Means, Energy and Commerce, and Public Works and Transportation.

By Mr. COSTELLO:

H. Con. Res. 326. Concurrent resolution to express the sense of the Congress that the United States Trade Representative must negotiate a tough but fair multilateral trade agreement regarding steel products; to the Committee on Ways and Means.

¶60.23 MEMORIALS

Under clause 4 of rule XXII, memorials were presented and referred as follows:

450. By the SPEAKER: Memorial of the House of Representatives of the State of Hawaii, relative to the right of the Hawaiian people to sovereignty and self-determination; to the Committee on Interior and Insular Affairs.

451. Also, memorial of the General Assembly of the State of New Jersey, relative to the beating of Rodney G. King; to the Committee on the Judiciary.

452. Also, memorial of the House of Representatives of the State of Missouri, relative to the right of free expression; to the Committee on the Judiciary.

453. Also, memorial of the House of Representatives of the State of Missouri, relative to Veterans Administration disability compensation; to the Committee on Veterans' Affairs.

¶60.24 PRIVATE BILLS AND RESOLUTIONS

Under clause 1 of rule XXII,

Mr. RAHALL introduced a bill (H.R. 5275) for the relief of Rola Alami Zaki; which was referred to the Committee on the Judiciary.

¶60.25 ADDITIONAL SPONSORS

Under clause 4 of rule XXII, sponsors were added to public bills and resolutions as follows:

H.R. 110: Mr. JONTZ.
H.R. 127: Mr. SIKORSKI.
H.R. 237: Mr. KILDEE and Mr. ERDREICH.
H.R. 327: Mr. ZIMMER.
H.R. 589: Mr. KOPETSKI.
H.R. 722: Mr. WYDEN and Mr. GLICKMAN.
H.R. 723: Mr. WYDEN and Mr. GLICKMAN.
H.R. 886: Ms. OAKAR and Mr. TAYLOR of Mississippi.
H.R. 977: Mr. SHAYS.
H.R. 1213: Mr. PANETTA.
H.R. 1497: Mr. FISH and Mr. BONIOR.
H.R. 1515: Mr. PENNY.
H.R. 1573: Mr. HEFNER, Mr. WISE, Mr. LEWIS of Georgia, Mr. LAUGHLIN, and Mr. ROSE.
H.R. 1637: Mr. RAHALL.
H.R. 1799: Mr. NEAL of North Carolina.
H.R. 2104: Mr. GRADISON.
H.R. 2355: Mr. JOHNSTON of Florida.
H.R. 2559: Mr. JOHNSTON of Florida.
H.R. 2782: Mr. MOAKLEY, Mr. COSTELLO, Mr. EARLY, Mr. HUGHES, and Mr. MARKEY.
H.R. 2872: Ms. MOLINARI and Mr. HOCHBRUECKNER.
H.R. 2906: Mr. FISH.
H.R. 3195: Mr. EVANS.
H.R. 3198: Mr. FAZIO and Mr. MCMILLEN of Maryland.
H.R. 3236: Mr. JONES of North Carolina and Mr. FISH.
H.R. 3250: Mr. WALSH, Ms. COLLINS of Michigan, and Mr. RANGEL.
H.R. 3518: Mr. WYLIE and Mr. SPRATT.
H.R. 3538: Mr. FAWELL.
H.R. 3542: Mr. GUARINI.
H.R. 3545: Mr. SIKORSKI.
H.R. 3555: Mr. FIELDS, Mr. RINALDO, and Mr. FRANKS of Connecticut.
H.R. 3605: Mr. KASICH.
H.R. 3660: Mr. FRANKS of Connecticut.
H.R. 3675: Mr. PENNY, Mr. FOGLIETTA, Mr. ACKERMAN, and Mr. LAGOMARSINO.
H.R. 3689: Mr. WISE and Mr. ENGLISH.
H.R. 3725: Mr. COX of California.
H.R. 3838: Mr. MARTINEZ, Mr. INHOFE, Mr. LIVINGSTON, and Mr. RAY.
H.R. 3871: Mr. KOPETSKI, Mr. WAXMAN, Mr. FROST, Mr. HYDE, Mrs. LOWEY of New York, and Mr. SOLARZ.
H.R. 3939: Mr. MINETA and Mrs. MORELLA.
H.R. 3949: Mr. SCHUMER.
H.R. 3994: Mr. ZIMMER.
H.R. 4025: Mr. KASICH.
H.R. 4045: Mr. BORSKI and Mr. JACOBS.
H.R. 4083: Mr. GUARINI.
H.R. 4192: Mr. STARK, Mr. MCDERMOTT, Mr. DURBIN, and Ms. OAKAR.
H.R. 4246: Mr. CRAMER.
H.R. 4256: Mr. SIKORSKI, Mr. WILLIAMS, Mr. LANCASTER, Mr. ESPY, Mr. POSHARD, Mr. JOHNSON of South Dakota, Mr. PAYNE of Virginia, Mr. SENSENBRENNER, and Mrs. MINK.
H.R. 4464: Mr. ESPY, Mr. POSHARD, Mr. BEREUTER, and Mr. JOHNSON of South Dakota.
H.R. 4472: Mr. KLUG and Mr. CARPER.
H.R. 4490: Mr. WILLIAMS, Mrs. PATTERSON, Mr. PAYNE of Virginia, and Mr. LEWIS of Florida.
H.R. 4688: Mr. DYMALLY, Mr. KLECZKA, and Mr. STARK.
H.R. 4729: Mr. WEISS, Mr. EVANS, Mr. JONES of Georgia, and Mrs. SCHROEDER.
H.R. 4742: Mr. HORTON and Mrs. MINK.
H.R. 4755: Mr. LANCASTER, Mr. HARRIS, Mr. WEBER, Mr. ESPY, Mr. POSHARD, Mr. WILLIAMS, Mr. VOLKMER, MR. JOHNSON of South Dakota, Mr. TAYLOR of North Carolina, and Mr. BAKER.
H.R. 4790: Mr. PENNY, Mr. RAVENEL, Mr. SABO, Mr. CAMPBELL of Colorado, Ms. KAPTUR, Mr. TOWNS, Mr. RAHALL, Mr. HORTON, Mr. VANDER JAGT, Mr. DICKS, and Mr. KYL.
H.R. 4831: Mr. JENKINS.
H.R. 4918: Mr. GEJDENSON.
H.R. 4929: Ms. HORN.
H.R. 4930: Mr. CLINGER, Mr. LEWIS of California, Mr. PETRI, Mr. RHODES, and Mr. RIGGS.
H.R. 4983: Mr. SMITH of Oregon, Mr. OXLEY, Mr. EMERSON, Mr. GOSS, Mr. RIDGE, Mr. DANNEMEYER, Mr. CUNNINGHAM, Mr. DORNAN of California, Mr. LOWERY of California, Mr. TAYLOR of Mississippi, Mr. SKEEN, Mr. PETERSON of Minnesota, Mr. GLICKMAN, Mr. ARCHER, Mr. KASICH, Mr. HYDE, Mr. BOEHNER, Mr. RIGGS, Mr. HOBSON, and Mr. GINGRICH.
H.R. 5010: Mr. GAYDOS.
H.R. 5013: Mr. EVANS and Mr. MARKEY.
H.R. 5024: Mr. DEFAZIO, Mr. KOPETSKI, Mr. WISE, Mr. WELDON, Mr. MCNULTY, Mr. YOUNG of Florida, Ms. NORTON, Mr. WYLIE, Mr. SKELTON, Mr. MARTIN, and Mr. SLATTERY.
H.R. 5026: Ms. NORTON.
H.R. 5039: Mrs. UNSOELD.
H.R. 5056: Mr. NEAL of North Carolina.
H.R. 5075: Mr. CAMPBELL of Colorado, Mr. TOWNS, Mr. DE LUGO, Mr. FRANK of Massachusetts, Mr. HORTON, and Mrs. MINK.
H.R. 5109: Mr. HUGHES and Mr. RHODES.
H.R. 5113: Mr. PENNY and Mr. EMERSON.
H.R. 5178: Ms. LONG.
H.R. 5194: Mr. GOODLING, Mr. FAWELL, Mrs. LOWEY of New York, and Mr. BARRETT.
H.R. 5216: Mr. SANTORUM and Mr. HOUGHTON.
H.R. 5234: Mr. BUSTAMANTE and Mr. FIELDS.
H.R. 5240: Mr. PALLONE and Mr. RICHARDSON.
H.J. Res. 237: Mr. PANETTA.
H.J. Res. 239: Ms. SNOWE.
H.J. Res. 357: Mr. KASICH.
H.J. Res. 391: Mr. HAMILTON, Mr. FAZIO, Mr. DICKINSON, Mrs. PATTERSON, Mr. JACOBS, Mr. BEVILL, Mr. PICKLE, Mr. BENNETT, Mr. PETERSON of Florida, Mr. APPLEGATE, Mr. REGULA, Mr. IRELAND, Mr. VENTO, Mr. FASCELL, and Mr. CAMP.
H.J. Res. 397: Mr. KLUG.
H.J. Res. 411: Mr. YOUNG of Alaska, Mr. VOLKMER, and Ms. SNOWE.
H.J. Res. 445: Mr. LEACH, Mr. EARLY, Mr. VENTO, Mr. FRANKS of Connecticut, Mr. LENT, Mr. RHODES, Mr. KLECZKA, Mr. JENKINS, Mrs. BYRON, Mr. DE LA GARZA, Mr. BORSKI, Mr. SISISKY, Mr. CHANDLER, Mr. CARDIN, Mr. ROHRABACHER, Mr. BEVILL, Mr. DICKS, Mr. BROWN, Ms. LONG, Mr. MATSUI, Mr. MONTGOMERY, Mr. SMITH of Florida, Ms. KAPTUR, Mr. SAXTON, Mr. KANJORSKI, Mr. PAYNE of New Jersey, Mr. VANDER JAGT, Mr. ANDREWS of New Jersey, Mr. WISE, Mrs. LOWEY of New York, Mr. KILDEE, Mr. AUCOIN, Mr. DORGAN of North Dakota, Mr. CHAPMAN, Mrs. MORELLA, Mr. SOLARZ, Mr. ENGEL, Mr. HENRY, Mr. NATCHER, Mr. PACKARD, Mr. DOOLITTLE, Mr. WALSH, Ms. SLAUGHTER, Mr. MARTIN, Mr. BERMAN, Mr. MARKEY, Mr. MAVROULES, Mr. KENNEDY, Mrs. BENTLEY, Mr. BROOMFIELD, Mr. BREWSTER, Mr. CONYERS, Mr. PANETTA, Mr. PALLONE, and Mr. PORTER.
H.J. Res. 455: Mr. GUARINI.
H.J. Res. 470: Mr. BUNNING and Mr. LEVINE of California.
H.J. Res. 478: Mr. TAUZIN, Mr. LAFALCE, Mr. LENT, Mr. HORTON, Mr. FRANKS of Connecticut, Mr. CHAPMAN, Mr. JEFFERSON, Mr. BILIRAKIS, Mr. JONES of Georgia, Mr. TORRICELLI, and Mr. COBLE.
H.J. Res. 482: Mr. ERDREICH, Mr. POSHARD, Mr. MCGRATH, Mr. MCMILLEN of Maryland, Mr. SERRANO, Mr. FRANKS of Connecticut, Mr. CHAPMAN, Mr. MOODY, Mr. PAXON, Mr. MCHUGH, Mr. FISH, Mr. HOCHBRUECKNER, and Mr. HOYER.
H. Con. Res. 308: Mr. MCCLOSKEY.
H. Con. Res. 309: Mr. GRANDY, Mr. ANTHONY, and Mr. GILCHREST.
H. Con. Res. 316: Mr. BRUCE, Mr. YATES, Mr. TORRICELLI, Mr. LEVINE of California, and Mr. ACKERMAN.
H. Res. 361: Mr. LEHMAN of California.
H. Res. 372: Mr. SAXTON, Mr. OWENS of New York, Mr. GILMAN, and Mr. TORRICELLI.
H. Res. 399: Mrs. BENTLEY, Mr. FISH, Mr. FROST, and Mr. MACHTLEY.
H. Res. 448: Mr. WOLF and Mr. SOLARZ.

¶60.26 DELETIONS OF SPONSORS FROM PUBLIC BILLS AND RESOLUTIONS

Under clause 4 of rule XXII, sponsors were deleted from public bills and resolutions as follows:

H.R. 5253: Mr. ROEMER.
H.J. Res. 490: Mr. ROEMER.

THURSDAY, MAY 28, 1992 (61)

The House was called to order by the SPEAKER.

¶61.1 APPROVAL OF THE JOURNAL

The SPEAKER announced he had examined and approved the Journal of the proceedings of Wednesday, May 27, 1992.

Pursuant to clause 1, rule I, the Journal was approved.

¶61.2 COMMUNICATIONS

Executive and other communications, pursuant to clause 2, rule XXIV, were referred as follows:

3588. A letter from the Secretary of Agriculture, transmitting a draft of proposed legislation to amend the Rural Electrification Act of 1936; to the Committee on Agriculture.

3589. A letter from the Chairman, Federal Deposit Insurance Corporation, transmitting a report required by section 918 of the Financial Institutions Reform, Recovery, and Enforcement Act of 1989 for 1991, pursuant to 12 U.S.C. 1833; to the Committee on Banking, Finance and Urban Affairs.

3590. A letter from the Secretary of Education, transmitting notice of final priority for fiscal year 1992—Protection and Advo-

cacy of Individual Rights, pursuant to 20 U.S.C. 1232(d)(1); to the Committee on Education and Labor.

3591. A letter from the Secretary of Health and Human Services, transmitting a compilation and analysis of State activities in implementing the fourth year of the Child Abuse and Neglect Prevention Challenge Grant Program, pursuant to 42 U.S.C. 5116a(1), 5116g; to the Committee on Education and Labor.

3592. A letter from the Director, Defense Security Assistance Agency, transmitting notification of the Department of the Navy's proposed Letter(s) of Offer and Acceptance [LOA] to Korea for defense articles and services (Transmittal No. 92–23), pursuant to 22 U.S.C. 2776(b); to the Committee on Foreign Affairs.

3593. A letter from the Director, Defense Security Assistance Agency, transmitting notification of the Department of the Air Force's proposed Letter(s) of Offer and Acceptance [LOA] to the Coordination Council for North American Affairs for defense articles and services (Transmittal No. 92–24), pursuant to 22 U.S.C. 2776(b); to the Committee on Foreign Affairs.

3594. A letter from the Assistant Legal Adviser for Treaty Affairs, Department of State, transmitting copies of international agreements, other than treaties, entered into by the United States, pursuant to 1 U.S.C. 112b(a); to the Committee on Foreign Affairs.

3595. A letter from the Director, Office of Management and Budget, transmitting OMB estimate of the amount of change in outlays or receipts, as the case may be, in each fiscal year through fiscal year 1997 resulting from passage of H.R. 4774 and S. 2378, pursuant to Public Law 101–508, section 13101(a) (104 Stat. 1388–582); to the Committee on Government Operations.

3596. A letter from the Director, U.S. Information Agency, transmitting the semiannual report of the inspector general covering the period October 1, 1991, through March 31, 1992, pursuant to Public Law 99–399, section 412(a); to the Committee on Government Operations.

3597. A letter from the Clerk, U.S. House of Representatives, transmitting the quarterly report of receipts and expenditures of appropriations and other funds for the period January 1, 1992 through March 31, 1992, pursuant to 2 U.S.C. 104a (H. Doc. No. 102–336); to the Committee on House Administration and ordered to be printed.

3598. A letter from the Deputy Associate Director for Collection and Disbursement, Department of the Interior, transmitting notice of proposed refunds of excess royalty payments in OCS areas, pursuant to 43 U.S.C. 1339(b); to the Committee on Interior and Insular Affairs.

3599. A letter from the Deputy Associate Director for Collection and Disbursement, Department of the Interior, transmitting notice of proposed refunds of excess royalty payments in OCS areas, pursuant to 43 U.S.C. 1339(b); to the Committee on Interior and Insular Affairs.

3600. A letter from the Deputy Associate Director for Collection and Disbursement, Department of the Interior, transmitting notice of proposed refunds of excess royalty payments in OCS areas, pursuant to 43 U.S.C. 1339(b); to the Committee on Interior and Insular Affairs.

3601. A letter from the Deputy Associate Director for Collection and Disbursement, Department of the Interior, transmitting notice of proposed refunds of excess royalty payments in OCS areas, pursuant to 43 U.S.C. 1339(b); to the Committee on Interior and Insular Affairs.

3602. A letter from the Assistant Secretary (Civil Works), the Department of the Army, transmitting recommendations for the modification to the authorized flood damage reduction project for Santa Barbara County Coastal Streams, California, pursuant to 42 U.S.C. 1962d–5(a) (H. Doc. No. 102–337); to the Committee on Public Works and Transportation and ordered to be printed.

3603. A letter from the Administrator, General Services Administration, transmitting an informational copy of a lease prospectus, pursuant to 40 U.S.C. 606(a); to the Committee on Public Works and Transportation.

3604. A letter from the Comptroller General of the United States, transmitting a report entitled ''Nuclear Waste: DOE's Repository Site Investigations, a Long and Difficult Task'' (GAO/RCED–92–73); jointly, to the Committees on Government Operations, Energy and Commerce, and Interior and Insular Affairs.

¶61.3 NASA EXHIBIT

On motion of Mr. SAVAGE, by unanimous consent, the following concurrent resolution of the Senate was taken from the Speaker's table (S. Con. Res. 123):

Resolved by the Senate (the House of Representatives concurring), That the National Aeronautics and Space Administration is authorized to use the East Front parking lot of the Capitol for an exhibit during the period beginning on June 1, 1992 and ending June 5, 1992. The Architect of the Capitol and the Capitol Police Board shall take such action as may be necessary with respect to the physical preparations and security for the exhibit.

When said concurrent resolution was considered and agreed to.

A motion to reconsider the vote whereby said concurrent resolution was agreed to was, by unanimous consent, laid on the table.

Ordered, That the Clerk notify the Senate thereof.

¶61.4 PRIVILEGES OF THE HOUSE

Mr. GEPHARDT rose to a question of the privileges of the House and submitted the following resolution (H. Res. 471):

Whereas on April 29, 1992 the House of Representatives adopted House Resolution 441 directing the release of certain materials relating to the inquiry of the operation of the Bank of the Sergeant at Arms pursuant to House Resolution 236 as a ''cooperative response'' to requests for those materials from the Honorable Malcolm R. Wilkey, Special Counsel to the Attorney General of the United States;

Whereas pursuant to House Resolution 441 the 41 microfilm rolls provided to the Special Counsel were furnished without prejudice to any future consideration by the House or the Judiciary of requests for documentary or testimonial evidence from Members, Officers of employees of the House, but only upon assurances of the Special Counsel that he will take such steps as are necessary to provide for protection of the confidentiality of the records provided;

Whereas pursuant to House Resolution 441 the House expressed its will to maintain such communication and cooperation with the Special Counsel as will promote the ends of justice consistent with the privileges and rights of the House and consistent with the constitutional or legal rights applicable or available to any Member, Officer or employee of the House or any other individual;

Whereas the Special Counsel has requested the production of further documentary evidence in addition to that furnished pursuant to House Resolution 441;

Whereas, by the privileges of the House no evidence of a documentary character under the control and in the possession of the House can, either by the mandate of process of the ordinary courts of justice or pursuant to requests by appropriate Federal or State authorities, be taken from such control or possession except by the permission of the House; Now therefore be it

Resolved, That the material requested by the Special Counsel consisting of: for the period July 1, 1988 through October 1991 the general ledgers of the bank; the ''throwout books''; lists or other compilations of persons whose check privileges had been suspended or otherwise restricted; for accounts in which there were one or more ''overdrafts'' any list or other compilation of individuals who had been granted signature authority by account holders and any list or other compilation of individuals who had been designated by Members as a staff contact person; information relating to overdrawn accounts and general bank administration maintained in the computers of the bank; in addition, and without respect to the time limitation referenced above, any list or other compilation relating to promissory notes made by the National Bank of Washington, shall be collected by the Sergeant at Arms and he shall commence production thereof to the Special Counsel not later than five p.m. on Monday June 1, 1992; Be it further

Resolved, That upon receipt of further requests for documentary or testimonial evidence from the Special Counsel addressed to any Member, officer, or employee of the House, the Leadership Legal Advisory Group (consisting of the Speaker, the majority leader, the minority leader, the majority whip and the minority whip), is hereby authorized to respond to and to take appropriate action with respect to such requests from the Special Counsel in a manner consistent with the privileges and precedents of the House.

