged in carrying out the duties of the Advisory Council unless declined by the member. Such compensation may not be in an amount in excess of the daily rate of a level IV special rate E of the Executive Schedule under section 5315 of title 5, United States Code, for each day during which such member is engaged in the performance of the duties of the Advisory Council.

“(2) EX OFFICIO MEMBERS.—Officials designated under subsection (c)(3) as ex officio members of the Advisory Council may receive reimbursement for each day (including travel time) engaged in carrying out the duties of the Advisory Council in addition to the compensation otherwise received for duties carried out as officers of the United States.

“(i) STAFF.—The Director shall provide to the Council such staff, information, and other assistance as may be necessary to carry out the duties of the Council.

“(j) DURATION.—Notwithstanding section 16(a) of the Federal Advisory Committee Act,
the Advisory Council shall continue in existence unless provided by law.

SEC. 922. PEER REVIEW WITH RESPECT TO GRANTS AND CONTRACTS.

(a) REQUIREMENT OF REVIEW.—

(1) IN GENERAL.—Appropriate technical and scientific review shall be conducted with respect to each application for a grant, cooperative agreement, or contract under this title.

(2) REPORTS TO DIRECTOR.—Each peer review group to which an application is submitted pursuant to paragraph (1) shall report its findings and recommendations respecting the application to the appropriate Director in such manner and in such manner as the Director shall require.

(b) APPROVAL AS PRECONDITION OF AWARDS.—The Director may not approve an application described in subsection (a)(1) unless the application is recommended for approval by a peer review group established under subsection (c).

(c) ESTABLISHMENT OF PEER REVIEW GROUPS.—

(1) IN GENERAL.—The Director shall establish such technical and scientific peer review groups as may be necessary to carry out this section. Such groups shall be established without regard to the provisions of chapter 51, and subchapter III of chapter 53, of such title that relate to classification and pay rates under the General Schedule.

(2) MEMBERSHIP.—The members of any peer review group established under this section shall be appointed from among individuals who by virtue of their training or experience are eminently qualified to carry out the duties and functions of such group. Officers and employees of the United States may not constitute more than 25 percent of the membership of any such group. Such officers and employees may not receive compensation for service on such groups in addition to the compensation otherwise received for duties carried out as such officers and employees.

(3) DURATION.—Notwithstanding section 14(a) of the Federal Advisory Committee Act, peer review groups established under this section may continue in existence until otherwise provided by law.

(d) QUALIFICATIONS.—Members of any peer review group shall, at a minimum, meet the following requirements:

(A) Such members shall agree in writing to treat information received, pursuant to their work for the group, as confidential information, except that this subparagraph shall not apply to public records and public information.

(B) Such members shall agree in writing to recruit themselves from participation in the peer-review of specific applications which present a potential personal conflict of interest or appearance of such conflict, including employment in a directly affected organization, stock ownership, or any financial or other arrangement that might introduce bias in the process of peer-review.

(e) PROCEDURAL ADJUSTMENTS IN CERTAIN CASES.—In the case of applications for financial assistance whose direct costs will not exceed $100,000, the Director may make the appropriate adjustments to the procedures otherwise established by the Director for the conduct of peer review under this section. Such adjustments may be made for the purpose of encouraging the entry of individuals into the field of research, for the purpose of encouraging clinical practice-oriented or provider-based research, and for such other purposes as the Director may determine to be appropriate.

(f) REGULATIONS.—The Director shall issue regulations for the conduct of peer review under this section.

SEC. 923. CERTAIN PROVISIONS WITH RESPECT TO DEVELOPMENT, COLLECTION, AND DISSEMINATION OF DATA.

(a) STANDARDS WITH RESPECT TO UTILITY OF DATA.—

(1) IN GENERAL.—To ensure the utility, accuracy, and sufficiency of data collected by the Director for purposes described in section 901(b), the Director shall establish standard methods for developing and collecting such data, taking into consideration—

(A) other Federal health data collection standards; and

(B) the differences between types of health care plans, delivery systems, health care providers, and provider arrangements.

(2) RELATIONSHIP WITH OTHER DEPARTMENT PROGRAMS.—In any case where standards, procedures, criteria, or requirements established under this section affect the administration of other programs carried out by the Department of Health and Human Services, including the programs under title XVIII, XX, or XXI of the Social Security Act, or may affect health information that is subject to a standard developed under part C of title XI of the Social Security Act, they shall be in the form of recommendations to the Secretary for such program.