The SPEAKER pro tempore, Mrs. UNSOELD, ruled that the resolution submitted did present a question of the privileges of the House and recognized Mr. GEPHARDT for one hour.

After debate,

On motion of Mr. GEPHARDT, the previous question was ordered on the resolution to its adoption or rejection.

The question being put, viva voce,

Will the House agree to said resolution?

The SPEAKER announced that the yeas had it.

Mr. GINGRICH objected to the vote on the ground that a quorum was not present and not voting.

A quorum not being present,

The roll was called under clause 4, rule XV, and the call was taken by electronic device.

When there appeared ....

Yeas	396
Nays	5
Answered present	1

¶61.5 [Roll No. 145]

YEAS—396

Abercrombie	Armey	Bateman
Ackerman	Aspin	Beilenson
Allard	Atkins	Bennett
Allen	AuCoin	Bentley
Anderson	Bacchus	Bereuter
Andrews (ME)	Baker	Berman
Andrews (NJ)	Ballenger	Bevill
Andrews (TX)	Barnard	Bilbray
Annunzio	Barrett	Bilirakis
Applegate	Barton	Blackwell

Bliley
Boehlert
Boehner
Bonior
Borski
Boucher
Brewster
Brooks
Broomfield
Browder
Brown
Bryant
Bunning
Burton
Bustamante
Byron
Callahan
Camp
Cardin
Carper
Carr
Chandler
Clay
Clement
Clinger
Coble
Coleman (MO)
Coleman (TX)
Collins (MI)
Combest
Condit
Conyers
Cooper
Costello
Coughlin
Cox (CA)
Cox (IL)
Coyne
Cramer
Crane
Cunningham
Darden
de la Garza
DeFazio
DeLauro
DeLay
Dellums
Derrick
Dickinson
Dicks
Dingell
Dooley
Doolittle
Dorgan (ND)
Dornan (CA)
Downey
Dreier
Duncan
Durbin
Dwyer
Early
Eckart
Edwards (CA)
Edwards (OK)
Edwards (TX)
Emerson
Engel
English
Erdreich
Espy
Evans
Ewing
Fascell
Fawell
Fazio
Feighan
Fields
Fish
Foglietta
Ford (MI)
Ford (TN)
Frank (MA)
Franks (CT)
Frost
Gallegly
Gallo
Gaydos
Gejdenson
Gekas
Gephardt
Geren
Gibbons
Gilchrest
Gillmor
Gilman
Gingrich
Glickman
Goodling
Gordon
Goss
Gradison
Grandy
Green
Guarini
Gunderson
Hall (OH)
Hall (TX)
Hamilton
Hammerschmidt
Hancock
Hansen
Harris
Hastert
Hayes (IL)
Hayes (LA)
Hefley
Henry
Herger
Hertel
Hoagland
Hobson
Hochbrueckner
Holloway
Horn
Horton
Houghton
Hoyer
Hubbard
Huckaby
Hughes
Hunter
Hutto
Hyde
Inhofe
Ireland
Jacobs
James
Jefferson
Jenkins
Johnson (CT)
Johnson (SD)
Johnson (TX)
Johnston
Jones (GA)
Jones (NC)
Jontz
Kanjorski
Kaptur
Kasich
Kennedy
Kennelly
Kildee
Kleczka
Klug
Kolbe
Kolter
Kopetski
Kostmayer
Kyl
LaFalce
Lancaster
Lantos
LaRocco
Laughlin
Leach
Lehman (CA)
Lehman (FL)
Levin (MI)
Lewis (CA)
Lewis (FL)
Lewis (GA)
Lightfoot
Lipinski
Lloyd
Long
Lowery (CA)
Lowey (NY)
Luken
Machtley
Markey
Marlenee
Martin
Martinez
Matsui
Mavroules
Mazzoli
McCandless
McCollum
McCurdy
McDermott
McEwen
McGrath
McHugh
McMillan (NC)
McMillen (MD)
McNulty
Meyers
Mfume
Miller (CA)
Miller (OH)
Miller (WA)
Mineta
Mink
Moakley
Molinari
Mollohan
Montgomery
Moody
Moorhead
Moran
Morella
Morrison
Mrazek
Murphy
Murtha
Myers
Nagle
Natcher
Neal (MA)
Neal (NC)
Nichols
Nowak
Nussle
Oberstar
Obey
Olin
Olver
Ortiz
Orton
Owens (NY)
Owens (UT)
Oxley
Pallone
Panetta
Parker
Pastor
Patterson
Paxon
Payne (NJ)
Payne (VA)
Pease
Pelosi
Penny
Peterson (FL)
Peterson (MN)
Petri
Pickett
Pickle
Porter
Poshard
Price
Pursell
Quillen
Rahall
Ramstad
Rangel
Ravenel
Ray
Reed
Regula
Rhodes
Richardson
Ridge
Rinaldo
Ritter
Roberts
Roemer
Rogers
Rohrabacher
Ros-Lehtinen
Rose
Rostenkowski
Roth
Roukema
Rowland
Roybal
Russo
Sabo
Sanders
Sangmeister
Santorum
Sarpalius
Savage
Sawyer
Saxton
Schaefer
Scheuer
Schiff
Schroeder
Schulze
Schumer
Sensenbrenner
Serrano
Sharp
Shaw
Shays
Shuster
Sikorski
Sisisky
Skaggs
Skeen
Skelton
Slattery
Slaughter
Smith (FL)
Smith (IA)
Smith (NJ)
Smith (OR)
Smith (TX)
Snowe
Solarz
Solomon
Spence
Spratt
Staggers
Stallings
Stark
Stearns
Stenholm
Stokes
Studds
Stump
Sundquist
Swett
Swift
Synar
Tallon
Tanner
Tauzin
Taylor (MS)
Taylor (NC)
Thomas (CA)
Thomas (GA)
Thomas (WY)
Thornton
Torricelli
Towns
Traficant
Unsoeld
Upton
Valentine
Vander Jagt
Vento
Visclosky
Volkmer
Vucanovich
Walker
Walsh
Waters
Waxman
Weber
Weiss
Weldon
Wheat
Williams
Wilson
Wise
Wolf
Wolpe
Wyden
Wylie
Yatron
Young (AK)
Young (FL)
Zeliff
Zimmer

NAYS—5

Dymally
Gonzalez
McCloskey
Washington
Yates

ANSWERED ''PRESENT''—1

Flake

NOT VOTING—32

Alexander
Anthony
Archer
Boxer
Bruce
Campbell (CA)
Campbell (CO)
Chapman
Collins (IL)
Dannemeyer
Davis
Dixon
Donnelly
Hatcher
Hefner
Hopkins
Lagomarsino
Lent
Levine (CA)
Livingston
Manton
McCrery
McDade
Michel
Oakar
Packard
Perkins
Riggs
Roe
Torres
Traxler
Whitten

So the resolution was agreed to.

A motion to reconsider the vote whereby said resolution was agreed to was, by unanimous consent, laid on the table.

¶61.6 WAIVING POINTS OF ORDER AGAINST THE CONFERENCE REPORT ON H.R. 2597

Ms. SLAUGHTER, by direction of the Committee on Rules, called up the following resolution (H. Res. 466):

Resolved, That upon adoption of this resolution it shall be in order to consider the conference report on the bill (H.R. 2507) to amend the Public Health Service Act to revise and extend the programs of the National Institutes of Health, and for other purposes. All points of order against the conference report and against its consideration are hereby waived. Debate on the conference report shall continue not to exceed one hour, to be equally divided and controlled by the chairman and ranking minority member of the Committee on Energy and Commerce.

When said resolution was considered.

After debate,

On motion of Ms. SLAUGHTER, the previous question was ordered on the resolution to its adoption or rejection.

The question being put, viva voce,

Will the House agree to said resolution?

The SPEAKER pro tempore, Mrs. UNSOELD, announced that the yeas had it.

Mr. SOLOMON objected to the vote on the ground that a quorum was not present and not voting.

A quorum not being present,

The roll was called under clause 4, rule XV, and the call was taken by electronic device.

When there appeared { Yeas ..... 308 / Nays ..... 100 }

¶61.7 [Roll No. 146]

YEAS—308

Abercrombie
Ackerman
Anderson
Andrews (ME)
Andrews (NJ)
Andrews (TX)
Applegate
Aspin
Atkins
AuCoin
Bacchus
Baker
Barnard
Barrett
Bateman
Beilenson
Bennett
Bentley
Bereuter
Berman
Bevill
Bilbray
Bilirakis
Blackwell
Bliley
Boehlert
Boehner
Bonior
Boucher
Brewster
Brooks
Broomfield
Browder
Brown
Bryant
Bustamante
Byron
Camp
Cardin
Carper
Carr
Chandler
Chapman
Clay
Clement
Coleman (MO)
Coleman (TX)
Combest
Condit
Conyers
Cooper
Coughlin
Cox (CA)
Cox (IL)
Coyne
Cramer
Cunningham
Darden
DeFazio
DeLauro
Dellums
Derrick
Dickinson
Dicks
Dingell
Dooley
Doolittle
Dorgan (ND)
Downey
Dreier
Durbin
Dwyer
Early
Eckart
Edwards (CA)
Edwards (TX)
Engel
English
Erdreich
Espy
Evans
Ewing
Fascell
Fawell
Fazio
Feighan
Fish
Flake
Foglietta
Ford (MI)
Ford (TN)
Frank (MA)
Frost
Gallegly
Gallo
Gejdenson
Gekas
Gephardt
Geren
Gibbons
Gilchrest
Gillmor
Gilman
Gingrich
Glickman
Gonzalez
Gordon
Gradison
Grandy
Green
Guarini
Hall (OH)
Hamilton
Harris
Hastert
Hayes (IL)
Hayes (LA)
Hefner
Henry
Hertel
Hoagland
Hobson
Hochbrueckner
Hopkins
Horn
Horton
Houghton
Hoyer
Hubbard
Huckaby
Hughes
Inhofe
Jacobs
Jefferson
Jenkins
Johnson (CT)
Johnson (SD)
Johnston
Jones (GA)
Jones (NC)
Jontz
Kaptur
Kennedy
Kennelly
Kildee
Kleczka
Klug
Kolbe
Kopetski
Kostmayer
Kyl
LaFalce
Lancaster
Lantos
LaRocco
Laughlin
Lehman (CA)
Lehman (FL)
Levin (MI)
Lewis (CA)
Lewis (GA)
Lipinski
Lloyd
Long
Lowey (NY)
Machtley
Markey
Marlenee
Martin
Martinez
Matsui
Mavroules
Mazzoli
McCandless
McCloskey
McCrery
McCurdy
McDermott
McEwen
McGrath
McHugh
McMillan (NC)
McMillen (MD)
McNulty
Meyers
Mfume
Miller (CA)
Miller (WA)
Mineta
Mink
Moakley
Molinari
Montgomery
Moody
Moorhead
Moran
Morella
Morrison
Mrazek
Murphy
Myers
Nagle
Natcher
Neal (MA)
Neal (NC)
Nichols
Oberstar
Obey
Olin
Olver
Ortiz
Owens (NY)
Owens (UT)
Oxley
Pallone
Panetta
Pastor
Patterson
Payne (NJ)
Payne (VA)
Pease
Pelosi
Perkins
Peterson (FL)
Petri
Pickett
Pickle
Porter
Price
Pursell
Rangel
Ravenel
Reed
Richardson
Ridge
Riggs
Ritter
Roe
Rohrabacher
Ros-Lehtinen
Rose
Rostenkowski
Roukema
Rowland
Roybal
Russo
Sabo
Sanders
Santorum
Savage
Sawyer
Scheuer
Schroeder
Schumer
Serrano
Sharp
Shaw
Shays
Shuster
Sikorski
Sisisky
Skaggs
Skeen
Skelton
Slattery
Slaughter
Smith (FL)
Smith (IA)
Smith (NJ)
Smith (TX)
Snowe
Solarz
Solomon
Spence
Spratt
Staggers
Stark
Stokes
Studds
Swett
Swift
Synar
Tanner
Thomas (CA)
Thomas (GA)
Thomas (WY)
Torricelli
Towns
Traficant
Unsoeld
Upton

Valentine	Waters	Wilson
Vander Jagt	Waxman	Wise
Vento	Weiss	Wolpe
Visclosky	Wheat	Wyden
Walker	Whitten	Yates
Walsh	Williams	

NAYS—100

Allard	Hunter	Roberts
Allen	Hutto	Roemer
Annunzio	Hyde	Rogers
Archer	Ireland	Roth
Armey	James	Sarpalius
Ballenger	Johnson (TX)	Saxton
Barton	Kanjorski	Schaefer
Borski	Kasich	Schiff
Bunning	Kolter	Schulze
Burton	Leach	Sensenbrenner
Callahan	Lewis (FL)	Smith (OR)
Clinger	Lightfoot	Stallings
Coble	Lowery (CA)	Stearns
Costello	Luken	Stenholm
Crane	McCollum	Stump
Davis	McDade	Sundquist
de la Garza	Miller (OH)	Tallon
DeLay	Mollohan	Tauzin
Dornan (CA)	Murtha	Taylor (MS)
Duncan	Nowak	Taylor (NC)
Edwards (OK)	Nussle	Thornton
Emerson	Orton	Volkmer
Fields	Parker	Vucanovich
Franks (CT)	Paxon	Weber
Gaydos	Penny	Weldon
Goodling	Peterson (MN)	Wolf
Goss	Poshard	Wylie
Gunderson	Quillen	Yatron
Hall (TX)	Rahall	Young (AK)
Hammerschmidt	Ramstad	Young (FL)
Hancock	Ray	Zeliff
Hefley	Regula	Zimmer
Herger	Rhodes	
Holloway	Rinaldo	

NOT VOTING—26

Alexander	Dixon	Manton
Anthony	Donnelly	Michel
Boxer	Dymally	Oakar
Bruce	Hansen	Packard
Campbell (CA)	Hatcher	Sangmeister
Campbell (CO)	Lagomarsino	Torres
Collins (IL)	Lent	Traxler
Collins (MI)	Levine (CA)	Washington
Dannemeyer	Livingston	

So the resolution was agreed to.

A motion to reconsider the vote whereby said resolution was agreed to was, by unanimous consent, laid on the table.

¶61.8 NIH REAUTHORIZATION

Mr. WAXMAN, pursuant to rule XXVIII and House Resolution 466, called up the following conference report (Rept. No. 102–525):

The committee on conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 2507) to amend the Public Health Service Act to revise and extend the programs of the National Institutes of Health, and for other purposes, having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

That the House recede from its disagreement to the amendment of the Senate and agree to the same with an amendment as follows:

In lieu of the matter proposed to be inserted by the Senate amendment, insert the following:

SECTION 1. SHORT TITLE AND TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''National Institutes of Health Revitalization Amendments of 1992''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title and table of contents.

TITLE I—GENERAL PROVISIONS REGARDING TITLE IV OF PUBLIC HEALTH SERVICE ACT

Subtitle A—Research Freedom

PART I—REVIEW OF PROPOSALS FOR BIOMEDICAL AND BEHAVIORAL RESEARCH

Sec. 101. Establishment of certain provisions regarding research conducted or supported by National Institutes of Health.

PART II—RESEARCH ON TRANSPLANTATION OF FETAL TISSUE

Sec. 111. Establishment of authorities.
Sec. 112. Purchase of human fetal tissue; solicitation or acceptance of tissue as directed donation for use in transplantation.
Sec. 113. Nullification of moratorium.
Sec. 114. Report by General Accounting Office on adequacy of requirements.

PART III—MISCELLANEOUS REPEALS

Sec. 121. Repeals.

Subtitle B—Clinical Research Equity Regarding Women and Minorities

PART I—WOMEN AND MINORITIES AS SUBJECTS IN CLINICAL RESEARCH

Sec. 131. Requirement of inclusion in research.
Sec. 132. Peer review.
Sec. 133. Applicability.

PART II—OFFICE OF RESEARCH ON WOMEN'S HEALTH

Sec. 141. Establishment.

Subtitle C—Scientific Integrity

Sec. 151. Establishment of Office of Scientific Integrity.
Sec. 152. Commission on Scientific Integrity.
Sec. 153. Protection of whistleblowers.
Sec. 154. Requirement of regulations regarding protection against financial conflicts of interest in certain projects of research.
Sec. 155. Effective dates.

TITLE II—PROTECTION OF HEALTH FACILITIES

Sec. 201. Protection of facilities assisted under Public Health Service Act.
Sec. 202. Conforming amendments.

TITLE III—NATIONAL INSTITUTES OF HEALTH IN GENERAL

Sec. 301. Discretionary fund of Director of National Institutes of Health.
Sec. 302. Health promotion research dissemination.
Sec. 303. Programs for increased support regarding certain states and researchers.
Sec. 304. Children's vaccine initiative.
Sec. 305. Plan for use of animals in research.
Sec. 306. Increased participation of women and disadvantaged individuals in fields of biomedical and behavioral research.
Sec. 307. Requirements regarding surveys of sexual behavior.
Sec. 308. Miscellaneous provisions.

TITLE IV—GENERAL PROVISIONS RESPECTING NATIONAL RESEARCH INSTITUTES

Sec. 401. Appointment and authority of Directors of national research institutes.
Sec. 402. Program of research on osteoporosis, Paget's disease, and related disorders.
Sec. 403. Establishment of interagency program for trauma research.

TITLE V—NATIONAL CANCER INSTITUTE

Sec. 501. Expansion and intensification of activities regarding breast cancer.
Sec. 502. Expansion and intensification of activities regarding prostate cancer.
Sec. 503. Authorization of appropriations.

TITLE VI—NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Sec. 601. Education and training.
Sec. 602. Centers for the study of pediatric cardiovascular diseases.
Sec. 603. Authorization of appropriations.

TITLE VII—NATIONAL INSTITUTE ON DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Sec. 701. Provisions regarding nutritional disorders.

TITLE VIII—NATIONAL INSTITUTE ON ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Sec. 801. Juvenile arthritis.

TITLE IX—NATIONAL INSTITUTE ON AGING

Sec. 901. Alzheimer's disease registry.
Sec. 902. Aging processes regarding women.
Sec. 903. Authorization of appropriations.
Sec. 904. Conforming amendment.

TITLE X—NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Sec. 1001. Tropical diseases.
Sec. 1002. Chronic fatigue syndrome.

TITLE XI—NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Subtitle A—Research Centers With Respect to Contraception and Research Centers With Respect to Infertility

Sec. 1101. Grants and contracts for research centers.
Sec. 1102. Loan repayment program for research with respect to contraception and infertility.

Subtitle B—Program Regarding Obstetrics and Gynecology

Sec. 1111. Establishment of program.

Subtitle C—Child Health Research Centers

Sec. 1121. Establishment of centers.

Subtitle D—Study Regarding Adolescent Health.

Sec. 1131. Prospective longitudinal study.

TITLE XII—NATIONAL EYE INSTITUTE

Sec. 1201. Clinical research on diabetes eye care.

TITLE XIII—NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Sec. 1301. Research on multiple sclerosis.

TITLE XIV—NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Sec. 1401. Applied Toxicological Research and Testing Program.

TITLE XV—NATIONAL LIBRARY OF MEDICINE

Subtitle A—General Provisions

Sec. 1501. Additional authorities.
Sec. 1502. Authorization of appropriations for general program.

Subtitle B—Financial Assistance

Sec. 1511. Establishment of program of grants for development of education technologies.
Sec. 1512. Authorization of appropriations.

Subtitle C—National Center for Biotechnology Information

Sec. 1521. Authorization of appropriations.

Subtitle D—National Information Center on Health Services Research and Health Care Technology

Sec. 1531. Establishment of Center.
Sec. 1532. Conforming provisions.

TITLE XVI—OTHER AGENCIES OF NATIONAL INSTITUTES OF HEALTH

Subtitle A—Division of Research Resources

Sec. 1601. Redesignation of Division as National Center for Research Resources.
Sec. 1602. Biomedical and behavioral research facilities
Sec. 1603. Construction program for national primate research center.

Subtitle B—National Center for Nursing Research

Sec. 1611. Redesignation of National Center for Nursing Research as National Institute of Nursing Research.

Subtitle C—National Center for Human Genome Research

Sec. 1621. Purpose of Center.

TITLE XVII—AWARDS AND TRAINING

Subtitle A—National Research Service Awards

Sec. 1701. Requirement regarding women and individuals from disadvantaged backgrounds.

Subtitle B—Acquired Immune Deficiency Syndrome

Sec. 1711. Loan repayment program.

Subtitle C—Loan Repayment for Research Generally

Sec. 1721. Establishment of program.

Subtitle D—Scholarship and Loan Repayment Programs Regarding Professional Skills Needed by National Institutes of Health

Sec. 1731. Establishment of programs.
Sec. 1732. Funding.

Subtitle D—Funding for Awards and Training Generally

Sec. 1741. Authorizatiion of appropriations.

TITLE XVIII—NATIONAL FOUNDATION FOR BIOMEDICAL RESEARCH

Sec. 1801. Miscellaneous provisions.

TITLE XIX—RESTORATION AND RENOVATION OF FACILITIES AND INFRASTRUCTURE

Sec. 1901. Acquisition of land and facilities.
Sec. 1902. Warren Grant Magnuson Clinical Center.

TITLE XX—RESEARCH WITH RESPECT TO ACQUIRED IMMUNE DEFICIENCY SYNDROME

Sec. 2001. Revision and extension of various programs.

TITLE XXI—CERTAIN AUTHORITIES OF CENTERS FOR DISEASE CONTROL

Sec. 2101. Prevention of prostate cancer.
Sec. 2102. National program of cancer registries.
Sec. 2103. Traumatic brain injury.

TITLE XXII—STUDIES

Sec. 2201. Acquired immune deficiency syndrome.
Sec. 2202. Annual report concerning leading causes of death.
Sec. 2203. Malnutrition in the elderly.
Sec. 2204. Behavioral factors study.
Sec. 2205. Relationship between the consumption of legal and illegal drugs.
Sec. 2206. Research activities on chronic fatigue syndrome.
Sec. 2207. Report on medical uses of biological agents in development of defenses against biological warfare.
Sec. 2208. Evaluation of employee-transported contaminant releases.
Sec. 2209. Personnel study of recruitment, retention and turnover.
Sec. 2210. Procurement.

TITLE XXIII—MISCELLANEOUS PROVISIONS

Sec. 2301. Designation of Senior Biomedical Research Service in honor of Silvio Conte, and limitation on number of members.
Sec. 2302. Technical corrections.
Sec. 2303. Prohibition against SHARP adult sex survey and the American teenage sex survey.
Sec. 2304. Biennial report on carcinogens.
Sec. 2305. National commission on sleep disorders research.

TITLE XXIV—EFFECTIVE DATE

Sec. 2401. Effective date.

TITLE I—GENERAL PROVISIONS REGARDING TITLE IV OF PUBLIC HEALTH SERVICE ACT

Subtitle A—Research Freedom

PART I—REVIEW OF PROPOSALS FOR BIOMEDICAL AND BEHAVIORAL RESEARCH

SEC. 101. ESTABLISHMENT OF CERTAIN PROVISIONS REGARDING RESEARCH CONDUCTED OR SUPPORTED BY NATIONAL INSTITUTES OF HEALTH.

Part G of title IV of the Public Health Service Act (42 U.S.C. 289 et seq.) is amended by inserting after section 492 the following new section:

''CERTAIN PROVISIONS REGARDING REVIEW AND APPROVAL OF PROPOSALS FOR RESEARCH

''SEC. 492A. (a) REVIEW AS PRECONDITION TO RESEARCH.—

''(1) PROTECTION OF HUMAN RESEARCH SUBJECTS.—

''(A) In the case of any application submitted to the Secretary for financial assistance to conduct research, the Secretary may not approve or fund any application that is subject to review under section 491(a) by an Institutional Review Board unless the application has undergone review in accordance with such section and has been recommended for approval by a majority of the members of the Board conducting such review.

''(B) In the case of research that is subject to review under procedures established by the Secretary for the protection of human subjects in clinical research conducted by the National Institutes of Health, the Secretary may not authorize the conduct of the research unless the research has, pursuant to such procedures, been recommended for approval.

''(2) PEER REVIEW.—In the case of any application submitted to the Secretary for financial assistance to conduct research, the Secretary may not approve or fund any application that is subject to technical and scientific peer review under section 492(a) unless the application has undergone peer review in accordance with such section and has been recommended for approval by a majority of the members of the entity conducting such review.

''(b) ETHICAL REVIEW OF RESEARCH.—

''(1) PROCEDURES REGARDING WITHHOLDING OF FUNDS.—If research has been recommended for approval for purposes of subsection (a), the Secretary may not withhold funding for the research on ethical grounds unless—

''(A) the Secretary convenes an advisory board in accordance with paragraph (4) to study the ethical implications of the research; and

''(B) the majority of the advisory board recommends that, on ethical grounds, the Secretary withhold funds for the research.

''(2) APPLICABILITY.—The limitation established in paragraph (1) regarding the authority to withhold funds on ethical grounds shall apply without regard to whether the withholding of funds is characterized as a disapproval, a moratorium, a prohibition, or other description.

''(3) PRELIMINARY MATTERS REGARDING USE OF PROCEDURES.—

''(A) If the Secretary makes a determination that an advisory board should be convened for purposes of paragraph (1), the Secretary shall, through a statement published in the Federal Register, announce the intention of the Secretary to convene such a board.

''(B) A statement issued under subparagraph (A) shall include a request that interested individuals submit to the Secretary recommendations specifying the particular individuals who should be appointed to the advisory board involved. The Secretary shall consider such recommendations in making appointments to the board.

''(C) The Secretary may not make appointments to an advisory board under paragraph (1) until the expiration of the 30-day period beginning on the date on which the statement required in subparagraph (A) is made with respect to the board.

''(4) ETHICS ADVISORY BOARDS.—

''(A) Any advisory board convened for purposes of paragraph (1) shall be known as an ethics advisory board (hereafter in this paragraph referred to as an 'ethics board').

''(B)(i) An ethics board shall advise, consult with, and make recommendations to the Secretary regarding the ethics of the project of biomedical or behavioral research with respect to which the board has been convened.

''(ii) Not later than 180 days after the date on which the statement required in paragraph (3)(A) is made with respect to an ethics board, the board shall submit to the Secretary, and to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate, a report describing the findings of the board regarding the project of research involved.

''(C) An ethics board shall be composed of no fewer than 14, and no more than 20, individuals who are not officers or employees of the United States. The Secretary shall make appointments to the board from among individuals with special qualifications and competence to provide advice and recommendations regarding ethical matters in biomedical and behavioral research. Of the members of the board—

''(i) no fewer than 1 shall be an attorney;

''(ii) no fewer than 1 shall be an ethicist;

''(iii) no fewer than 1 shall be a practicing physician;

''(iv) no fewer than 1 shall be a theologian; and

''(v) no fewer than one-third, and no more than one-half, shall be scientists with substantial accomplishments in biomedical or behavioral research.

''(D) The term of service as a member of an ethics board shall be for the life of the board. If such a member does not serve the full term of such service, the individual appointed to fill the resulting vacancy shall be appointed for the remainder of the term of the predecessor of the individual.

''(E) A member of an ethics board shall be subject to removal from the board by the Secretary for neglect of duty or malfeasance or for other good cause shown.

''(F) The Secretary shall designate an individual from among the members of an ethics board to serve as the chair of the board.

''(G) In carrying out subparagraph (B)(i) with respect to a project of research, an ethics board shall conduct inquiries and hold public hearings.

''(H) With respect to information relevant to the duties described in subparagraph (B)(i), an ethics board shall have access to all such information possessed by the Department of Health and Human Services, or available to the Secretary from other agencies.

''(I) Members of an ethics board shall receive compensation for each day engaged in carrying out the duties of the board, includ-

ing time engaged in traveling for purposes of such duties. Such compensation may not be provided in an amount in excess of the maximum rate of basic pay payable for GS–18 of the General Schedule.

''(J) The Secretary, acting through the Director of the National Institutes of Health, shall provide to each ethics board such staff and other assistance as may be necessary to carry out the duties of the board.

''(K) An ethics board shall terminate 30 days after the date on which the report required in subparagraph (B)(ii) is submitted to the Secretary and the congressional committees specified in such subparagraph.''.

PART II—RESEARCH ON TRANSPLANTATION OF FETAL TISSUE

SEC. 111. ESTABLISHMENT OF AUTHORITIES.

Part G of title IV of the Public Health Service Act (42 U.S.C. 289 et seq.) is amended by inserting after section 498 the following new section:

''RESEARCH ON TRANSPLANTATION OF FETAL TISSUE

''SEC. 498A. (a) ESTABLISHMENT OF PROGRAM.—

''(1) IN GENERAL.—The Secretary may conduct or support research on the transplantation of human fetal tissue for therapeutic purposes.

''(2) SOURCE OF TISSUE.—Human fetal tissue may be used in research carried out under paragraph (1) regardless of whether the tissue is obtained pursuant to a spontaneous or induced abortion or pursuant to a stillbirth.

''(b) INFORMED CONSENT OF DONOR.—

''(1) IN GENERAL.—In research carried out under subsection (a), human fetal tissue may be used only if the woman providing the tissue makes a statement, made in writing and signed by the woman, declaring that—

''(A) the woman donates the fetal tissue for use in research described in subsection (a);

''(B) the donation is made without any restriction regarding the identity of individuals who may be the recipients of transplantations of the tissue; and

''(C) the woman has not been informed of the identity of any such individuals.

''(2) ADDITIONAL STATEMENT.—In research carried out under subsection (a), human fetal tissue may be used only if the attending physician with respect to obtaining the tissue from the woman involved makes a statement, made in writing and signed by the physician, declaring that—

''(A) in the case of tissue obtained pursuant to an induced abortion—

''(i) the consent of the woman for the abortion was obtained prior to requesting or obtaining consent for the tissue to be used in such research; and

''(ii) no alteration of the timing, method, or procedures used to terminate the pregnancy was made solely for the purposes of obtaining the tissue;

''(B) the tissue has been donated by the woman in accordance with paragraph (1); and

''(C) full disclosure has been provided to the woman with regard to—

''(i) such physician's interest, if any, in the research to be conducted with the tissue; and

''(ii) any known medical risks to the woman or risks to her privacy that might be associated with the donation of the tissue and that are in addition to risks of such type that are associated with the woman's medical care.

''(c) INFORMED CONSENT OF RESEARCHER AND DONEE.—In research carried out under subsection (a), human fetal tissue may be used only if the individual with the principal responsibility for conducting the research involved makes a statement, made in writing and signed by the individual, declaring that the individual—

''(1) is aware that—

''(A) the tissue is human fetal tissue;

''(B) the tissue may have been obtained pursuant to a spontaneous or induced abortion or subsequent to a stillbirth; and

''(C) the tissue was donated for research purposes;

''(2) has provided such information to other individuals with responsibilities regarding the research;

''(3) will require, prior to obtaining the consent of an individual to be a recipient of a transplantation of the tissue, written acknowledgment of receipt of such information by such recipient; and

''(4) has had no part in any decisions as to the timing, method, or procedures used to terminate the pregnancy made solely for the purposes of the research.

''(d) AVAILABILITY OF STATEMENTS FOR AUDIT.—

''(1) IN GENERAL.—In research carried out under subsection (a), human fetal tissue may be used only if the head of the agency or other entity conducting the research involved certifies to the Secretary that the statements required under subsections (b)(2) and (c) will be available for audit by the Secretary.

''(2) CONFIDENTIALITY OF AUDIT.—Any audit conducted by the Secretary pursuant to paragraph (1) shall be conducted in a confidential manner to protect the privacy rights of the individuals and entities involved in such research, including such individuals and entities involved in the donation, transfer, receipt, or transplantation of human fetal tissue. With respect to any material or information obtained pursuant to such audit, the Secretary shall—

''(A) use such material or information only for the purposes of verifying compliance with the requirements of this section;

''(B) not disclose or publish such material or information, except where required by Federal law, in which case such material or information shall be coded in a manner such that the identities of such individuals and entities sare protected; and

''(C) not maintain such material or information after completion of such audit, except where necessary for the purposes of such audit.

''(e) APPLICABILITY OF STATE AND LOCAL LAW.—

''(1) RESEARCH CONDUCTED BY RECIPIENTS OF ASSISTANCE.—The Secretary may not provide support for research under subsection (a) unless the applicant for the financial assistance involved agrees to conduct the research in accordance with applicable State and local law.

''(2) RESEARCH CONDUCTED BY SECRETARY.—The Secretary may conduct research under subsection (a) only in accordance with applicable State and local law.

''(f) DEFINITION.—For purposes of this section, the term 'human fetal tissue' means tissue or cells obtained from a dead human embryo or fetus after a spontaneous or induced abortion, or after a stillbirth.''.

SEC. 112. PURCHASE OF HUMAN FETAL TISSUE; SOLICITATION OR ACCEPTANCE OF TISSUE AS DIRECTED DONATION FOR USE IN TRANSPLANTATION.

Part G of title IV of the Public Health Service Act, as amended by section 111 of this Act, is amended by inserting after section 498A the following new section:

''PROHIBITIONS REGARDING HUMAN FETAL TISSUE

''SEC. 498B. (a) PURCHASE OF TISSUE.—It shall be unlawful for any person to knowingly acquire, receive, or otherwise transfer any human fetal tissue for valuable consideration if the transfer affects interstate commerce.

''(b) SOLICITATION OR ACCEPTANCE OF TISSUE AS DIRECTED DONATION FOR USE IN TRANSPLANTATION.—It shall be unlawful for any person to solicit or knowingly acquire, receive, or accept a donation of human fetal tissue for the purpose of transplantation of such tissue into another person if the donation affects interstate commerce, the tissue will be or is obtained pursuant to an induced abortion, and—

''(1) the donation will be or is made pursuant to a promise to the donating individual that the donated tissue will be transplanted into a recipient specified by such individual;

''(2) the donated tissue will be transplanted into a relative of the donating individual; or

''(3) the person who solicits or knowingly acquires, receives, or accepts the donation has provided valuable consideration for the costs associated with such abortion.

''(c) CRIMINAL PENALTIES FOR VIOLATIONS.—

''(1) IN GENERAL.—Any person who violates subsection (a) or (b) shall be fined in accordance with title 18, United States Code, subject to paragraph (2), or imprisoned for not more than 10 years, or both.

''(2) PENALTIES APPLICABLE TO PERSONS RECEIVING CONSIDERATION.—With respect to the imposition of a fine under paragraph (1), if the person involved violates subsection (a) or (b)(3), a fine shall be imposed in an amount not less than twice the amount of the valuable consideration received.

''(d) DEFINITIONS.—For purposes of this section:

''(1) The term 'human fetal tissue' has the meaning given such term in section 498A(f).

''(2) The term 'interstate commerce' has the meaning given such term in section 201(b) of the Federal Food, Drug, and Cosmetic Act.

''(3) The term 'valuable consideration' does not include reasonable payments associated with the transportation, implantation, processing, preservation, quality control, or storage of human fetal tissue.''.

SEC. 113. NULLIFICATION OF MORATORIUM.

(a) IN GENERAL.—Except as provided in subsection (c), no official of the executive branch may impose a policy that the Department of Health and Human Services is prohibited from conducting or supporting any research on the transplantation of human fetal tissue for therapeutic purposes. Such research shall be carried out in accordance with section 498A of the Public Health Service Act (as added by section 111 of this Act), without regard to any such policy that may have been in effect prior to the date of the enactment of this Act.

(b) PROHIBITION AGAINST WITHHOLDING OF FUNDS IN CASES OF TECHNICAL AND SCIENTIFIC MERIT—.

(1) IN GENERAL.—In the case of any proposal for research on the transplantation of human fetal tissue for therapeutic purposes, the Secretary of Health and Human Services may not withhold funds for the research if—

(A) the research has been approved for purposes of section 492A(a) of the Public Health Service Act (as added by section 101 of this Act);

(B) the research will be carried out in accordance with section 498A of such Act (as added by section 111 of this Act); and

(C) there are reasonable assurances that the research will not utilize any human fetal tissue that has been obtained in violation of section 498B(a) of such Act (as added by section 112 of this Act).

(2) STANDING APPROVAL REGARDING ETHICAL STATUS.—In the case of any proposal for research on the transplantation of human fetal tissue for therapeutic purposes, the issuance in December 1988 of the Report of the Human Fetal Tissue Transplantation Research Panel shall be deemed to be a report—

(A) issued by an ethics advisory board pursuant to section 492A(b)(4)(B)(ii)) of the Pub-

lic Health Service Act (as added by section 101 of this Act); and

(B) finding that there are no ethical grounds for withholding funds for the research.

(c) AUTHORITY FOR WITHHOLDING FUNDS FROM RESEARCH.—In the case of any research on the transplantation of human fetal tissue for therapeutic purposes, the Secretary of Health and Human Services may withhold funds for the research if any of the conditions specified in any of subparagraphs (A) through (C) of subsection (b)(1) are not met with respect to the research.

(d) DEFINITION.—For purposes of this section, the term ''human fetal tissue'' has the meaning given such term in section 498A(f) of the Public Health Service Act (as added by section 111 of this Act).

SEC. 114. REPORT BY GENERAL ACCOUNTING OFFICE ON ADEQUACY OF REQUIREMENTS.

(a) IN GENERAL.—With respect to research on the transplantation of human fetal tissue for therapeutic purposes, the Comptroller General of the United States shall conduct an audit for the purpose of determining—

(1) whether and to what extent such research conducted or supported by the Secretary of Health and Human Services has been conducted in accordance with section 498A of the Public Health Service Act (as added by section 111 of this Act); and

(2) whether and to what extent there have been violations of section 498B of such Act (as added by section 112 of this Act).

(b) REPORT.—Not later than 2 years after the date of the enactment of this Act, the Comptroller General of the United States shall complete the audit required in subsection (a) and 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 describing the findings made pursuant to the audit.

PART III—MISCELLANEOUS REPEALS

SEC. 121. REPEALS.

(a) CERTAIN BIOMEDICAL ETHICS BOARD.—Title III of the Public Health Service Act (42 U.S.C. 241 et seq.), as amended by section 101(a) of Public Law 101–616, is amended—

(1) by striking part J; and

(2) by redesignating parts K through M as parts J through L, respectively.

(b) OTHER REPEALS.—Part G of title IV of the Public Health Service Act (42 U.S.C. 289 et seq.) is amended—

(1) in section 498, by striking subsection (c); and

(2) by striking section 499.

Subtitle B—Clinical Research Equity Regarding Women and Minorities

PART I—WOMEN AND MINORITIES AS SUBJECTS IN CLINICAL RESEARCH

SEC. 131. REQUIREMENT OF INCLUSION IN RESEARCH.

Part G of title IV of the Public Health Service Act, as amended by section 101 of this Act, is amended by inserting after section 492A the following new section:

''INCLUSION OF WOMEN AND MINORITIES IN CLINICAL RESEARCH

''SEC. 492B. (a) In conducting or supporting clinical research for purposes of this title, the Director of NIH shall, subject to subsection (b), ensure that—

''(1) women are included as subjects in each project of such research; and

''(2) members of minority groups are included as subjects in such research.

''(b) The requirement established in subsection (a) regarding women and members of minority groups shall not apply to a project of clinical research if the inclusion, as subjects in the project, of women and members of minority groups, respectively—

''(1) is inappropriate with respect to the health of the subjects;

''(2) is inappropriate with respect to the purpose of the research; or

''(3) is inappropriate under such other circumstances as the Director of NIH may designate.