(b) STATISTICS AND ANALYSES.—The Director shall—

(1) take appropriate action to ensure that statistics and analyses developed under this title are of high quality, timely, and duly comprehensive, and that the statistics are specific, standardized, and adequately analyzed and indexed; and

(2) publish, make available, and disseminate such statistics and analyses on as wide a basis as is practicable.

(c) AUTHORITY REGARDING CERTAIN REQUESTS.—Upon request of a public or private entity, the Director may provide research or analyses otherwise authorized by this title pursuant to arrangements under which such entity will pay the cost of such research or analyses. Arrangements made by the Director pursuant to such arrangements shall be available to the Director for obligation until expended.

SEC. 924. DISSEMINATION OF INFORMATION.

(a) IN GENERAL.—The Director shall—

(1) without regard to section 501 of title 44, United States Code, promptly publish, make available, and otherwise disseminate, in a form understandable and on as broad a basis as practicable so as to maximize its use, the results of research, demonstration projects, and evaluations conducted or supported under this title;

(2) ensure that information disseminated by the Agency is science-based and objective and undertakes consultation as necessary to assess the appropriateness and usefulness of the presentation of information that is targeted to specific audiences;

(3) promptly make available to the public data developed, collected, demonstrated, and evaluated in the context of this title, and in connection with projects or activities for which Federal financial assistance is provided under this title, and in the context of projects or activities funded under title XI of the Social Security Act, the results of which are of high quality, timely, and duly comprehensive; and

(4) provide, in collaboration with the National Library of Medicine where appropriate, appropriate indexing and indexing for the purposes of making the information usable by the medical community, the general public, and the press, and for the purpose of aiding the entity in carrying out the project involved and, for such purpose, may detail to the entity any officer or employee of the Department of Health and Human Services.

(b) REQUIREMENT OF APPLICATION.—The Director may not, with respect to any program under this title authorizing the provision of grants, cooperative agreements, or contracts, provide any such financial assistance unless an application for the assistance is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Director determines to be necessary to carry out the program involved.

(c) PROVISION OF SUPPLIES AND SERVICES IN LIEU OF FUNDS.—

(1) IN GENERAL.—Upon the request of an entity receiving a grant, cooperative agreement, or contract under this title, the Secretary may, subject to paragraph (2), provide such supplies, equipment, and other items as are necessary to carry out the purposes of the grant, cooperative agreement, or contract.

(2) CORRESPONDING REDUCTION IN FUNDS.—With respect to a request described in paragraph (1), the Secretary shall reduce the amount of the financial assistance involved by an amount equal to the costs of detailing...
personnel and the fair market value of any supplies, materials, or services provided by the Director. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

"(d) Applicability of Certain Provisions With Respect to Contracts.—Contracts may be entered into under this part without regard to sections 3648 and 3706 of the Revised Statutes (31 U.S.C. 529 and 41 U.S.C. 5).

"SEC. 926. Certain Administrative Authorities.

"(a) Deputy Director and Other Officers and Employees.—The Deputy Director may appoint a deputy director for the Agency.

"(b) Facilities.—The Secretary, in carrying out this title—

"(1) may acquire, without regard to the Act of March 3, 1877 (40 U.S.C. 34), by lease, otherwise through the Administrator of General Services, buildings or portions of buildings in the District of Columbia or communities located adjacent to the District of Columbia for use for a period not to exceed 10 years; and

"(2) shall, upon the request of the Secretary, permit (as determined by the Secretary) the use of personnel and equipment, and such other real or personal property (including patents) as the Secretary deems necessary.

"(c) Provision of Financial Assistance.—The Director, in carrying out this title, may make grants to public and nonprofit entities and individuals, and may enter into cooperative agreements or contracts with public and private entities and individuals.

"(d) Utilization of Certain Personnel and Resources.—The Department of Health and Human Services, the National Library of Medicine, and the Agency for Health Care Research and Quality, in carrying out this title, may utilize personnel and equipment, and such other real or personal property (including patents) as the Secretary deems necessary.

"(e) Consultants.—The Secretary, in carrying out this title, may acquire, use, and maintain laboratory, research, and such other necessary facilities and equipment, and such other real or personal property (including patents) as the Secretary deems necessary.