''(c) In the case of any project of clinical research in which women or members of minority groups will under subsection (a) be included as subjects in the research, the Director of NIH shall ensure that the project is designed and carried out in a manner sufficient to provide for a valid analysis of whether the variables being tested in the research affect women or members of minority groups, as the case may be, differently than other subjects in the research.

''(d)(1) The Director of NIH, in consultation with the Director of the Office of Research on Women's Health, shall establish guidelines regarding—

''(A) the circumstances under which the inclusion of women and minorities in clinical research is inappropriate for purposes of subsection (b);

''(B) the manner in which projects of clinical research are required to be designed and carried out for purposes of subsection (c), including a specification of the circumstances in which the requirement of such subsection does not apply on the basis of impracticability; and

''(C) the conduct of outreach programs for the recruitment of women and members of minority groups as subjects in such research.

''(2) The guidelines established under paragraph (1)—

''(A) may not provide that the costs of including women and minorities in clinical research are a permissible consideration regarding the circumstances described in subparagraph (A) of such paragraph; and

''(B) may provide that such circumstances include circumstances in which there are scientific reasons for believing that the variables proposed to be studied do not affect women or minorities differently than other subjects in the research.

''(3) The guidelines required in paragraph (1) shall be established and published in the Federal Register not later than July 1, 1992.

''(4) For fiscal year 1993 and subsequent fiscal years, the Director of NIH may not approve any proposal of clinical research to be conducted or supported by any agency of the National Institutes of Health unless the proposal specifies the manner in which the research will comply with subsection (a).

''(e) The advisory council of each national research institute shall annually submit to the Director of NIH and the Director of the institute involved a report describing the manner in which the agency has complied with subsection (a).''.

SEC. 132. PEER REVIEW.

Section 492 of the Public Health Service Act (42 U.S.C. 289a) is amended by adding at the end the following new subsection:

''(c)(1) In technical and scientific peer review under this section of proposals for clinical research, the consideration of any such proposal (including the initial consideration) shall, except as provided in paragraph (2), include an evaluation of the technical and scientific merit of the proposal regarding compliance with section 492B(a).

''(2) Paragraph (1) shall not apply to any proposal for clinical research that, pursuant to subsection (b) of section 492B, is not subject to the requirement of subsection (a) of such section regarding the inclusion of women and members of minority groups as subjects in clinical research.''.

SEC. 134. APPLICABILITY.

Section 492B of the Public Health Service Act, as added by section 131 of this Act, shall not apply with respect to projects of clinical research for which initial funding was provided prior to the date of the enactment of this Act. With respect to the inclusion of women and minorities as subjects in clinical research conducted or supported by the National Institutes of Health, any policies of the Secretary of Health and Human Services regarding such inclusion that are in effect on the day before the date of the enactment of this Act shall continue to apply to the projects referred to in the preceding sentence. Any such policies may apply for fiscal year 1993 and subsequent fiscal years to the extent not inconsistent with such section 492B.

PART II—OFFICE OF RESEARCH ON WOMEN'S HEALTH

SEC. 141. ESTABLISHMENT.

(a) IN GENERAL.—Title IV of the Public Health Service Act, as amended by section 2 of Public Law 101–613, is amended—

(1) by redesignating section 486 as section 485A;

(2) by redesignating parts F through H as parts G through I, respectively; and

(3) by inserting after part E the following new part:

''PART F—RESEARCH ON WOMEN'S HEALTH

''SEC. 486. OFFICE OF RESEARCH ON WOMEN'S HEALTH.

''(a) ESTABLISHMENT.—There is established within the Office of the Director of NIH an office to be known as the Office of Research on Women's Health (in this part referred to as the 'Office'). The Office shall be headed by a director, who shall be appointed by the Director of NIH.

''(b) PURPOSE.—The Director of the Office shall—

''(1) identify projects of research on women's health that should be conducted or supported by the national research institutes;

''(2) identify multidisciplinary research relating to research on women's health that should be so conducted or supported;

''(3) carry out paragraphs (1) and (2) with respect to the aging process in women, with priority given to menopause;

''(4) promote coordination and collaboration among entities conducting research identified under any of paragraphs (1) through (3);

''(5) encourage the conduct of such research by entities receiving funds from the national research institutes;

''(6) recommend an agenda for conducting and supporting such research;

''(7) promote the sufficient allocation of the resources of the national research institutes for conducting and supporting such research;

''(8) assist in the administration of section 492B with respect to the inclusion of women as subjects in clinical research; and

''(9) prepare the report required in section 486B.

''(c) COORDINATING COMMITTEE.—

''(1) In carrying out subsection (b), the Director of the Office shall establish a committee to be known as the Coordinating Committee on Research on Women's Health (hereafter in this subsection referred to as the 'Coordinating Committee').

''(2) The Coordinating Committee shall be composed of the Directors of the national research institutes (or the designees of the Directors).

''(3) The Director of the Office shall serve as the chair of the Coordinating Committee.

''(4) With respect to research on women's health, the Coordinating Committee shall assist the Director of the Office in—

''(A) identifying the need for such research, and making an estimate each fiscal year of the funds needed to adequately support the research;

''(B) identifying needs regarding the coordination of research activities, including

intramural and extramural multidisciplinary activities;

''(C) supporting the development of methodologies to determine the circumstances in which obtaining data specific to women (including data relating to the age of women and the membership of women in ethnic or racial groups) is an appropriate function of clinical trials of treatments and therapies;

''(C) supporting the development and expansion of clinical trials of treatments and therapies for which obtaining such data has been determined to be an appropriate function; and

''(D) encouraging the national research institutes to conduct and support such research, including such clinical trials.

''(d) ADVISORY COMMITTEE.—

''(1) In carrying out subsection (b), the Director of the Office shall establish an advisory committee to be known as the Advisory Committee on Research on Women's Health (hereafter in this subsection referred to as the 'Advisory Committee').

''(2) The Advisory Committee shall be composed of no fewer than 12, and not more than 18 individuals, who are not officers or employees of the Federal Government. The Director of the Office shall make appointments to the Advisory Committee from among physicians, practitioners, scientists, and other health professionals, whose clinical practice, research specialization, or professional expertise includes a significant focus on research on women's health. A majority of the members of the Advisory Committee shall be women.

''(3) The Director of the Office shall serve as the chair of the Advisory Committee.

''(4) The Advisory Committee shall—

''(A) advise the Director of the Office on appropriate research activities to be undertaken by the national research institutes with respect to—

''(i) research on women's health;

''(ii) research on gender differences in clinical drug trials, including responses to pharmacological drugs;

''(iii) research on gender differences in disease etiology, course, and treatment;

''(iv) research on obstetrical and gynecological health conditions, diseases, and treatments; and

''(v) research on women's health conditions which require a multidisciplinary approach;

''(B) report to the Director of the Office on such research;

''(C) provide recommendations to such Director regarding activities of the Office (including recommendations on the development of the methodologies described in subsection (c)(4)(C) and recommendations on priorities in carrying out research described in subparagraph (A)); and

''(D) assist in monitoring compliance with section 492B regarding the inclusion of women in clinical research.

''(5)(A) The Advisory Committee shall prepare a biennial report describing the activities of the Committee, including findings made by the Committee regarding—

''(i) compliance with section 492B;

''(ii) the extent of expenditures made for research on women's health by the agencies of the National Institutes of Health; and

''(iii) the level of funding needed for such research.

''(B) The report required in subparagraph (A) shall be submitted to the Director of NIH for inclusion in the report required in section 403.

''(e) REPRESENTATION OF WOMEN AMONG RESEARCHERS.—The Secretary, acting through the Assistant Secretary for Personnel and in collaboration with the Director of the Office, shall determine the extent to which women are represented among senior physicians and scientists of the national research institutes and among physicians and scientists conducting research with funds provided by such institutes, and as appropriate, carry out activities to increase the extent of such representation.

''(f) DEFINITIONS.—For purposes of this part:

''(1) The term 'women's health conditions', with respect to women of all age, ethnic, and racial groups, means all diseases, disorders, and conditions (including with respect to mental health)—

''(A) unique to, more serious, or more prevalent in women;

''(B) for which the factors of medical risk or types of medical intervention are different for women, or for which it is unknown whether such factors or types are different for women; or

''(C) with respect to which there has been insufficient clinical research involving women as subjects or insufficient clinical data on women.

''(2) The term 'research on women's health' means research on women's health conditions, including research on preventing such conditions.

''SEC. 486A. NATIONAL DATA SYSTEM AND CLEARINGHOUSE ON RESEARCH ON WOMEN'S HEALTH.

''(a) DATA SYSTEM.—

''(1) The Director of NIH, in consultation with the Director of the Office, shall establish data system for the collection, storage, analysis, retrieval, and dissemination of information regarding research on women's health that is conducted or supported by the national research institutes. Information from the data system shall be available through information systems available to health care professionals and providers, researchers, and members of the public.

''(2) The data system established under paragraph (1) shall include a registry of clinical trials of experimental treatments that have been developed for research on women's health. Such registry shall include information on subject eligibility criteria, sex, age, ethnicity or race, and the location of the trial site or sites. Principal investigators of such clinical trials shall provide this information to the registry within 30 days after it is available. Once a trial has been completed, the principal investigator shall provide the registry with information pertaining to the results, including potential toxicities or adverse effects associated with the experimental treatment or treatments evaluated.

''(b) CLEARINGHOUSE.—The Director of NIH, in consultation with the Director of the Office and with the National Library of Medicine, shall establish, maintain, and operate a program to provide information on research and prevention activities of the national research institutes that relate to research on women's health.

''SEC. 486B. BIENNIAL REPORT.

''(a) IN GENERAL.—With respect to research on women's health, the Director of the Office shall, not later than February 1, 1994, and biennially thereafter, prepare a report—

''(1) describing and evaluating the progress made during the preceding 2 fiscal years in research and treatment conducted or supported by the National Institutes of Health;

''(2) describing and analyzing the professional status of women physicians and scientists of such Institutes, including the identification of problems and barriers regarding advancements;

''(3) summarizing and analyzing expenditures made by the agencies of such Institutes (and by such Office) during the preceding 2 fiscal years; and

''(4) making such recommendations for legislative and administrative initiatives as the Director of the Office determines to be appropriate.

''(b) INCLUSION IN BIENNIAL REPORT OF DIRECTOR OF NIH.—The Director of the Office shall submit each report prepared under subsection (a) to the Director of NIH for inclusion in the report submitted to the President and the Congress under section 403.''.

(b) REQUIREMENT OF SUFFICIENT ALLOCATION OF RESOURCES OF INSTITUTES.—Section 402(b) of the Public Health Service Act (42 U.S.C. 282(b)) is amended—

(1) in paragraph (10), by striking ''and'' after the semicolon at the end;

(2) in paragraph (11), by striking the period at the end and inserting ''; and''; and

(3) by inserting after paragraph (11) the following new paragraph:

''(12) after consultation with the Director of the Office of Research on Women's Health, shall ensure that resources of the National Institutes of Health are sufficiently allocated for projects of research on women's health that are identified under section 486(b).''.

(c) CONFORMING AMENDMENT.—Section 485(g) of the Public Health Service Act (42 U.S.C. 287c–2(g)) is amended by striking ''section 486'' and inserting ''section 485A''.

Subtitle C—Scientific Integrity

SEC. 151. ESTABLISHMENT OF OFFICE OF SCIENTIFIC INTEGRITY.

(a) IN GENERAL.—Section 493 of the Public Health Service Act (42 U.S.C. 289b) is amended to read as follows:

''OFFICE OF SCIENTIFIC INTEGRITY

''(a) SEC. 493. (a) ESTABLISHMENT.—

''(1) IN GENERAL.—Not later than 90 days after the date of enactment of this section, the Secretary shall establish an office to be known as the Office of Scientific Integrity (hereafter referred to in this section as the 'Office'), which shall be established as an independent entity in the Department of Health and Human Services.

''(2) DIRECTOR.—The Office shall be headed by a Director, who shall be appointed by the Secretary, be experienced and specially trained in the conduct of research, and have experience in the conduct of investigations of scientific misconduct. The Secretary shall carry out this section acting through the Director of the Office. The Director shall report to the Secretary.

''(b) EXISTENCE OF ADMINISTRATIVE PROCESSES AS CONDITION OF FUNDING FOR RESEARCH.—The Secretary shall by regulation require that each entity that applies for a grant, contract, or cooperative agreement under this Act for any project or program that involves the conduct of biomedical or behavioral research submit in or with its application for such grant, contract, or cooperative agreement assurances satisfactory to the Secretary that such entity—

''(1) has established (in accordance with regulations which the Secretary shall prescribe) an administrative process to review reports of scientific misconduct in connection with biomedical and behavioral research conducted at or sponsored by such entity; and

''(2) will report to the Director any investigation of alleged scientific misconduct in connection with projects for which funds have been made available under this Act that appears substantial.

''(c) PROCESS FOR RESPONSE OF DIRECTOR.—The Secretary shall establish by regulation a process to be followed by the Director for the prompt and appropriate—

''(1) response to information provided to the Director respecting scientific misconduct in connection with projects for which funds have been made available under this Act;

''(2) receipt of reports by the Director of such information from recipients of funds under this Act;

''(3) conduct of investigations, when appropriate; and

''(4) taking of other actions, including appropriate remedies, with respect to such misconduct.

''(d) MONITORING BY DIRECTOR.—The Secretary shall by regulation establish procedures for the Director to monitor administrative processes and investigations that have been established or carried out under this section.

''(e) EFFECT ON PRESENT INVESTIGATIONS.—Nothing in this section shall affect investigations which have been or will be commenced prior to the promulgation of final regulations under this section.''.

(b) ESTABLISHMENT OF DEFINITION OF SCIENTIFIC MISCONDUCT.—Not later than 90 days after the date on which the report required under section 152(d) is submitted to the Secretary of Health and Human Services, such Secretary shall by regulation establish a definition for the term ''scientific misconduct'' for purposes of section 493 of the Public Health Service Act, as amended by subsection (a) of this section.

SEC. 152. COMMISSION ON SCIENTIFIC INTEGRITY.

(a) IN GENERAL.—The Secretary of Health and Human Services shall establish a commission to be known as the Commission on Scientific Integrity (in this section referred to as the ''Commission'').

(b) DUTIES.—The Commission shall develop recommendations for the Secretary of Health and Human Services on the administration of section 493 of the Public Health Service Act (as amended and added by section 151 of this Act).

(c) COMPOSITION.—The Commission shall be composed of 12 members to be appointed by the Secretary of Health and Human Services from among individuals who are not officers or employees of the United States. Of the members appointed to the Commission—

(1) three shall be scientists with substantial accomplishments in biomedical or behavioral research;

(2) three shall be individuals with experience in investigating allegations of misconduct with respect to scientific research;

(3) three shall be representatives of institutions of higher education at which biomedical or behavioral research is conducted; and

(4) three shall be individuals who are not described in paragraphs (1), (2), or (3), at least one of whom shall be an attorney and at least one of whom shall be an ethicist.

(d) REPORT.—Not later than 120 days after the date of enactment of this section, the Commission shall prepare and submit to the Secretary of Health and Human Services, the Committee on Energy and Commerce of the House of Representatives, and the Committee on Labor and Human Resources of the Senate, a report containing the recommendations developed under subsection (b).

SEC. 153. PROTECTION OF WHISTLEBLOWERS.

Section 493 of the Public Health Service Act, as amended by section 151 of this Act, is amended by adding at the end the following new subsection:

''(e) PROTECTION OF WHISTLEBLOWERS.—

''(1) IN GENERAL.—In the case of any entity required to establish administrative processes under subsection (b), the Secretary shall by regulation establish standards for preventing, and for responding to the occurrence of retaliation by such entity, its officials or agents, against an employee in the terms and conditions of employment in response to the employee having in good faith—

''(A) made an allegation that the entity, its officials or agents, has engaged in or failed to adequately respond to an allegation of scientific misconduct; or

''(B) cooperated with an investigation of such an allegation.

''(2) MONITORING BY SECRETARY.—The Secretary shall establish by regulation procedures for the Director to monitor the implementation of the standards established by an entity under paragraph (1) for the purpose of determining whether the procedures have been established, and are being utilized, in accordance with the standards established under such paragraph.

''(3) NONCOMPLIANCE.—The Secretary shall by regulation establish remedies for noncompliance by an entity, its officials or agents, which has engaged in retaliation in violation of the standards established under paragraph (1). Such remedies may include termination of funding provided by the Secretary for such project or recovery of funding being provided by the Secretary for such project, or other actions as appropriate.

''(4) FINAL RULE FOR REGULATIONS.—The Secretary shall issue a final rule for the regulations required in paragraph (1) not later than 180 days after the date of the enactment of the National Institutes of Health Revitalization Amendments of 1992.

''(5) REQUIRED AGREEMENTS.—For any fiscal year beginning after the date on which the regulations required in paragraph (1) are issued, the Secretary may not provide a grant, cooperative agreement, or contract under this Act for biomedical or behavioral research unless the entity seeking such financial assistance agrees that the entity—

''(A) will maintain the procedures described in the regulations; and

''(B) will otherwise be subject to the regulations.''.

SEC. 154. REQUIREMENT OF REGULATIONS REGARDING PROTECTION AGAINST FINANCIAL CONFLICTS OF INTEREST IN CERTAIN PROJECTS OF RESEARCH.

Part H of title IV of the Public Health Service Act, as redesignated by section 141(a)(2) of this Act, is amended by inserting after section 493 the following new section:

''PROTECTION AGAINST FINANCIAL CONFLICTS OF INTEREST IN CERTAIN PROJECTS OF RESEARCH

''SEC. 493A. (a) ISSUANCE OF REGULATIONS.—

''(1) IN GENERAL.—The Secretary shall define by regulation, the specific circumstances that constitute the existence of a financial interest in a project on the part of an entity or individual that will, or may be reasonably expected to, create a bias in favor of obtaining results in such project that are consistent with such financial interest. Such definition shall apply uniformly to each entity or individual conducting a research project under this Act. In the case of any entity or individual receiving assistance from the Secretary for a project of research described in paragraph (2), the Secretary shall by regulation establish standards for responding to, including managing, reducing, or eliminating, the existence of such a financial interest. The entity may adopt individualized procedures for implementing the standards.

''(2) RELEVANT PROJECTS.—A project of research referred to in paragraph (1) is a project of clinical research whose purpose is to evaluate the safety or effectiveness of a drug, medical device, or treatment and for which such entity is receiving assistance from the Secretary.

''(3) IDENTIFYING AND REPORTING TO THE DIRECTOR.—The Secretary shall ensure that the standards established under paragraph (1) specify that as a condition of receiving assistance from the Secretary for the project involved, an entity described in such subsection is required—

''(A) to have in effect at the time the entity applies for the assistance and throughout the period during which the assistance is received, a process for identifying such financial interests as defined in paragraph (1) that exist regarding the project; and

''(B) to report to the Director such financial interest as defined in paragraph (1) identified by the entity and how any such financial interest identified by the entity will be managed or eliminated such that the project in question will be protected from bias that may stem from such financial interest.

''(4) MONITORING OF PROCESS.—The Secretary shall monitor the establishment and conduct of the process established by an entity pursuant to paragraph (1).

''(5) RESPONSE.—In any case in which the Secretary determines that an entity has failed to comply with paragraph (3) regarding a project of research described in paragraph (1), the Secretary—

''(A) shall require that, as a condition of receiving assistance, the entity disclose the existence of a financial interest as defined in paragraph (1) in each public presentation of the results of such project; and

''(B) may take such other actions as the Secretary determines to be appropriate.

''(6) DEFINITION.—As used in this section:

''(A) The term 'financial interest' includes the receipt of consulting fees or honoraria and the ownership of stock or equity.

''(B) The term 'assistance', with respect to conducting a project of research, means a grant, contract, or cooperative agreement.

''(b) FINAL RULE FOR REGULATIONS.—The Secretary shall issue a final rule for the regulations required in subsection (a) not later than 180 days after the date of the enactment of the National Institutes of Health Revitalization Amendments of 1992.''.

SEC. 155. EFFECTIVE DATES.

(a) IN GENERAL.—The amendments made by this subtitle shall become effective on the date that occurs 180 days after the date on which the final rule required under section 493(e)(4) of the Public Health Service Act, as amended by section 151 and 153, is published in the Federal Register.

(b) AGREEMENTS AS A CONDITION OF FUNDING.—The requirements of subsection (e)(5) of section 493 of the Public Health Service Act, as amended by sections 151 and 153, with respect to agreements as a condition of funding shall not be effective in the case of projects of research for which initial funding under the Public Health Service Act was provided prior to the effective date described in subsection (a).

TITLE II—PROTECTION OF HEALTH FACILITIES

SEC. 201. PROTECTION OF FACILITIES ASSISTED UNDER PUBLIC HEALTH SERVICE ACT.

The Public Health Service Act (42 U.S.C. 201 et seq.), as amended by section 101 of Public Law 101–381 and section 304 of Public Law 101–509, is amended—

(1) by transferring sections 2701 through 2714 to title II;

(2) by redesignating such sections as sections 231 through 244, respectively;

(3) by inserting such sections, in the appropriate sequence, after section 228;

(4) by inserting before section 201 the following new heading:

''PART A—ADMINISTRATION'';

(5) by inserting before section 231 (as redesignated by paragraph (2) of this subsection) the following new heading:

''PART B—MISCELLANEOUS PROVISIONS''; and

(6) by adding at the end of title II (as amended by paragraphs (1) through (5) of this subsection) the following new part:

''PART C—PROTECTION OF HEALTH FACILITIES

''SEC. 251. ESTABLISHMENT OF PROTECTIONS.

''With respect to any health facility receiving financial assistance under this Act, a person shall not—

''(1) embezzle, steal, purloin, or knowingly engage in conversion of any personal prop-

erty of the health facility, including, without authorization of the health facility—

''(A) knowingly releasing or otherwise causing the loss from the health facility of any animal held for research purposes by the facility;

''(B) knowingly injuring any animal held for such purposes; or

''(C) knowingly destroying or altering records held by the facility;

''(2) knowingly damage any real property of the health facility;

''(3) knowingly deter, through any degree of physical restraint, any individual from entering or exiting the health facility;

''(4) by force and violence take from the person or presence of an officer or employee of the health facility any personal property of the health facility (including any animal held for research purposes by the facility); or

''(5) break or enter into the health facility with the intent to carry out any of the actions prohibited in any of paragraphs (1) through (4).

''SEC. 252. ENFORCEMENT.

''(a) CRIMINAL PENALTY.—

''(1) IN GENERAL.—Any person who violates section 251 shall be fined in accordance with title 18, United States Code, or imprisoned for not more than 5 years, or both.

''(2) RESTITUTION.—In sentencing a defendant convicted of a violation of section 251, the court involved may order the defendant to make restitution to the health facility involved. Sections 3663 and 3664 of title 18, United States Code, shall apply to such an order to the same extent and in the same manner as such sections apply to any order of restitution made pursuant to a conviction of any felony under such title 18.

''(3) LIMITATION ON ACTION.—Section 3282 of title 18, United States Code, shall apply to proceedings under paragraph (1).

''(b) PRIVATE CIVIL ACTION.—

''(1) IN GENERAL.—Any health facility aggrieved as a result of a violation of any of paragraphs (1) through (3) of section 251 by any person may, in any court of competent jurisdiction, commence a civil action against such person to obtain appropriate relief, including actual and punitive damages, equitable relief, and a reasonable attorney's fee and costs.

''(2) STATE OPTION WITH RESPECT TO OFFSET.—To the extent provided by the law of the State in which the violation of section 251 occurred, any pecuniary relief recovered by a health facility in a civil action under paragraph (1) shall be offset against any pecuniary relief recovered by the health facility in a civil action authorized under the law of such State with respect to activities described in section 251.

''(3) LIMITATION ON ACTION.—Proceedings under paragraph (1) may not be commenced against a person after the expiration of the 2-year period beginning on the date on which the person allegedly engaged in the violation of section 251.

''SEC. 253. RULES OF CONSTRUCTION.

''With respect to penalties and remedies established in this part regarding any health facility receiving financial assistance under this Act—

''(1) this part may not be construed to limit or otherwise affect any other penalty or remedy under Federal or State law; and

''(2) this part may not be construed to supersede any law of any State.''.

SEC. 202. CONFORMING AMENDMENTS.

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended—

(1) in the heading for title II, by inserting ''AND MISCELLANEOUS PROVISIONS'' after ''ADMINISTRATION'';

(2) in section 406(a)(2), by striking ''2701'' and inserting ''231'';

(3) in section 465(f), by striking ''2701'' and inserting ''231'';

(4) in section 480(a)(2), by striking ''2701'' and inserting ''231'';

(5) in section 485(a)(2), by striking ''2701'' and inserting ''231'';

(6) in section 497, by striking ''2701'' and inserting ''231'';

(7) in section 505(a)(2), by striking ''2701'' and inserting ''231'';

(8) in section 926(b), by striking ''2711'' each place such term appears and inserting ''241''; and

(9) in title XXVII, by striking the heading for such title.

TITLE III—NATIONAL INSTITUTES OF HEALTH IN GENERAL

SEC. 301. DISCRETIONARY FUND OF DIRECTOR OF NATIONAL INSTITUTES OF HEALTH.

Section 402 of the Public Health Service Act (42 U.S.C. 282) is amended by adding at the end the following new subsection:

''(g)(1) There is established a fund, consisting of amounts appropriated under paragraph (3) and made available for the fund, for use by the Director of NIH to carry out the activities authorized in this Act for the National Insititutes of Health. The purposes for which such fund may be expended include, but are not limited to—

''(A) providing for research on matters that have not received significant funding relative to other matters, responding to new issues and scientific emergencies, and acting on research opportunities of high priority;

''(B) supporting research that is not exclusively within the authority of any single agency of such Institutes; and

''(C) purchasing or renting equipment and quarters for activities of such Institutes

''(2) The Director of NIH shall provide to the Secretary an annual report describing the activities undertaken and expenditures made under this section. The Secretary shall submit such report, together with such comments regarding this section as the Secretary determines to be appropriate, to the Committee on Energy and Commerce of the House of Representatives and to the Committee on Labor and Human Resources of the Senate.

''(3) For the purpose of carrying out this subsection, there are authorized to be appropriated $25,000,000 in fiscal year 1993, and such sums as may be necessary in each of the fiscal years 1994 through 1996.''.

SEC. 302. HEALTH PROMOTION RESEARCH DISSEMINATION.

Section 402(f) of the Public Health Service Act (42 U.S.C. 282(f)) is amended by striking ''other public and private entities.'' and all that follows through the end and inserting ''other public and private entities, including elementary, secondary, and post-secondary schools. The Associate Director shall—

''(1) annually review the efficacy of existing policies and techniques used by the national research institutes to disseminate the results of disease prevention and behavioral research programs;

''(2) recommend, coordinate, and oversee the modification or reconstruction of such policies and techniques to ensure maximum dissemination, using advanced technologies to the maximum extent practicable, of research results to such entities; and

''(3) annually prepare and submit to the Director of NIH a report concerning the prevention and dissemination activities undertaken by the Associate Director, including—

''(A) a summary of the Associate Director's review of existing dissemination policies and techniques together with a detailed statement concerning any modification or restructuring, or recommendations for modification or restructuring, of such policies and techniques; and

''(B) a detailed statement of the expenditures made for the prevention and dissemination activities reported on and the personnel used in connection with such activities.''.

SEC. 303. PROGRAMS FOR INCREASED SUPPORT REGARDING CERTAIN STATES AND RESEARCHERS.

Section 402 of the Public Health Service Act, as amended by section 301 of this Act, is amended by adding at the end the following new subsection:

''(h)(1)(A) In the case of entities described in subparagraph (B), the Director of NIH, acting through the Director of the National Center for Research Resources, shall establish a program to enhance the competitiveness of such entities in obtaining funds from the national research institutes for conducting biomedical and behavioral research.

''(B) The entities referred to in subparagraph (A) are entities that conduct biomedical and behavioral research and are located in a State in which the aggregate success rate for applications to the national research institutes for assistance for such research by the entities in the State has historically constituted a low success rate of obtaining such funds, relative to such aggregate rate for such entities in other States.

''(C) With respect to enhancing competitiveness for purposes of subparagraph (A), the Director of NIH, in carrying out the program established under such subparagraph, may—

''(i) provide technical assistance to the entities involved, including technical assistance in the preparation of applications for obtaining funds from the national research institutes;

''(ii) assist the entities in developing a plan for biomedical or behavioral research proposals; and

''(iii) assist the entities in implementing such plan.

''(2) The Director of NIH shall establish a program of supporting projects of biomedical or behavioral research whose principal researchers are individuals who have not previously served as the principal researchers of such projects supported by the Director.''.

SEC. 304. CHILDREN'S VACCINE INITIATIVE.

Part A of title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended by adding at the end the following new section:

''CHILDREN'S VACCINE INITIATIVE

''SEC. 404. (a) DEVELOPMENT OF NEW VACCINES.—The Secretary, in consulation with the Director of the National Vaccine Program under title XXI and acting through the Directors of the National Institute for Allergy and Infectious Diseases, the National Institute for Child Health and Human Development, the National Institute for Aging, and other public and private programs, shall carry out activities, which shall be consistent with the global Children's Vaccine Initiative, to develop affordable new and improved vaccines to be used in the United States and in the developing world that will increase the efficacy and efficiency of the prevention of infectious diseases. In carrying out such activities, the Secretary shall, to the extent practicable, develop and make available vaccines that require fewer contacts to deliver, that can be given early in life, that provide long lasting protection, that obviate refrigeration, needles and syringes, and that protect against a larger number of diseases.

''(b) REPORT.—In the report required in section 2104, the Secretary, acting through the Director of the National Vaccine Program under title XXI, shall include information with respect to activities and the progress made in implementing the provisions of this section and achieving its goals.

''(c) AUTHORIZATION OF APPROPRIATIONS.—In addition to any other amounts authorized to be appropriated for activities of the type

described in this section, there are authorized to be appropriated to carry out this section, $15,000,000 for fiscal year 1993, $20,000,000 for fiscal year 1994, $25,000,000 for fiscal year 1995, and $30,000,000 for fiscal year 1996.''.

SEC. 305. PLAN FOR USE OF ANIMALS IN RESEARCH.

(a) IN GENERAL.—Part A of title IV of the Public Health Service Act, as amended by section 304 of this Act, is amended by adding at the end the following new section:

''PLAN FOR USE OF ANIMALS IN RESEARCH

''SEC. 404A. (a) The Director of NIH, after consultation with the committee established under subsection (e), shall prepare a plan—

''(1) for the National Institutes of Health to conduct or support research into—

''(A) methods of biomedical research and experimentation that do not require the use of animals;

''(B) methods of such research and experimentation that reduce the number of animals used in such research; and

''(C) methods of such research and experimentation that produce less pain and distress in such animals;

''(2) for establishing the validity and reliability of the methods described in paragraph (1);

''(3) for encouraging the acceptance by the scientific community of such methods that have been found to be valid and reliable; and

''(4) for training scientists in the use of such methods that have been found to be valid and reliable.

''(b) Not later than October 1, 1993, the Director of NIH shall 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, the plan required in subsection (a) and shall begin implementation of the plan.

''(c) The Director of NIH shall periodically review, and as appropriate, make revisions in the plan required under subsection (a). A description of any revision made in the plan shall be included in the first biennial report under section 403 that is submitted after the revision is made.

''(d) The Director of NIH shall take such actions as may be appropriate to convey to scientists and others who use animals in biomedical or behavioral research or experimentation information respecting the methods found to be valid and reliable under subsection (a)(2).

''(e)(1) The Director of NIH shall establish within the National Institutes of Health a committee to be known as the Interagency Coordinating Committee on the Use of Animals in Research (hereafter in this subsection referred to as the 'Committee').

''(2) The Committee shall provide advice to the Director of NIH on the preparation of the plan required in subsection (a).

''(3) The Committee shall be composed of—

''(A) the Directors of each of the national research institutes (or the designees of such Directors); and

''(B) representatives of the Environmental Protection Agency, the Food and Drug Administration, the Consumer Product Safety Commission, the National Science Foundation, and such additional agencies as the Director of NIH determines to be appropriate.''.

(b) CONFORMING AMENDMENT.—Section 4 of the Health Research Extension Act of 1985 (Public Law 99–158; 99 Stat. 880) is repealed.

SEC. 306. INCREASED PARTICIPATION OF WOMEN AND DISADVANTAGED INDIVIDUALS IN FIELDS OF BIOMEDICAL AND BEHAVIORAL RESEARCH.

Section 402 of the Public Health Service Act, as amended by section 303 of this Act, is amended by adding at the end the following new subsection:

''(i) The Secretary, acting through the Director of NIH and the Directors of the agencies of the National Institutes of Health, may conduct and support programs for research, research training, recruitment, and other activities to provide for an increase in the number of women and individuals from disadvantaged backgrounds in the fields of biomedical and behavioral research.''.

SEC. 307. REQUIREMENTS REGARDING SURVEYS OF SEXUAL BEHAVIOR.

Part A of title IV of the Public Health Service Act, as amended by section 305 of this Act, is amended by adding at the end the following new section:

''REQUIREMENTS REGARDING SURVEYS OF SEXUAL BEHAVIOR

''SEC. 404B. With respect to any survey of human sexual behavior proposed to be conducted or supported through the National Institutes of Health, the survey may not be carried out unless—

''(1) the proposal has undergone review in accordance with any applicable requirements of sections 491 and 492; and

''(2) the Secretary, in accordance with section 492A, makes a determination that the information expected to be obtained through the survey will assist—

''(A) in reducing the incidence of sexually transmitted diseases, the incidence of infection with the human immunodeficiency virus, or the incidence of any other infectious disease; or

''(B) in improving reproductive health or other conditions of health.''.

SEC. 308. MISCELLANEOUS PROVISIONS.

(a) TERM OF OFFICE FOR MEMBERS OF ADVISORY COUNCILS.—Section 406(c) of the Public Health Service Act (42 U.S.C. 284a(c)) is amended in the second sentence by striking ''until a successor has been appointed'' and inserting the following: ''for 180 days after the date of such expiration''.

(b) LITERACY REQUIREMENTS.—Section 402(e) of the Public Health Service Act (42 U.S.C. 282(e)) is amended—

(1) in paragraph (3), by striking ''and'' at the end;

(2) in paragraph (4), by striking the period and inserting ''; and''; and

(3) by adding at the end thereof the following new paragraph:

''(5) ensure that, after January 1, 1993, at least one-half of all new or revised health education and promotion materials developed or funded by the National Institutes of Health is in a form that does not exceed a level of functional literacy, as defined in the National Literacy Act of 1991 (Public Law 102–73).''.

(c) DAY CARE REGARDING CHILDREN OF EMPLOYEES.—Section 402 of the Public Health Service Act, as amended by section 306 of this Act, is amended by adding at the end the following new subsection:

''(j)(1) The Director of NIH may establish a program to provide day care service for the employees of the National Institutes of Health similar to those services provided by other Federal agencies (including the availability of day care service on a 24-hour-a-day basis).

''(2) Any day care provider at the National Institutes of Health shall establish a sliding scale of fees that takes into consideration the income and needs of the employee.

''(3) For purposes regarding the provision of day care service, the Director of NIH may enter into rental or lease purchase agreements.''.

TITLE IV—GENERAL PROVISIONS RESPECTING NATIONAL RESEARCH INSTITUTES

SEC. 401. APPOINTMENT AND AUTHORITY OF DIRECTORS OF NATIONAL RESEARCH INSTITUTES.

(a) ESTABLISHMENT OF GENERAL AUTHORITY REGARDING DIRECT FUNDING.—

(1) IN GENERAL.—Section 405(b)(2) of the Public Health Service Act (42 U.S.C. 284(b)(2)) is amended—

(A) in subparagraph (A), by striking ''and'' after the semicolon at the end;

(B) in subparagraph (B), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following new subparagraph:

''(C) shall receive from the President and the Office of Management and Budget directly all funds appropriated by the Congress for obligation and expenditure by the Institute.''.

(2) CONFORMING AMENDMENT.—Section 413(b)(9) of the Public Health Service Act (42 U.S.C. 285a–2(b)(9)) is amended—

(A) by striking ''(A)'' after ''(9)''; and

(B) by striking ''advisory council;'' and all that follows and inserting ''advisory council.''.

(b) APPOINTMENT AND DURATION OF TECHNICAL AND SCIENTIFIC PEER REVIEW GROUPS.—Section 405(c) of the Public Health Service Act (42 U.S.C. 284(c)) is amended—

(1) by amending paragraph (3) to read as follows:

''(3) may, in consultation with the advisory council for the Institute and with the approval of the Director of NIH—

''(A) establish technical and scientific peer review groups in addition to those appointed under section 402(b)(6); and

''(B) appoint the members of peer review groups established under subparagraph (A); and''; and

(2) by adding after and below paragraph (4) the following:

''The Federal Advisory Committee Act shall not apply to the duration of a peer review group appointed under paragraph (3).''.

SEC. 402. PROGRAM OF RESEARCH ON OSTEOPOROSIS, PAGET'S DISEASE, AND RELATED BONE DISORDERS.

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

''RESEARCH ON OSTEOPOROSIS, PAGET'S DISEASE, AND RELATED BONE DISORDERS

''SEC. 409. (a) ESTABLISHMENT.—The Directors of the National Institute of Arthritis and Musculoskeletal and Skin Diseases, the National Institute on Aging, and the National Institute of Diabetes, Digestive and Kidney Diseases, shall expand and intensify the programs of such Institutes with respect to research and related activities concerning osteoporosis, Paget's disease, and related bone disorders.

''(b) COORDINATION.—The Directors referred to in subsection (a) shall jointly coordinate the programs referred to in such subsection and consult with the Arthritis and Musculoskeletal Diseases Interagency Coordinating Committee and the Interagency Task Force on Aging Research.

''(c) INFORMATION CLEARINGHOUSE.—

''(1) IN GENERAL.—In order to assist in carrying out the purpose described in subsection (a), the Director of NIH shall provide for the establishment of an information clearinghouse on osteoporosis and related bone disorders to facilitate and enhance knowledge and understanding on the part of health professionals, patients, and the public through the effective dissemination of information.

''(2) ESTABLISHMENT THROUGH GRANT OR CONTRACT.—For the purpose of carrying out paragraph (1), the Director of NIH shall enter into a grant, cooperative agreement, or contract with a nonprofit private entity involved in activities regarding the prevention and control of osteoporosis and related bone disorders.

''(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated

$40,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1996.''.

SEC. 403. ESTABLISHMENT OF INTERAGENCY PROGRAM FOR TRAUMA RESEARCH.

(a) IN GENERAL.—Title XII of the Public Health Service Act (42 U.S.C. 300d et seq.) is amended by adding at the end the following part:

''PART E—INTERAGENCY PROGRAM FOR TRAUMA RESEARCH

''SEC. 1251. ESTABLISHMENT OF PROGRAM.

''(a) IN GENERAL.—The Secretary, acting through the Director of the National Institutes of Health (hereafter in this section referred to as the 'Director'), shall establish a comprehensive program of conducting basic and clinical research on trauma (hereafter in this section referred to as the 'Program'). The Program shall include research regarding the diagnosis, treatment, rehabilitation, and general management of trauma.

''(b) PLAN FOR PROGRAM.—

''(1) IN GENERAL.—The Director, in consultation with the Trauma Research Interagency Coordinating Committee established under subsection (g), shall establish and implement a plan for carrying out the activities of the Program, including the activities described in subsection (d). All such activities shall be carried out in accordance with the plan. The plan shall be periodically reviewed, and revised as appropriate.

''(2) SUBMISSION TO CONGRESS.—Not later than April 1, 1993, the Director shall submit the plan required in paragraph (1) to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, together with an estimate of the funds needed for each of the fiscal years 1994 through 1996 to implement the plan.