"(f) Experts.—The Secretary, in carrying out this title, may appoint and fix the compensation of such officers and employees as may be necessary to carry out this title. Except as otherwise provided by law, such officers and employees shall be appointed in accordance with the civil service laws and their compensation fixed in accordance with title 5, United States Code, except as otherwise provided by law.

"SEC. 927. Definitions.

"(a) INTENT.—To ensure that the United States investment in biomedical research is rapidly translated into improvements in the quality of patient care, there must be a corresponding investment in research on the most effective clinical and organizational strategies for use of these findings in daily practice. The authorization level in subsection (b) and (c) provide for a proportionate increase in health care research as the United States investment in biomedical research increases.

"(b) Authorization of Appropriations.—For the purpose of carrying out this title, there are authorized to be appropriated $250,000,000 for fiscal year 2000, and such sums as may be necessary for each of the fiscal years 2001 through 2005.

"(c) Evaluations.—In addition to amounts made available pursuant to subsection (b) for carrying out this title, there shall be made available for such purpose, from the amounts made available pursuant to section 241 (reimbursement for evaluations), an amount equal to 40 percent of the maximum amount authorized in such section 241 to be made available for a fiscal year.

"SEC. 928. Prevention of Duplication.

"(a) IN GENERAL.—Experts and consultants whose services are obtained under paragraph (1) shall be paid or reimbursed for their expenses associated with traveling to and from their assignment location in accordance with sections 5724, 5724a(a), 5724a(c), and 5726c of title 5, United States Code.

"(b) Limitation.—Expenses specified in subparagraph (A) may not be allowed in connection with the assignment of an expert or consultant whose services are obtained under paragraph (1) unless and until the expert agrees in writing to complete the entire period of assignment which will be shorter, unless separated or reassigned for reasons that are beyond the control of the expert or consultant and that are acceptable to the Secretary. If the expert or consultant violates the agreement, the money spent by the United States for the expenses specified in subparagraph (A) is recoverable from the expert or consultant as a statutory obligation owed to the United States. The Secretary may waive in whole or in part a right of recovery under this subparagraph.

"(c) PRIORITY REGARDING INFANTS AND CHILDREN.—In carrying out the purpose described in subsection (a), the Secretary shall give priority to various populations of infants, young children, and their mothers.

"(d) Application.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.

"SEC. 929. Program of Payments to Children's Hospitals that Operate Graduate Medical Education Programs.

Part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by adding at the end the following section:

"SEC. 340E. Program of Payments to Children's Hospitals That Operate Graduate Medical Education Programs.

"(a) Payments.—The Secretary shall make two payments under 2 subsections to a children's hospital for each of fiscal years 2000 and 2001, one for the direct expenses and the other for indirect expenses associated with operating approved graduate medical residency training programs.

"(b) Amount of Payments.—

"(1) IN GENERAL.—Subject to paragraph (2), the amount determined under subsection (c) for direct expenses associated with operating approved graduate medical residency training programs for a fiscal year are the following amounts:

"(A) $10,000,000.

"(B) INDIRECT EXPENSE AMOUNT.—The amount determined under subsection (d) for categories of persons who were serving on the day before such date, amounts for such fiscal year.

"(2) REFERENCES.—Any reference in law to the Agency for Health Care Policy and Research is deemed to be a reference to the Agency for Healthcare Research and Quality, and any reference in law to the Administrator for Health Care Policy and Research is deemed to be a reference to the Director of the Agency for Healthcare Research and Quality.
indirect expenses associated with the treatment of more severely ill patients and the additional costs relating to teaching residents in such programs.

"(2) CAPPED AMOUNT.—

(A) IN GENERAL.—The total of the payments made to children's hospitals under paragraph (1)(A) or paragraph (1)(B) in a fiscal year shall not exceed the funds appropriated under paragraph (1) or (2), respectively, of subsection (f) for such payments for that fiscal year.

(B) PRO RATA REDUCTIONS OF PAYMENTS FOR FACTORS.—If the Secretary determines that the amount of funds appropriated under subsection (f)(1) for a fiscal year is insufficient to provide the total amount of payments otherwise due for such periods under paragraph (1)(A), the Secretary shall reduce the amounts so payable on a pro rata basis to reflect such shortfall.