''(c) PARTICIPATING AGENCIES; COORDINATION AND COLLABORATION.—The Director—

''(1) shall provide for the conduct of activities under the Program by the Directors of the agencies of the National Institutes of Health involved in research with respect to trauma;

''(2) shall ensure that the activities of the Program are coordinated among such agencies; and

''(3) shall, as appropriate, provide for collaboration among such agencies in carrying out such activities.

''(d) CERTAIN ACTIVITIES OF PROGRAM.—The Program shall include—

''(1) studies with respect to all phases of trauma care, including prehospital, resuscitation, surgical intervention, critical care, infection control, wound healing, nutritional care and support, and medical rehabilitation care;

''(2) basic and clinical research regarding the response of the body to trauma and the acute treatment and medical rehabilitation of individuals who are the victims of trauma; and

''(3) basic and clinical research regarding trauma care for pediatric and geriatric patients.

''(e) MECHANISMS OF SUPPORT.—In carrying out the Program, the Director, acting through the Directors of the agencies referred to in the subsection (c)(1), may make grants to public and nonprofit entities, including designated trauma centers.

''(f) RESOURCES.—The Director shall assure the availability of appropriate resources to carry out the Program, including the plan established under subsection (b) (including the activities described in subsection (d)).

''(g) COORDINATING COMMITTEE.—

''(1) IN GENERAL.—There shall be established a Trauma Research Interagency Coordinating Committee (hereafter in this section referred to as the 'Coordinating Committee').

''(2) DUTIES.—The Coordinating Committee shall make recommendations regarding—

''(A) the activities of the Program to be carried out by each of the agencies represented on the Committee and the amount of funds needed by each of the agencies for such activities; and

''(B) effective collaboration among the agencies in carrying out the activities.

''(3) COMPOSITION.—The Coordinating Committee shall be composed of the Directors of each of the agencies that, under subsection (c), have responsibilities under the Program, and any other individuals who are practitioners in the trauma field as designated by the Director of the National Institutes of Health.

''(h) DEFINITIONS.—For purposes of this section:

''(1) The term 'designated trauma center' has the meaning given such term in section 1231(1).

''(2) The term 'Director' means the Director of the National Institutes of Health.

''(3) The term 'trauma' means any serious injury that could result in loss of life or in significant disability and that would meet pre-hospital triage criteria for transport to a designated trauma center.''.

(b) CONFORMING AMENDMENT.—Section 402 of the Public Health Service Act, as amended by section 308(c) of this Act, is amended by adding at the end the following new subsection:

''(k) The Director of NIH shall carry out the program established in part E of title XII (relating to interagency research on trauma).''.

TITLE V—NATIONAL CANCER INSTITUTE

SEC. 501. EXPANSION AND INTENSIFICATION OF ACTIVITIES REGARDING BREAST CANCER.

Subpart 1 of part C of title IV of the Public Health Service Act (42 U.S.C. 285 et seq.) is amended by adding at the end the following new section:

''BREAST AND GYNECOLOGICAL CANCERS

''SEC. 417. (a) EXPANSION AND COORDINATION OF ACTIVITIES.—The Director of the Institute, in consultation with the National Cancer Advisory Board, shall expand, intensify, and coordinate the activities of the Institute with respect to research on breast cancer, ovarian cancer, and other cancers of the reproductive system of women.

''(b) COORDINATION WITH OTHER INSTITUTES.—The Director of the Institute shall coordinate the activities of the Director under subsection (a) with similar activities conducted by other national research institutes and agencies of the National Institutes of Health to the extent that such Institutes and agencies have responsibilities that are related to breast cancer and other cancers of the reproductive system of women.

''(c) PROGRAMS FOR BREAST CANCER.—

''(1) IN GENERAL.—In carrying out subsection (a), the Director of the Institute shall conduct or support research to expand the understanding of the cause of, and to find a cure for, breast cancer. Activities under such subsection shall provide for an expansion and intensification of the conduct and support of—

''(A) basic research concerning the etiology and causes of breast cancer;

''(B) clinical research and related activities concerning the causes, prevention, detection and treatment of breast cancer;

''(C) control programs with respect to breast cancer in accordance with section 412;

''(D) information and education programs with respect to breast cancer in accordance with section 413; and

''(E) research and demonstration centers with respect to breast cancer in accordance with section 414, including the development and operation of centers for breast cancer research to bring together basic and clinical, biomedical and behavioral scientists to conduct basic, clinical, epidemiological, psychosocial, prevention and treatment research and related activities on breast cancer.

Not less than six centers shall be operated under subparagraph (E). Activities of such centers should include supporting new and innovative research and training programs for new researchers. Such centers shall give priority to expediting the transfer of research advances to clinical applications.

''(2) IMPLEMENTATION OF PLAN FOR PROGRAMS.—

''(A) The Director of the Institute shall ensure that the research programs described in paragraph (1) are implemented in accordance with a plan for the programs. Such plan shall include comments and recommendations that the Director of the Institute considers appropriate, with due consideration provided to the professional judgment needs of the Institute as expressed in the annual budget estimate prepared in accordance with section 413(9). The Director of the Institute, in consultation with the National Cancer Advisory Board, shall periodically review and revise such plan.

''(B) Not later than February 1, 1993, the Director of the Institute shall submit a copy of the plan to the President's Cancer Panel, the Secretary and the Director of NIH.

''(C) The Director of the Institute shall submit any revisions of the plan to the President's Cancer Panel, the Secretary, and the Director of NIH.

''(D) The Secretary shall provide a copy of the plan submitted under subparagraph (A), and any revisions submitted under subparagraph (C), to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate.

''(d) OTHER CANCERS.—In carrying out subsection (a), the Director of the Institute shall conduct or support research on ovarian cancer and other cancers of the reproductive system of women. Activities under subsection (a) shall provide for the conduct and support of—

''(1) basic research concerning the etiology and causes of ovarian cancer and other cancers of the reproductive system of women;

''(2) clinical research and related activities into the causes, prevention, detection and treatment of ovarian cancer and other cancers of the reproductive system of women;

''(3) control programs with respect to ovarian cancer and other cancers of the reproductive system of women in accordance with section 412;

''(4) information and education programs with respect to ovarian cancer and other cancers of the reproductive system of women in accordance with section 413; and

''(5) research and demonstration centers with respect to ovarian cancer and cancers of the reproductive system in accordance with section 414.

''(e) REPORT.—The Director of the Institute shall prepare, for inclusion in the biennial report submitted under section 407, a report that describes the activities of the National Cancer Institute under the research programs referred to in subsection (a), that shall include—

''(1) a description of the research plan with respect to breast cancer prepared under subsection (c);

''(2) an assessment of the development, revision, and implementation of such plan;

''(3) a description and evaluation of the progress made, during the period for which such report is prepared, in the research programs on breast cancer and cancers of the reproductive system of women;

''(4) a summary and analysis of expenditures made, during the period for which such

report is made, for activities with respect to breast cancer and cancers of the reproductive system of women conducted and supported by the National Institutes of Health; and

''(5) such comments and recommendations as the Director considers appropriate.''.

SEC. 502. EXPANSION AND INTENSIFICATION OF ACTIVITIES REGARDING PROSTATE CANCER.

Subpart 1 of part C of title IV of the Public Health Service Act, as amended by section 501 of this Act, is amended by adding at the end the following new section:

''PROSTATE CANCER

''SEC. 417A. (a) EXPANSION AND COORDINATION OF ACTIVITIES.—The Director of the Institute, in consultation with the National Cancer Advisory Board, shall expand, intensify, and coordinate the activities of the Institute with respect to research on prostate cancer.

''(b) COORDINATION WITH OTHER INSTITUTES.—The Director of the Institute shall coordinate the activities of the Director under subsection (a) with similar activities conducted by other national research institutes and agencies of the National Institutes of Health to the extent that such Institutes and agencies have responsibilities that are related to prostate cancer.

''(c) PROGRAMS.—

''(1) IN GENERAL.—In carrying out subsection (a), the Director of the Institute shall conduct or support research to expand the understanding of the cause of, and to find a cure for, prostate cancer. Activities under such subsection shall provide for an expansion and intensification of the conduct and support of—

''(A) basic research concerning the etiology and causes of prostate cancer;

''(B) clinical research and related activities concerning the causes, prevention, detection and treatment of prostate cancer;

''(C) prevention and control and early detection programs with respect to prostate cancer in accordance with section 412, particularly as it relates to intensifying research on the role of prostate specific antigen for the screening and early detection of prostate cancer;

''(D) an Inter-Institute Task Force, under the direction of the Director of the Institute, to provide coordination between relevant National Institutes of Health components of research efforts on prostate cancer;

''(E) control programs with respect to prostate cancer in accordance with section 412;

''(F) information and education programs with respect to prostate cancer in accordance with section 413; and

''(G) research and demonstration centers with respect to prostate cancer in accordance with section 414, including the development and operation of centers for prostate cancer research to bring together basic and clinical, biomedical and behavioral scientists to conduct basic, clinical, epidemiological, psychosocial, prevention and treatment research and related activities on prostate cancer.

Not less than six centers shall be operated under subparagraph (G). Activities of such centers should include supporting new and innovative research and training programs for new researchers. Such centers shall give priority to expediting the transfer of research advances to clinical applications.

''(2) IMPLEMENTATION OF PLAN FOR PROGRAMS.—

''(A) The Director of the Institute shall ensure that the research programs described in paragraph (1) are implemented in accordance with a plan for the programs. Such plan shall include comments and recommendations that the Director of the Institute considers appropriate, with due consideration provided to the professional judgment needs of the Institute as expressed in the annual budget estimate prepared in accordance with section 413(9). The Director of the Institute, in consultation with the National Cancer Advisory Board, shall periodically review and revise such plan.

''(B) Not later than February 1, 1993, the Director of the Institute shall submit a copy of the plan to the President's Cancer Panel, the Secretary and the Director of NIH.

''(C) The Director of the Institute shall submit any revisions of the plan to the President's Cancer Panel, the Secretary, and the Director of NIH.

''(D) The Secretary shall provide a copy of the plan submitted under subparagraph (A), and any revisions submitted under subparagraph (C), to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate.''.

SEC. 503. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—Subpart 1 of part C of title IV of the Public Health Service Act (42 U.S.C. 285 et seq.) is amended by adding at the end the following new section:

''AUTHORIZATION OF APPROPRIATIONS

''SEC. 417B. (a) ACTIVITIES GENERALLY.—For the purpose of carrying out this subpart, there are authorized to be appropriated $2,200,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1996.

''(b) BREAST CANCER AND GYNECOLOGICAL CANCERS.—

''(1) BREAST CANCER.—

''(A) For the purpose of carrying out subparagraph (A) of section 417(c)(1), there are authorized to be appropriated $225,000,000 for fiscal year 1993, and such sums as are necessary for each of the fiscal years 1994 through 1996. Such authorizations of appropriations are in addition to the authorizations of appropriations established in subsection (a) and in section 301 with respect to the Director of the Institute carrying out such purpose.

''(B) For the purpose of carrying out subparagraphs (B) through (E) of section 417(c)(1), there are authorized to be appropriated $100,000,000 for fiscal year 1993, and such sums as are necessary for each of the fiscal years 1994 through 1996. Such authorizations of appropriations are in addition to the authorizations of appropriations established in subsection (a) and in section 301 with respect to the Director of the Institute carrying out such purpose.

''(2) OTHER CANCERS.—For the purpose of carrying out subsection (d) of section 417, there are authorized to be appropriated $75,000,000 for fiscal year 1993, and such sums as are necessary for each of the fiscal years 1994 through 1996. Such authorizations of appropriations are in addition to the authorizations of appropriations established in subsection (a) and in section 301 with respect to the Director of the Institute carrying out such purpose.

''(c) PROSTATE CANCER.—For the purpose of carrying out section 417A, there are authorized to be appropriated $72,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1996. Such authorizations of appropriations are in addition to the authorizations of appropriations established in subsection (a) and in section 301 with respect to the Director of the Institute carrying out such purpose.

''(d) ALLOCATION REGARDING CANCER CONTROL.—Of the amounts appropriated for the National Cancer Institute for a fiscal year, the Director of the Institute shall make available not less than 10 percent for carrying out the cancer control activities authorized in section 412 and for which budget estimates are made under section 413(b)(9) for the fiscal year.''.

(b) SPECIAL RULE REGARDING FUNDS FOR SECTION 412 FOR FISCAL YEAR 1993.—Notwithstanding section 417B(d) of the Public Health Service Act, as added by subsection (a) of this section, the amount made available under such section for fiscal year 1993 for carrying out section 412 of such Act shall be an amount not less than an amount equal to 75 percent of the amount specified for activities under such section 412 in the budget estimate made under section 413(b)(9) of such Act for such fiscal year.

(c) CONFORMING AMENDMENTS.—

(1) IN GENERAL.—Section 408 of the Public Health Service Act (42 U.S.C. 284c) is amended—

(A) by striking subsection (a);

(B) by redesignating subsection (b) as subsection (a);

(C) by redesignating paragraph (5) of subsection (a) (as so redesignated) as subsection (b); and

(D) by amending the heading for the section to read as follows:

''CERTAIN USES OF FUNDS''.

(2) CROSS-REFERENCE.—Section 464F of the Public Health Service Act (42 U.S.C. 285m–6) is amended by striking ''section 408(b)(1)'' and inserting ''section 408(a)(1)''.

TITLE VI—NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

SEC. 601. EDUCATION AND TRAINING.

Section 421(b) of the Public Health Service Act (42 U.S.C. 285b–3(b)) is amended—

(1) in paragraph (3), by striking ''and'' after the semicolon at the end;

(2) in paragraph (4), by striking the period at the end and inserting ''; and''; and

(3) by inserting after paragraph (4) the following new paragraph:

''(5) shall, in consultation with the advisory council for the Institute, conduct appropriate intramural training and education programs, including continuing education and laboratory and clinical research training programs.''.

SEC. 602. CENTERS FOR THE STUDY OF PEDIATRIC CARDIOVASCULAR DISEASES.

Section 422(a)(1) of the Public Health Service Act (42 U.S.C. 285b-4(a)(1)) is amended—

(1) in subparagraph (B), by striking ''and'' at the end;

(2) in subparagraph (C), by striking the period and inserting ''; and''; and

(3) by adding at the end thereof the following new subparagraph:

''(D) three centers for basic and clinical research into, training in, and demonstration of, advanced diagnostic, prevention, and treatment (including genetic studies, intrauterine environment studies, postnatal studies, heart arrhythmias, and acquired heart disease and preventive cardiology) for cardiovascular diseases in children.''.

SEC. 603. AUTHORIZATION OF APPROPRIATIONS.

Subpart 2 of part C of title IV of the Public Health Service Act (42 U.S.C. 285b et seq.) is amended by adding at the end the following new section:

''AUTHORIZATION OF APPROPRIATIONS

''SEC. 424. (a) IN GENERAL.—For the purpose of carrying out this subpart, there are authorized to be appropriated $1,400,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1996.

''(b) ALLOCATION REGARDING PREVENTION AND CONTROL ACTIVITIES.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Director of the Institute shall make available not less than 10 percent for carrying out prevention and control activities authorized in section 419.''.

TITLE VII—NATIONAL INSTITUTE ON DIABETES AND DIGESTIVE AND KIDNEY DISEASES

SEC. 701. PROVISIONS REGARDING NUTRITIONAL DISORDERS.

Subpart 3 of part C of title IV of the Public Health Service Act (42 U.S.C. 285c et seq.) is amended by adding at the end the following new section:

''NUTRITIONAL DISORDERS PROGRAM

''SEC. 434. (a) The Director of the Institute shall establish a program of conducting and supporting research, training, health information dissemination, and other activities with respect to nutritional disorders, including obesity.

''(b) In carrying out the program established under subsection (a), the Director of the Institute shall conduct and support each of the activities described in such subsection. The Director of NIH shall ensure that, as appropriate, the other national research institutes and agencies of the National Institutes of Health have responsibilities regarding such activities.

''(c) In carrying out the program established under subsection (a), the Director of the Institute shall carry out activities to facilitate and enhance knowledge and understanding of nutritional disorders, including obesity, on the part of health professionals, patients, and the public through the effective dissemination of information.''.

(b) DEVELOPMENT AND EXPANSION OF RESEARCH AND TRAINING CENTERS.—Section 431 of the Public Health Service Act (42 U.S.C. 285c–5) is amended—

(1) by redesignating subsection (d) as subsection (e); and

(2) by inserting after subsection (c) the following new subsection:

''(d)(1) The Director of the Institute shall, subject to the extent of amounts made available in appropriations Act, provide for the development or substantial expansion of centers for research and training regarding nutritional disorders, including obesity.

''(2) The Director of the Institute shall carry out paragraph (1) in collaboration with the Director of the National Cancer Institute and with the Directors of such other agencies of the National Institutes of Health as the Director of NIH determines to be appropriate.

''(3) Each center developed or expanded under paragraph (1) shall—

''(A) utilize the facilities of a single institution, or be formed from a consortium of cooperating institutions, meeting such research and training qualifications as may be prescribed by the Director;

''(B) conduct basic and clinical research into the cause, diagnosis, early detection, prevention, control and treatment of nutritional disorders, including obesity and the impact of nutrition and diet on child development;

''(C) conduct training programs for physicians and allied health professionals in current methods of diagnosis and treatment of such diseases and complications, and in research in such disorders; and

''(D) conduct information programs for physicians and allied health professionals who provide primary care for patients with such disorders or complications.''.

TITLE VIII—NATIONAL INSTITUTE ON ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

SEC. 801. JUVENILE ARTHRITIS.

(a) PURPOSE.—Section 435 (42 U.S.C. 285d) is amended by striking ''including sports-related disorders'' and inserting ''with particular attention to the effect of these diseases on children''.

(b) PROGRAMS.—Section 436 (42 U.S.C. 285d-1) is amended—

(1) in subsection (a), by inserting after the second sentence, the following: ''The plan shall place particular emphasis upon expanding research into better understanding the causes and the development of effective treatments for arthritis affecting children.''; and

(2) in subsection (b)—

(A) by striking ''and'' at the end of paragraph (3);

(B) by striking the period at the end of paragraph (4) and inserting ''; and''; and

(C) by adding at the end thereof the following new paragraph:

''(5) research into the causes of arthritis affecting children and the development, trial, and evaluation of techniques, drugs and devices used in the diagnosis, treatment (including medical rehabilitation), and prevention of arthritis in children.''.

(c) CENTERS.—Section 441 of the Public Health Service Act (42 U.S.C. 286d-6) is amended by adding at the end thereof the following new subsection:

''(f) Not later than April 1, 1993, the Director shall establish a multipurpose arthritis and musculoskeletal disease center for the purpose of expanding the level of research into the cause, diagnosis, early detection, prevention, control, and treatment of, and rehabilitation of children with arthritis and musculoskeletal diseases.''.

(d) ADVISORY BOARD.—Section 442 of the Public Health Service Act (42 U.S.C. 285d-7) is amended—

(1) in subsection (b)(1)(B)—

(A) by striking ''six'' and inserting ''seven''; and

(B) by striking ''one member '' the second place such term appears and all that follows and inserting the following: ''two members who are parents of children with arthritis.''; and

(2) in subsection (j)—

(A) by striking ''and'' at the end of paragraph (3);

(B) by striking the period at the end of paragraph (4) and inserting ''; and''; and

(C) by adding at the end thereof the following new paragraph:

''(5) contains recommendations for expanding the Institute's funding of research directly applicable to the cause, diagnosis, early detection, prevention, control, and treatment of, and rehabilitation of children with arthritis and musculoskeletal diseases.''.

TITLE IX—NATIONAL INSTITUTE ON AGING

SEC. 901. ALZHEIMER'S DISEASE REGISTRY.

(a) IN GENERAL.—Section 12 of Public Law 99–158 (99 Stat. 885) is—

(1) transferred to subpart 5 of part C of title IV of the Public Health Service Act (42 U.S.C. 285e et seq.);

(2) redesignated as section 445G; and

(3) inserted after section 445F of such Act.