"(3) AMOUNT OF PAYMENT FOR DIRECT GRADUATE MEDICAL EDUCATION.—

"(1) IN GENERAL.—The amount determined under this subsection for payments to a children's hospital for direct graduate expenses relating to approved graduate medical residency training programs for a fiscal year is equal to the product of—

(A) the single per resident amount for direct graduate medical education, as determined under paragraph (2); and

(B) the average number of full-time equivalent residents at such hospital for a fiscal year.

"(2) AMOUNT PER RESIDENT AMOUNT FOR DIRECT GRADUATE MEDICAL EDUCATION.—The updated per resident amount for direct graduate medical education for the hospital for a fiscal year is an amount determined as follows:

"(A) DETERMINATION OF HOSPITAL SINGLE PER RESIDENT AMOUNT.—The Secretary shall compute for each hospital operating an approved graduate medical education program (regardless of whether or not it is a children's hospital) during the period the per resident amount is equal to the average (weighted by number of full-time equivalent residents) of the primary care per resident amount and the non-primary care per resident amount determined under section 1886(h)(5)(B) of the Social Security Act for cost reporting periods ending during fiscal year 1997.

"(B) DETERMINATION OF WAGE AND NON-WAGE-RELATED PROPORTION OF THE SINGLE PER RESIDENT AMOUNT.—The Secretary shall establish a standardized per resident amount for each such hospital—

(i) by dividing the single per resident amount computed under subparagraph (A) into a wage-related portion and a non-wage-related portion by applying the proportion determined under subparagraph (B); (ii) by multiplying the wage-related portion by the factor applied under section 1886(h)(3)(E) of the Social Security Act for discharges occurring during fiscal year 1999 for the hospital's area; and

(iii) by adding the non-wage-related portion to the amount computed under clause (i).

"(C) STANDARDIZING PER RESIDENT AMOUNTS.—The Secretary shall establish a standardized per resident amount for each such hospital:

(i) by dividing the single per resident amount computed under subparagraph (A) into a wage-related portion and a non-wage-related portion by applying the proportion determined under subparagraph (B); (ii) by multiplying the wage-related portion by the factor applied under section 1886(h)(3)(E) of the Social Security Act for discharges occurring during fiscal year 1999 for the hospital's area; and

(iii) by adding the non-wage-related portion to the amount computed under clause (i).

"(D) DETERMINATION OF NATIONAL AVERAGE.—The Secretary shall compute a national average per resident amount equal to the average of the standardized per resident amount for each hospital weighted by the average number of full-time equivalent residents at such hospital.

"(E) APPLICATION TO INDIVIDUAL HOSPITALS.—The Secretary shall compute for each such hospital that is a children's hospital the dollar amounts payable for such fiscal year as follows:

(i) by dividing the national average per resident amount computed under subparagraph (D) into a wage-related portion and a non-wage-related portion by applying the proportion determined under subparagraph (B); (ii) by multiplying the wage-related portion by the factor described in subparagraph (C)(ii) for the hospital's area; and

(iii) by adding the non-wage-related portion to the amount computed under clause (i).

"(F) UPDATING RATE.—The Secretary shall update such per resident amount for each such children's hospital by the estimated percentage increase in the hospital price index for all urban consumers during the period beginning October 1997 and ending with the midpoint of the hospital's cost reporting period the following fiscal year.

"(G) AMOUNT OF PAYMENT FOR INDIRECT MEDICAL EDUCATION.—

"(1) IN GENERAL.—The amount determined under this subsection for payments to a children's hospital for indirect expenses associated with the treatment of more severely ill patients and the additional costs related to the teaching of residents under this section for a fiscal year is equal to the amount determined appropriate by the Secretary.

"(2) FACTORS.—In determining the amount under paragraph (1), the Secretary shall—

(A) take into account variations in case mix among children's hospitals and the number of full-time equivalent residents in the hospitals' approved graduate medical residency training programs; and

(B) assure that the aggregate of the payments for indirect expenses associated with the treatment of more severely ill patients and the additional costs related to the teaching of residents under this section in a fiscal year are equal to the amount appropriated for such purpose for that fiscal year involved for which payments may be made for a hospital under this section, the hospital shall submit to the Secretary a report that contains—

(i) a summary of the comments received by the Secretary pursuant to such subsection.