(b) TECHNICAL AND CONFORMING AMENDMENTS.—Section 445G of the Public Health Service Act, as transferred and inserted by subsection (a) of this section, is amended—

(1) by striking the section heading and all that follows through ''may make a grant'' in subsection (a) and inserting the following:

''ALZHEIMER'S DISEASE REGISTRY

''SEC. 445G. (a) IN GENERAL.—The Director of the Institute may make a grant''; and

(2) by striking subsection (c).

SEC. 902. AGING PROCESSES REGARDING WOMEN.

Subpart 5 of part C of title IV of the Public Health Service Act, as amended by section 901 of this Act, is amended by adding at the end the following new section:

''AGING PROCESSES REGARDING WOMEN

''SEC. 445H. The Director of the Institute, in addition to other special functions specified in section 444 and in cooperation with the Directors of the other national research institutes and agencies of the National Institutes of Health, shall conduct research into the aging processes of women, with particular emphasis given to the effects of menopause and the physiological and behavioral changes occurring during the transition from pre- to post-menopause, and into the diagnosis, disorders, and complications related to aging and loss of ovarian hormones in women.''.

SEC. 903. AUTHORIZATION OF APPROPRIATIONS.

Subpart 5 of part C of title IV of the Public Health Service Act, as amended by section 902 of this Act, is amended by adding at the end the following new section:

''AUTHORIZATION OF APPROPRIATIONS

''SEC. 445I. For the purpose of carrying out this subpart, there are authorized to be appropriated $500,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1996.''.

SEC. 904. CONFORMING AMENDMENT.

Section 445C of the Public Health Service Act (42 U.S.C. 285e–5(b)) is amended—

(1) in subsection (b)(1), in the first sentence, by inserting after ''Council'' the following: ''on Alzheimer's Disease (hereafter in this section referred to as the 'Council')''; and

(2) by adding at the end the following new subsection:

''(d) For purposes of this section, the term 'Council on Alzheimer's Disease' means the council established in section 911(a) of Public Law 99–660.''.

TITLE X—NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

SEC. 1001. TROPICAL DISEASES.

Section 446 of the Public Health Service Act (42 U.S.C. 285(f)) is amended by inserting before the period the following: '', including tropical diseases''.

SEC. 1002. CHRONIC FATIGUE SYNDROME.

(a) RESEARCH CENTERS.—Subpart 6 of part C of title IV of the Public Health Service Act (42 U.S.C. 285(f)) is amended by adding at the end the following new section:

''RESEARCH CENTERS REGARDING CHRONIC FATIGUE SYNDROME

''SEC. 447. (a) The Director of the Institute, after consultation with the advisory council for the Institute, may make grants to, or enter into contracts with, public or nonprofit private entities for the development and operation of centers to conduct basic and clinical research on chronic fatigue syndrome.

''(b) Each center assisted under this section shall use the facilities of a single institution, or be formed from a consortium of cooperating institutions, meeting such requirements as may be prescribed by the Director of the Institute.''.

(b) EXTRAMURAL STUDY SECTION.—Not later than 6 months after the date of enactment of this Act, the Secretary of Health and Human Services shall establish an extramural study section for chronic fatigue syndrome research.

(c) REPRESENTATIVES.—The Secretary of Health and Human Services, acting through the Director of the National Institutes of Health, shall ensure that appropriate individuals with expertise in chronic fatigue syndrome or neuromuscular diseases and representative of a variety of disciplines and fields within the research community are appointed to appropriate National Institutes of Health advisory committees and boards.

TITLE XI—NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Subtitle A—Research Centers With Respect to Contraception and Research Centers With Respect to Infertility

SEC. 1101. GRANTS AND CONTRACTS FOR RESEARCH CENTERS.

Subpart 7 of part C of title IV of the Public Health Service Act, as amended by section 3 of Public Law 101–613, is amended by adding at the end the following new section:

''RESEARCH CENTERS WITH RESPECT TO CONTRACEPTION AND INFERTILITY

''SEC. 452A. (a) The Director of the Institute, after consultation with the advisory council for the Institute, shall make grants to, or enter into contracts with, public or nonprofit private entities for the development and operation of centers to conduct activities for the purpose of improving methods of contraception and centers to conduct activities for the purpose of improving methods of diagnosis and treatment of infertility.

''(b) In carrying out subsection (a), the Director of the Institute shall, subject to the extent of amounts made available in appropriations Acts, provide for the establishment of three centers with respect to contraception and for two centers with respect to infertility.

''(c)(1) Each center assisted under this section shall, in carrying out the purpose of the center involved—

''(A) conduct clinical and other applied research, including—

''(i) for centers with respect to contraception, clinical trials of new or improved drugs and devices for use by males and females (including barrier methods); and

''(ii) for centers with respect to infertility, clinical trials of new or improved drugs and devices for the diagnosis and treatment of infertility in males and females;

''(B) develop protocols for training physicians, scientists, nurses, and other health and allied health professionals;

''(C) conduct training programs for such individuals;

''(D) develop model continuing education programs for such professionals; and

''(E) disseminate information to such professionals and the public.

''(2) A center may use funds provided under subsection (a) to provide stipends for health and allied health professionals enrolled in programs described in subparagraph (C) of paragraph (1), and to provide fees to individuals serving as subjects in clinical trials conducted under such paragraph.

''(d) The Director of the Institute shall, as appropriate, provide for the coordination of information among the centers assisted under this section.

''(e) Each center assisted under subsection (a) shall use the facilities of a single institution, or be formed from a consortium of cooperating institutions, meeting such requirements as may be prescribed by the Director of the Institute.

''(f) Support of a center under subsection (a) may be for a period not exceeding 5 years. Such period may be extended for one or more additional periods not exceeding 5 years if the operations of such center have been reviewed by an appropriate technical and scientific peer review group established by the Director and if such group has recommended to the Director that such period should be extended.

''(g) For the purpose of carrying out this section, there are authorized to be appropriated $20,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1996.''.

SEC. 1102. LOAN REPAYMENT PROGRAM FOR RESEARCH WITH RESPECT TO CONTRACEPTION AND INFERTILITY.

Part G of title IV of the Public Health Service Act, as redesignated by section 141(a)(2) of this Act, is amended by inserting after section 487A the following new section:

''LOAN REPAYMENT PROGRAM FOR RESEARCH WITH RESPECT TO CONTRACEPTION AND INFERTILITY

''SEC. 487B. (a) The Secretary, in consultation with the Director of the National Institute of Child Health and Human Development, shall establish a program of entering into agreements with qualified health professionals (including graduate students) under which such health professionals agree to conduct research with respect to contraception, or with respect to infertility, in consideration of the Federal Government agreeing to repay, for each year of such service, not more than $20,000 of the principal and interest of the educational loans of such health professionals.

''(b) The provisions of sections 338B, 338C, and 338E shall apply to the program established in subsection (a) to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in subpart III of part D of title III.

''(c) Amounts appropriated for carrying out this section shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which the amounts were appropriated.''.

Subtitle B—Program Regarding Obstetrics and Gynecology

SEC. 1111. ESTABLISHMENT OF PROGRAM.

Subpart 7 of part C of title IV of the Public Health Service Act, as amended by section 1101 of this Act, is amended by adding at the end the following new section:

''PROGRAM REGARDING OBSTETRICS AND GYNECOLOGY

''SEC. 452B. The Director of the Institute shall establish and maintain within the Institute an intramural laboratory and clinical research program in obstetrics and gynecology.''.

Subtitle C—Child Health Research Centers

SEC. 1121. ESTABLISHMENT OF CENTERS.

Subpart 7 of part C of title IV of the Public Health Service Act, as amended by section 1111 of this Act, is amended by adding at the end the following new section:

''CHILD HEALTH RESEARCH CENTERS

''SEC. 452C. The Director of the Institute shall develop and support centers for conducting research with respect to child health. Such centers shall give priority to the expeditious transfer of advances from basic science to clinical applications and improving the care of infants and children.''.

Subtitle D—Study Regarding Adolescent Health

SEC. 1139. PROSPECTIVE LONGITUDINAL STUDY.

Subpart 7 of part C of title IV of the Public Health Service Act, as amended by section 1121 of this Act, is amended by adding at the end the following new section:

''PROSPECTIVE LONGITUDINAL STUDY ON ADOLESCENT HEALTH

''SEC. 452D. (a) IN GENERAL.—The Director of the Institute shall conduct a study for the purpose of providing information on the general health and well-being of adolescents in the United States, including, with respect to such adolescents, information on—

''(1) the behaviors that promote health and the behaviors that are detrimental to health; and

''(2) the influence on health of factors particular to the communities in which the adolescents reside.

''(b) DESIGN OF STUDY.—

''(1) IN GENERAL.—The study required in subsection (a) shall be a longitudinal study in which a substantial number of adolescents participate as subjects. With respect to the purpose described in such subsection, the study shall monitor the subjects throughout the period of the study to determine the health status of the subjects and any change in such status over time.

''(2) POPULATION-SPECIFIC ANALYSES.—The study required in subsection (a) shall be conducted with respect to the population of adolescents who are female, the population of adolescents who are male, various socioeconomic populations of adolescents, and various racial and ethnic populations of adolescents. The study shall be designed and conducted in a manner sufficient to provide for a valid analysis of whether there are significant differences among such populations in health status and whether and to what extent any such differences are due to factors particular to the populations involved.

''(c) COORDINATION WITH WOMEN'S HEALTH INITIATIVE.—With respect to the national study of women being conducted by the Secretary and known as the Women's Health Initiative, the Secretary shall ensure that such study is coordinated with the component of the study required in subsection (a) that concerns adolescent females, including coordination in the design of the 2 studies.

''(d) ALLOCATION OF FUNDS FOR STUDY.—Of the amounts appropriated for each of the fiscal years 1993 through 1996 for the National Institute of Child Health and Human Development, the Secretary of Health and Human Services, acting through the Director of such Institute, shall reserve $3,000,000 to conduct the study required in subsection (a). The amounts so reserved shall remain available until expended.''.

TITLE XII—NATIONAL EYE INSTITUTE.

SEC. 1201. CLINICAL RESEARCH ON DIABETES EYE CARE.

Subpart 9 of part C of title IV of the Public Health Service Act (42 U.S.C. 285i) is amended by adding at the end the following new section:

''CLINICAL RESEARCH ON EYE CARE AND DIABETES

''SEC. 456. (a) PROGRAM OF GRANTS.—The Director of the Institute, in consultation with the advisory council for the Institute, may award not more than three grants for the establishment and support of centers for clinical research on eye care for individuals with diabetes.

''(b) AUTHORIZED EXPENDITURES.—The purposes for which a grant under subection (a) may be expended include equipment for the research described in such subsection and the construction and modernization of facilities for such research.''.

TITLE XIII—NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

SEC. 1301. RESEARCH ON MULTIPLE SCLEROSIS.

Subpart 10 of part C of title IV of the Public Health Service Act (42 U.S.C. 285j et seq.) is amended by adding at the end the following new section:

''RESEARCH ON MULTIPLE SCLEROSIS

''SEC. 460. The Director of the Institute shall conduct and support research on multiple sclerosis, especially research on effects of genetics and hormonal changes on the progress of the disease.''.

TITLE XIV—NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

SEC. 1401. APPLIED TOXICOLOGICAL RESEARCH AND TESTING PROGRAM.

(a) IN GENERAL.—Subpart 12 of part C of title IV of the Public Health Service Act (42 U.S.C. 285l) is amended by adding at the end the following new section:

''APPLIED TOXICOLOGICAL RESEARCH AND TESTING PROGRAM

''SEC. 463A. (a) There is established within the Institute a program for conducting applied research and testing regarding toxicology, which program shall be known as the Applied Toxicological Research and Testing Program.

''(b) In carrying out the program established under subsection (a), the Director of the Institute shall, with respect to toxicology, carry out activities—

''(1) to expand knowledge of the health effects of environmental agents;

''(2) to broaden the spectrum of toxicology information that is obtained on selected chemicals;

''(3) to develop and validate assays and protocols, including alternative methods that can reduce or eliminate the use of animals in acute or chronic safety testing;

''(4) to establish criteria for the validation and regulatory acceptance of alternative testing and to recommend a process through which scientifically validated alternative methods can be accepted for regulatory use;

''(5) to communicate the results of research to government agencies, to medical, scientific, and regulatory communities, and to the public; and

''(6) to integrate related activities of the Department of Health and Human Services.''.

(b) TECHNICAL AMENDMENT.—Section 463 of the Public Health Service Act (42 U.S.C. 285l) is amended by inserting after ''Sciences'' the following: ''(hereafter in this subpart referred to as the 'Institute')''.

TITLE XV—NATIONAL LIBRARY OF MEDICINE

Subtitle A—General Provisions

SEC. 1501. ADDITIONAL AUTHORITIES.

(a) IN GENERAL.—Section 465(b) of the Public Health Service Act (42 U.S.C. 286(b)) is amended—

(1) by striking ''and'' after the semicolon at the end of paragraph (5);

(2) by redesignating paragraph (6) as paragraph (8); and

(3) by inserting after paragraph (5) the following new paragraphs:

''(6) publicize the availability from the Library of the products and services described in any of paragraphs (1) through (5);

''(7) promote the use of computers and telecommunications by health professionals (including health professionals in rural areas) for the purpose of improving access to biomedical information for health care delivery and medical research; and''.

(b)LIMITATION REGARDING GRANTS.—Section 474(b)(2) of the Public Health Service Act (42 U.S.C. 286b–S(b)(2)) is amended by striking ''$750,000'' and inserting ''$1,000,000''.

(c) TECHNICAL AND CONFORMING AMENDMENTS.—

(1) REPEAL OF CERTAIN AUTHORITY.—Section 215 of the Department of Health and Human Services Appropriations Act, 1988, as contained in section 101(h) of Public Law 100–202 (101 Stat. 1329–275), is repealed.

(2) APPLICABILITY OF CERTAIN NEW AUTHORITY.—With respect to the authority established for the National Library of Medicine in section 465(b)(6) of the Public Health Service Act, as added by subsection (a) of this section, such authority shall be effective as if the authority had been established on December 22, 1987.

SEC. 1502. AUTHORIZATION OF APPROPRIATIONS FOR GENERAL PROGRAM.

Subpart 1 of part D of title IV of the Public Health Service Act (42 U.S.C. 286 et seq.) is amended by adding at the end the following new section:

''AUTHORIZATION OF APPROPRIATIONS

''SEC. 468. (a) For the purpose of carrying out this subpart, there are authorized to be appropriated $100,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1996. Such authorizations of appropriations are in addition to any other authorization of appropriations that is available for such purpose.

''(b) Amounts appropriated under subsection (a) and made available for grants or contracts under any of sections 472 through 476 shall remain available until the end of the fiscal year following the fiscal year for which the amounts were appropriated.''.

Subtitle B—Financial Assistance

SEC. 1511. ESTABLISHMENT OF PROGRAM OF GRANTS FOR DEVELOPMENT OF EDUCATION TECHNOLOGIES.

Section 473 of the Public Health Service Act (42 U.S.C. 286b–4) is amended by adding at the end the following new subsection:

''(c)(1) The Secretary shall make grants to public or nonprofit private institutions for the purpose of carrying out projects of research on, and development and demonstration of, new education technologies.

''(2) The purposes for which a grant under paragraph (1) may be made include projects concerning—

''(A) computer-assisted teaching and testing of clinical competence at health professions and research institutions;

''(B) the effective transfer of new information from research laboratories to appropriate clinical applications;

''(C) the expansion of the laboratory and clinical uses of computer-stored research databases; and

''(D) the testing of new technologies for training health care professionals.

''(3) The Secretary may not make a grant under paragraph (1) unless the applicant for the grant agrees to make the projects available with respect to—

''(A) assisting in the training of health professions students; and

''(B) enhancing and improving the capabilities of health professionals regarding research and teaching.''.

SEC. 1512. AUTHORIZATION OF APPROPRIATIONS.

Section 469 of the Public Health Service Act (42 U.S.C. 286b) is amended in the first sentence by striking ''there are authorized'' and all that follows and inserting the following: ''there are authorized to be appropriated $30,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1996.''.

Subtitle C—National Center for Biotechnology Information

SEC. 1521. AUTHORIZATION OF APPROPRIATIONS.

Section 478(c) of the Public Health Service Act (42 U.S.C. 286c(c)) is amended in the first sentence—

(1) by inserting after ''appropriated'' the following: '', in addition to the authorization of appropriations provided in section 468,'';

(2) by striking ''there are authorized'' and all that follows and inserting the following: ''there are authorized to be appropriated $18,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1996.''.

Subtitle D—National Information Center on Health Services Research and Health Care Technology

SEC. 1531. ESTABLISHMENT OF CENTER.

Part D of title IV of the Public Health Service Act (42 U.S.C. 286 et seq.) is amended by adding at the end the following new subpart:

''Subpart 4—National Information Center on Health Services Research and Health Care Technology

''NATIONAL INFORMATION CENTER

''SEC. 478A. (a) There is established within the Library an entity to be known as the National Information Center on Health Services Research and Health Care Technology (hereafter in this section referred to as the 'Center').

''(b) The purpose of the Center is the collection, storage, analysis, retrieval, and dissemination of information on health services research and on health care technology, including the assessment of such technology. Such purpose includes developing and maintaining data bases and developing and implementing methods of carrying out such purpose.

''(c) The Secretary, acting through the Center, shall coordinate the activities carried out under this section through the Center with related activities of the Administrator for Health Care Policy and Research.

''(d) For the purpose of carrying out this section, there are authorized to be appropriated $6,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1996.''.

SEC. 1532. CONFORMING PROVISIONS.

(a) IN GENERAL.—Section 904(c) of the Public Health Service Act (42 U.S.C. 299a–2(c)) is amended to read as follows:

''(c) REQUIRED INTERAGENCY AGREEMENT.—The Administrator and the Director of the National Library of Medicine shall enter into an agreement providing for the implementation of section 478A.''.

(b) RULE OF CONSTRUCTION.—The amendments made by section 1531 and by subsection (a) of this section may not be construed to terminate the information center on health care technologies and health care technology assessment established under section 904 of the Public Health Service Act, as in effect on the day before the date of the enactment of this Act. Such center shall be considered to be the center established in section 478A of the Public Health Service Act, as added by section 1431 of this Act, and shall be subject to the provisions of such section 478A.

TITLE XVI—OTHER AGENCIES OF NATIONAL INSTITUTES OF HEALTH

Subtitle A—Division of Research Resources

SEC. 1601. REDESIGNATION OF DIVISION AS NATIONAL CENTER FOR RESEARCH RESOURCES.

Title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended—

(1) in section 401(b)(2)(B), by amending such subparagraph to read as follows:

''(B) The National Center for Research Resources.''; and

(2) in part E—

(A) in the heading for subpart 1, by striking ''Division of'' and inserting ''National Center for'';

(B) in section 479, by striking ''the Division of Research Resources'' and inserting the following: ''the National Center for Research Resources (hereafter in this subpart referred to as the Center)'';

(C) in sections 480 and 481, by striking ''the Division of Research Resources'' each place such term appears and inserting ''the Center''; and

(D) in sections 480 and 481, as amended by subparagraph (C), by striking ''the Division'' each place such term appears and inserting ''the Center''.

SEC. 1602. BIOMEDICAL AND BEHAVIORAL RESEARCH FACILITIES.

Subpart 1 of part E of title IV of the Public Health Service Act (42 U.S.C. 281 et seq) is amended by adding at the end the following new section:

''BIOMEDICAL AND BEHAVIORAL RESEARCH FACILITIES

''SEC. 481A. (a) MODERNIZATION AND CONSTRUCTION OF FACILITIES.—

''(1) IN GENERAL..—The Director of NIH, acting through the Director of the Center, may make grants to public and nonprofit

private entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities, subject to the provisions of this section.

''(2) CONSTRUCTION AND COST OF CONSTRUCTION.—For purposes of this section, the terms 'construction' and 'cost of construction' include the construction of new buildings and the expansion, renovation, remodeling, and alteration of existing buildings, including architects' fees, but do not include the cost of acquisition of land or off-site improvements.