SEC. 5. STUDY REGARDING SHORTAGES OF LICENSED PHARMACISTS.

(a) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the "Secretary"), acting through the appropriate agencies of the Public Health Service, shall conduct a study to determine whether and to what extent there is a shortage of licensed pharmacists. In carrying out the study, the Secretary shall seek the comments of appropriate public and private entities regarding any such shortage.

(b) REPORT TO CONGRESS.—Not later than 1 year after the date of the enactment of this Act, the Secretary shall complete the study and submit to the Congress a report that describes the findings made through the study and that contains a summary of the comments received by the Secretary pursuant to such subsection.

SEC. 6. REPORT ON TELEMEDICINE.

Not later than January 10, 2001, the Secretary of Health and Human Services shall submit to the Congress a report that—

(1) identifies any factors that inhibit the expansion and accessibility of telemedicine services, including factors relating to telemedicine networks; (2) identifies any factors that, in addition to geographical isolation, should be used to determine which patients need or require access to telemedicine care; (3) determines the extent to which—

(A) patients receiving telemedicine service have benefited from the services, and are satisfied with the treatment received pursuant to the services; and

(B) the medical outcomes for such patients would have differed if telemedicine services had not been available; and (4) determines the extent to which physicians involved with telemedicine services...
have been satisfied with the medical aspects of the services; 
(5) determines the extent to which primary care physicians are enhancing their medical knowledge and experience through the interaction with specialists provided by telemedicine consultations; and 
(6) identifies legal and medical issues relating to State licensing of health professionals that are presented by telemedicine services, and provides any recommendations of the Secretary for responding to such issues.

SEC. 7. CERTAIN TECHNOLOGIES AND PRACTICES PROMOTING SURVIVAL RATES FOR CARDIAC ARREST.

The Secretary of Health and Human Services shall, in consultation with the Administrator of the General Services Administration and other appropriate public and private entities, develop recommendations regarding the placement of automatic external defibrillators in Federal buildings as a means of improving the survival rates of individuals who experience cardiac arrest in such buildings, including recommendations on training, maintenance, and medical oversight, and on coordinating with the system for emergency medical services.

The Senate bill was ordered to be read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. BLILEY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the Senate bill, S. 580, and to insert extraneous material thereon.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

WOMEN’S BUSINESS CENTERS SUSTAINABILITY ACT OF 1999

Mrs. KELLY. Mr. Speaker, I ask unanimous consent to take from the Speaker’s table the Senate bill (S. 791) to amend the Small Business Act with respect to the women’s business center program, and ask for its immediate consideration in the House.

The Clerk read the title of the Senate bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

Mr. BLILEY. Mr. Speaker, Women’s Business Centers provide critical assistance and resources for women who have an idea about a business—will help women who have an idea about a business to take that idea to market and succeed in today’s business world. As more and more women decide to be their own boss, Women’s Business Centers will provide them with the resources and training they need. I commend the spirit and innovation of all those whose entrepreneurial spirit has made America great and I urge my colleagues to support the Women’s Business Center Sustainability Act.

Mr. Speaker, Women’s Business Centers contribute to the success of thousands of women entrepreneurs by offering the critical community support necessary for them to succeed in today’s business world. As more and more women decide to be their own boss, Women’s Business Centers will provide them with the resources and training they need. I commend the spirit and innovation of all those whose entrepreneurial spirit has made America great and I urge my colleagues to support the Women’s Business Center Sustainability Act.

Mr. DAVIS of Illinois. Mr. Speaker, I rise in support of S. 791 the Women’s Business Centers Sustainability Act. Women entrepreneurs are an increasingly significant part of the U.S. economy. Women own more than 8 million businesses and account for approximately one-third of all U.S. businesses and are starting businesses at twice the rate of men.

Mr. Speaker, under my reservation, I yield to the gentlewoman from New York (Mrs. KELLY) to explain her unanimous consent request.

Mrs. KELLY. Mr. Speaker, the purpose of S. 791 is to allow for currently funded Business Women’s Business Centers and graduated Business Women’s Centers to recompete for Federal funding. S. 791 addresses the funding constraints that make it increasingly difficult for Women’s Business Centers to sustain the level of services they provide and, in some instances, to remain open after they graduate from the Women’s Business Centers Program and no longer receive Federal matching funds.

Mr. TALENT. Mr. Speaker, I rise today in support of Senator bill 791, “The Women’s Business Centers Sustainability Act of 1999.” Women-owned businesses are the fastest growing sector of small business in America today. In fact, women entrepreneurs are starting new firms at twice the rate of all other business and own nearly 40 percent of all firms in the U.S.

These strong numbers show the success that women entrepreneurs enjoy, but anyone who has ever started a new business, knows that the road is not always smooth. Women’s Business Centers play a major role in making that road to success a little less bumpy. Women’s Business Centers, like the public-private partnership of the St. Louis Women’s Business Center in my District, play a major role in assisting women entrepreneurs establish strong business plans through courses, workshops, mentor services and provide access to financing for building businesses.

H.R. 1497 builds upon the legislation we passed earlier this year to help grow the number of Women’s Business Centers across the nation. But as with anything, we must continue to take well-considered action to allow successful centers to continue to compete for funding as they make the transition to the private sector. The Women’s Business Center Sustainability Act makes it possible for Centers like the St. Louis Women’s Business Center to have a service of safety net as they make that transition at the end of their 5-year grant cycle.

Mr. Speaker, Women’s Business Centers contribute to the success of thousands of women entrepreneurs by offering the critical community support necessary for them to succeed in today’s business world. As more and more women decide to be their own boss, Women’s Business Centers will provide them with the resources and training they need. I commend the spirit and innovation of all those whose entrepreneurial spirit has made America great and I urge my colleagues to support the Women’s Business Center Sustainability Act.

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Mr. DAVIS of Illinois. Mr. Speaker, I rise in support of S. 791 the Women’s Business Centers Sustainability Act. Women entrepreneurs are an increasingly significant part of the U.S. economy. Women own more than 8 million businesses and account for approximately one-third of all U.S. businesses and are starting businesses at twice the rate of men.

Shrouded by these stirring statistics, is the fact that women encounter numerous obstacles trying to start, maintain or expand a business—obstacles which must be eliminated if we are ever to realize the full potential of this dynamic sector of our economy.

In my particular District, there exists several entities that help women’s small businesses expand, in some instances, get started. I am very proud of these organizations for their dedication and hard work. In a very orderly and organized way, without a lot of overhead, women’s business centers, by various names, are helping women who have an idea about a small business, providing them with technical assistance, in some instances to provide micro loans, and in all instances to provide the knowledge and wherewithal and planning that is necessary so that they start off on the right foot. Therefore, Mr. Speaker, I urge all members to vote for this mindful, well thought out bill to support our Nation’s women’s businesses.

Mr. UDALL of New Mexico. Mr. Speaker, I withdraw my reservation of objection.

The SPEAKER pro tempore (Mr. PEASE). Is there objection to the request of the gentlewoman from New York?

There was no objection.

The Clerk read the Senate bill, as follows:

S. 791

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Women’s Business Centers Sustainability Act of 1999”.

SEC. 2. PRIVATE NONPROFIT ORGANIZATIONS.

Section 29 of the Small Business Act (15 U.S.C. 656) is amended—

(1) in subsection (a)—

(A) by redesignating paragraphs (2) and (3) as paragraphs (3) and (4), respectively; and

(B) by inserting after paragraph (1) the following:

“(2) the term ‘private nonprofit organization’ means an entity that is described in section 501(c) of the Internal Revenue Code of 1986 and exempt from taxation under section 501(a) of such Code;”;

and

(2) in subsection (b), by inserting “nonprofit” after “private”.

SEC. 3. INCREASED MANAGEMENT OVERSIGHT AND REVIEW OF WOMEN’S BUSINESS CENTERS.

Section 29 of the Small Business Act (15 U.S.C. 656) is amended—

(1) by striking subsection (b) and inserting the following:

“(b) PROGRAM EXAMINATION.—

(1) IN GENERAL.—The Administration shall—

“(A) develop and implement an annual programmatic and financial examination of each women’s business center established pursuant to this section, pursuant to which each such center shall provide to the Administration—

“(i) an itemized cost breakdown of actual expenditures for costs incurred during the preceding year; and

“(ii) documentation regarding the amount of matching assistance from non-Federal sources obtained and expended by the center during the preceding year in order to meet the requirements of subsection (c) and, with