''(b) SCIENTIFIC AND TECHNICAL REVIEW BOARDS FOR MERIT-BASED REVIEW OF PROPOSALS.—

''(1) IN GENERAL; APPROVAL AS PRECONDITION TO GRANTS.—

''(A) There is established within the Center a Scientific and Technical Review Board on Biomedical and Behavioral Research Facilities (hereafter referred to in this section as the 'Board').

''(B) The Director of the Center may approve an application for a grant under subsection (a) only if the Board has under paragraph (2) recommended the application for approval.

''(2) DUTIES.—

''(A) The Board shall provide advice to the Director of the Center and the advisory council established under section 480 (hereafter in this section referred to as the 'Advisory Council') on carrying out this section.

''(B) In carrying out subparagraph (A), the Board shall make a determination of the merit of each application submitted for a grant under subsection (a), after consideration of the requirements established in subsection (c), and shall report the results of the determination to the Director of the Center and the Advisory Council. Such determinations shall be conducted in a manner consistent with procedures established under section 492.

''(C) In carrying out subparagraph (A), the Board shall, in the case of applications recommended for approval, make recommendations to the Director and the Advisory Council on the amount that should be provided in the grant.

''(D) In carrying out subparagraph (A), the Board shall prepare an annual report for Director of the Center and the Advisory Council describing the activities of the Board in the fiscal year for which the report is made. Each such report shall be available to the public, and shall—

''(i) summarize and analyze expenditures made under this section;

''(ii) provide a summary of the types, numbers, and amounts of applications that were recommended for grants under subsection (a) but that were not approved by the Director of the Center;; and

''(iii) contain the recommendations of the Board for any changes in the administration of this section.

''(3) MEMBERSHIP.—

''(A) Subject to subparagraph (B), the Board shall be composed of such appointed and ex officio members as the Director of the Center may determine.

''(B) Not more than 3 individuals who are officers or employees of the Federal Government may serve as members of the Board.

''(C) Of the members of the Board—

''(i) 12 shall be appointed by the Director of the Center (without regard to the civil service laws); and

''(ii) 1 shall be an official of the National Science Foundation designated by the National Science Board.

''(4) CERTAIN REQUIREMENTS REGARDING MEMBERSHIP.—In selecting individuals for membership on the Board, the Director of the Center shall ensure that the members are individuals who, by the virtue of their training or experience, are eminently qualified to perform peer review functions. In selecting such individuals for such membership, the Director of the Center shall ensure that the members of the Board collectively—

''(A) are experienced in the planning, construction, financing, and administration of entities that conduct biomedical or behavioral research sciences;

''(B) are knowledgeable in making determinations of the need of entities for biomedical or behavioral research facilities, including such facilities for the dentistry, nursing, pharmacy, and allied health professions;

''(C) are knowledgeable in evaluating the relative priorities for applications for grants under subsection (a) in view of the overall research needs of the United States; and

''(D) are experienced with emerging centers of excellence, as described in subsection (*).

''(4) CERTAIN AUTHORITIES.—

''(A) In carrying out paragraph (2), the Board may establish subcommittees, convene workshops and conferences, and collect data as the Board considers appropriate.

''(B) In carrying out paragraph (2), the Board may establish subcommittees within the Board. Such subcommittees may hold meetings as determined necessary to enable the subcommittee to carry out its duties.

''(5) TERMS.—

''(A) Except as provided in subparagraph (B), each appointed member of the Board shall hold office for a term of 4 years. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which such member's predecessor was appointed shall be appointed for the remainder of the term of the predecessor.

''(B) Of the initial members appointed to the Board (as specified by the Director of the Center when making the appointments)—

''(i) 3 shall hold office for a term of 3 years;

''(ii) 3 shall hold office for a term of 2 years; and

''(iii) 3 shall hold office for a term of 1 year.

''(C) No member is eligible for reappointment to the Board until 1 year has elapsed after the end of the most recent term of the member.

''(6) COMPENSATION.—Members of the Board who are not officers or employees of the United States shall receive for each day the members are engaged in the performance of the functions of the Board compensation at the same rate received by members of other national advisory councils established under this title.

''(c) REQUIREMENTS FOR GRANTS.—

''(1) IN GENERAL.—The Director of the Center may make a grant under subsection (a) only if the applicant for the grant meets the following conditions:

''(A) The applicant is determined by such Director to be competent to engage in the type of research for which the proposed facility is to be constructed.

''(B) The applicant provides assurances satisfactory to the Director that—

''(i) for not less than 20 years after completion of the construction, the facility will be used for the purposes of research for which it is to be constructed;

''(ii) sufficient funds will be available to meet the non-Federal share of the cost of constructing the facility;

''(iii) sufficient funds will be available, when construction is completed, for the effective use of the facility for the research for which it is being constructed; and

''(iv) the proposed construction will expand the applicant's capacity for research, or is necessary to improve or maintain the quality of the applicant's research.

''(C) The applicant meets reasonable qualifications established by the Director with respect to—

''(i) the relative scientific and technical merit of the applications, and the relative effectiveness of the proposed facilities, in expanding the capacity for biomedical or behavioral research and in improving the quality of such research;

''(ii) the quality of the research or training, or both, to be carried out in the facilities involved;

''(iii) the need of the applicant for such facilities in order to maintain or expand the applicant's research and training mission;

''(iv) the congruence of the research activities to be carried out within the facility with the research and investigator manpower needs of the United States; and

''(v) the age and condition of existing research facilities and equipment.

''(D) The applicant has demonstrated a commitment to enhancing and expanding the research productivity of the applicant.

''(2) CONSIDERATION OF CERTAIN FACTORS.—In making grants under subsection (a), the Director of the Center may, in addition to the requirements established in paragraph (1), consider the following factors:

''(A) To what extent the applicant has the capacity to broaden the scope of research and research training programs of the applicant by promoting—

''(i) interdisciplinary research;

''(ii) research on emerging technologies, including those involving novel analytical techniques or computational methods; or

''(iii) other novel research mechanisms or programs.

''(B) To what extent the applicant has broadened the scope of research and research training programs of qualified institutions by promoting genomic research with an emphasis on interdisciplinary research, including research related to pediatric investigations.

''(3) INSTITUTIONS OF EMERGING EXCELLENCE.—Of the amounts appropriated under subsection (i) for a fiscal year, the Director of the Center shall make available 25 percent for grants under subsection (a) to applicants that, in addition to meeting the requireents established in paragraph (1), have demonstrated emerging excellence in biomedical or behavioral research, as follows:

''(A) The applicant has a plan for research or training advancement and possesses the ability to carry out the plan.

''(B) The applicant carries out research and research training programs that have a special relevance to a problem, concern, or unmet health need of the United States.

''(C) The applicant has been productive in research or research development and training.

''(D) The applicant—

''(i) has been designated as a center of excellence under section 782;

''(ii) is located in a geographic area a significant percentage of whose population has a health-status deficit, and the applicant provides health services to such population; or

''(iii) is located in a geographic area in which a deficit in health care technology, services, or research resources may adversely affect health status of the population of the area in the future, and the applicant is carrying out activities with respect to protecting the health status of such population.

''(d) REQUIREMENT OF APPLICATION.—The Director of the Center may make a grant under subsection (a) only if an application for the grant is submitted to the Director 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 this section.

''(e) AMOUNT OF GRANT; PAYMENTS.—

''(1) AMOUNT.—The amount of any grant awarded under subsection (a) shall be deter-

mined by the Director of the Center, except that such amount shall not exceed—

''(A) 50 percent of the necessary cost of the construction of a proposed facility as determined by the Director; or

''(B) in the case of a multipurpose facility, 40 percent of that part of the necessary cost of construction that the Director determines to be proportionate to the contemplated use of the facility.

''(2) RESERVATION OF AMOUNTS.—On approval of any application for a grant under subsection (a), the Director of the Center shall reserve, from any appropriation available therefore, the amount of such grant, and shall pay such amount, in advance or by way of reimbursement, and in such installments consistent with the construction progress, as the Director may determine appropriate. The reservation of the Director of any amount by the Director under this paragraph may be amended by the Director, either on the approval of an amendment of the application or on the revision of the estimated cost of construction of the facility.

''(3) EXCLUSION OF CERTAIN COSTS.—In determining the amount of any grant under this subsection (a), there shall be excluded from the cost of construction an amount equal to the sum of—

''(A) the amount of any other Federal grant that the applicant has obtained, or is assured of obtaining, with respect to construction that is to be financed in part by a grant authorized under this part; and

''(B) the amount of any non-Federal funds required to be expended as a condition of such other Federal grant.

''(4) WAIVER OF LIMITATIONS.—The limitations imposed by subsection (a) may be waived at the discretion of the Director for applicants meeting the conditions described in paragraphs (1) and (2) of subsections (c).

''(f) RECAPTURE OF PAYMENTS.—If, not later than 20 years after the completion of construction for which a grant has been awarded under subsection (a)—

''(1) the applicant or other owner of the facility shall cease to be a public or nonprofit private entity; or

''(2) the facility shall cease to be used for the research purposes for which it was constructed (unless the Director determines, in accordance with regulations, that there is good cause for releasing the applicant or other owner from obligation to do so);

the United States shall be entitled to recover from the applicant or other owner of the facility the amount bearing the same ratio to the current value (as determined by an agreement between the parties or by action brought in the United States District Court for the district in which such facility is situated) of the facility as the amount of the Federal participation bore to the cost of the construction of such facility.

''(g) NONINTERFERENCE WITH ADMINISTRATION OF ENTITIES.—Except as otherwise specifically provided in this section, nothing contained in this part shall be construed as authorizing any department, agency, officer, or employee of the United States to exercise any direction, supervision, or control over, or impose any requirement or condition with respect to the administration of any entity funded under this part.

''(h) GUIDELINES.—Not later than 6 months after the date of the enactment of s section, the Director of the Center, after consultation with the Advisory Council, shall issue guidelines with respect to grants under subsection (a).

''(i) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $100,000,000 for fiscal year 1993, $125,000,000 for fiscal year 1994, $150,000,000 for fiscal year 1995, and $175,000,000 for fiscal year 1996.

SEC. 1603. CONSTRUCTION PROGRAM FOR NATIONAL PRIMATE RESEARCH CENTER.

Subpart 1 of part E of title IV of the Public Health Service Act, as amended by section 1602 of this Act, is amended by adding at the end the following new section:

''CONSTRUCTION OF REGIONAL CENTERS FOR RESEARCH ON PRIMATES

''SEC. 481B. (a) With respect to activities carried out by the National Center for Research Resources to support regional centers for research on primates, the Director of NIH shall, for each of the fiscal years 1993 through 1996, reserve from the amounts appropriated under section 481A(i) $7,000,000 for the purpose of making awards of grants and contracts to public or nonprofit private entities to construct, renovate, or otherwise improve such regional centers. The reservation of such amounts for any fiscal year is subject to the availability of qualified applicants for such awards.

''(b) The Director of NIH may not make a grant or enter into a contract under subsection (a) unless the applicant for such assistance agrees, with respect to the costs to be incurred by the applicant in carrying out the purpose described in such subsection, to make available (directly or through donations from public or private entities) non-Federal contributions in cash toward such costs in an amount equal to not less than $1 for each $4 of Federal funds provided in such assistance.''.

Subtitle B—National Center for Nursing Research

SEC. 1611. REDESIGNATION OF NATIONAL CENTER FOR NURSING RESEARCH AS NATIONAL INSTITUTE OF NURSING RESEARCH.

(a) IN GENERAL.—Subpart 3 of part E of title IV of the Public Health Service Act (42 U.S.C. 287c et seq.) is amended—

(1) in section 483—

(A) in the heading for the section, by striking ''CENTER'' and inserting ''INSTITUTE''; and

(B) by striking ''The general purpose'' and all that follows through ''is'' and inserting the following: ''The general purpose of the National Institute of Nursing Research (hereafter in this subpart referred to as the 'Institute') is'';

(2) in section 484, by striking ''Center'' each place such term appears and inserting ''Institute'';

(3) in section 485—

(A) in subsection (a), in each of paragraph (1) through (3), by striking ''Center'' each place such term appears and inserting ''Institute'';

(B) in subsection (b)—

(i) in paragraph (2)(A), by striking ''Center'' and inserting ''Institute''; and

(ii) in paragraph (3)(A), in the first sentence, by striking ''Center'' and inserting ''Institute''; and

(C) in subsections (d) through (g), by striking ''Center'' each place such term appears and inserting ''Institute''; and

(4) in section 485A (as redesignated by section 141(a)(1) of this Act), by striking ''Center'' each place such term appears and inserting ''Institute''.

(b) CONFORMING AMENDMENTS.—

(1) ORGANIZATION OF NATIONAL INSTITUTE OF HEALTH.—Section 401(b) of the Public Health Service Act (42 U.S.C. 281(b)) is amended—

(A) in paragraph (1), by adding at the end the following new subparagraph:

''(Q) The National Institute of Nursing Research.''; and

(B) in paragraph (2), by striking subparagraph (D).

(2) TRANSFER OF STATUTORY PROVISIONS.—Sections 483 through 485A of the Public Health Service Act, as amended by subsection (a) of this section—

(A) are transferred to part C of title IV of such Act;

(B) are redesignated as sections 464V through 464O of such part; and

(C) are inserted, in the appropriate sequence, after section 464U of such part.

(3) HEADING FOR NEW SUBPART.—Title IV of the Public Health Service Act, as amended by the preceding provisions of this section, is amended—

(A) in part C, by inserting before section 464V the following new heading:

''Subpart 17—National Institute of Nursing Research''; and

(B) by striking the heading for subpart 3 of part E.

(4) CROSS-REFERENCES.—Title IV of the Public Health Service Act, as amended by the preceding provisions of this section, is amended in subpart 17 of part C—

(A) in section 464W, by striking ''section 483'' and inserting ''section 464V'';

(B) in section 464X(g), by striking ''section 486'' and inserting ''section 464Y''; and

(C) in section 464Y, in the last sentence, by striking ''section 485(g)'' and inserting ''section 464X(g)''.

Subtitle C—National Center for Human Genome Research

SEC. 1621. PURPOSE OF CENTER.

Title IV of the Public Health Service Act, as amended by section 141 and 1611(b)(1)(B) of this Act, is amended—

(1) in section 401(b)(2), by adding at the end the following new subparagraph:

''(D) The National Center for Human Genome Research.''; and

(2) in part E, by adding at the end the following new subpart:

''Subpart 4—National Center for Human Genome Research

''PURPOSE OF THE CENTER

''SEC. 485B. (a) The general purpose of the National Center for Human Genome Research (hereafter in this subpart referred to as the 'Center') is to characterize the structure and function of the human genome, including the mapping and sequencing of individual genes. Such purpose includes—

''(1) planning and coordinating the research goal of the genome project;

''(2) reviewing and funding research proposals;

''(3) developing training programs;

''(4) coordinating international genome research;

''(5) communicating advances in genome science to the public; and

''(6) reviewing and funding proposals to address the ethical issues associated with the genome project.

''(b)(1) Except as provided in paragraph (2), of the amounts appropriated to carry out subsection (a) for a fiscal year, the Director of the Center shall make available not less than 5 percent for carrying out paragraph (6) of such subsection.

''(2) With respect to providing funds under subsection (a)(6) for proposals to address the ethical issues associated with the genome project, paragraph (1) shall not apply for a fiscal year if the Director of the Center certifies to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, that the Director has determined that an insufficient number of such proposals meet the applicable requirements of sections 491 and 492.''.

TITLE XVII—AWARDS AND TRAINING

Subtitle A—National Research Service Awards

SEC. 1701. REQUIREMENT REGARDING WOMEN AND INDIVIDUALS FROM DISADVANTAGED BACKGROUNDS.

Section 487(a) of the Public Health Service Act (42 U.S.C. 288(a)(4)) is amended by adding at the end the following paragraph:

''(4) The Secretary shall carry out paragraph (1) in a manner that will result in the recruitment of women, and individuals from disadvantaged backgrounds, into fields of biomedical or behavioral research and in the provision of research training to women and such individuals.''.

Subtitle B—Acquired Immune Deficiency Syndrome

SEC. 1711. LOAN REPAYMENT PROGRAM.

Section 487A of the Public Health Service Act (42 U.S.C. 2881-1)) is amended to read as follows:

''LOAN REPAYMENT PROGRAM FOR RESEARCH WITH RESPECT TO ACQUIRED IMMUNE DEFICIENCY SYNDROME

''SEC. 487A. (a) IN GENERAL.—

''(1) AUTHORITY FOR PROGRAM.—Subject to paragraph (2), the Secretary shall carry out a program of entering into agreements with appropriately qualified health professionals under which such health professionals agree to conduct, as employees of the National Institutes of Health, research with respect to acquired immune deficiency syndrome in consideration of the Federal Government agreeing to repay, for each year of such service, not more than $20,000 of the principal and interest of the educational loans of such health professionals.

''(2) LIMITATION.—The Secretary may not enter into an agreement with a health professional pursuant to paragraph (1) unless such professional—

''(A) has a substantial amount of educational loans relative to income; and

''(B)(i) was not employed at the National Institutes of Health during the 1-year period preceding the date of the enactment of the Health Professions Reauthorization Act of 1988; or

''(ii) agrees to serve as an employee of such Institutes for purposes of paragraph (1) for a period of not less than 3 years.''.

''(b) APPLICABILITY OF CERTAIN PROVISIONS.—With respect to the National Health Service Corps Loan Repayment Program established in subpart III of part D of title III, the provisions of such subpart shall, except as inconsistent with subsection (a) of this section, apply to the program established in such subsection (a) in the same manner and to the same extent as such provisions apply to the National Health Service Corps Loan Repayment Program established in such subpart.

''(c) FUNDING; REIMBURSABLE TRANSFERS.—

''(1) AUTHORIZATION OF APPROPRIATIONS.—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 1993 through 1996.

''(2) TRANSFERS FOR RELATED PROGRAM.—The Commissioner of Food and Drugs may carry out for the Food and Drug Administration a program similar to the program established in subsection (a), which program shall be carried out with respect to the review of applications concerning acquired immune deficiency syndrome that are submitted to such Commissioner. From the amounts appropriated under subparagraph (A) for a fiscal year, the Secretary may transfer amounts to the Commissioner for the purpose of carrying out such program. The Commissioner shall provide a reimbursement to the Secretary for the amount so transferred, and the reimbursement shall be available only for the program established in subsection (a). Any transfer and reimbursement made for purposes of this paragraph for a fiscal year shall be completed by April 1 of such year.''.

Subtitle C—Loan Repayment for Research Generally

SEC. 1721. ESTABLISHMENT OF PROGRAM.

Part G of title IV of the Public Health Service Act, as redesignated by section 141(a)(2) of this Act and as amended by section 1102 of this Act, is amended by inserting after section 487B the following new section:

''LOAN REPAYMENT PROGRAM FOR RESEARCH GENERALLY

''SEC. 487C. (a) IN GENERAL.—

''(1) AUTHORITY FOR PROGRAM.—Subject to paragraph (2), the Secretary shall carry out a program of entering into agreements with appropriately qualified health professionals under which such health professionals agree to conduct research, as employees of the National Institutes of Health, in consideration of the Federal Government agreeing to repay, for each year of such service, not more than $20,000 of the principal and interest of the educational loans of such health professionals.

''(2) LIMITATION.—The Secretary may not enter into an agreement with a health professional pursuant to paragraph (1) unless such professional—

''(A) has a substantial amount of educational loans relative to income; and

''(B)(i) was not employed at the National Institutes of Health during the 1-year period preceding the date of the enactment of the Health Professions Reauthorization Act of 1988; or

''(ii) agrees to serve as an employee of such Institutes for purposes of paragraph (1) for a period of not less than 3 years.''.

''(b) APPLICABILITY OF CERTAIN PROVISIONS.—With respect to the National Health Service Corps Loan Repayment Program established in subpart III of part D of title III, the provisions of such subpart shall, except as inconsistent with subsection (a) of this section, apply to the program established in such subsection (a) in the same manner and to the same extent as such provisions apply to the National Health Service Corps Loan Repayment Program established in such subpart.

''(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section other than with respect to acquired immune deficiency syndrome, there are authorized to be appropriated $3,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1996.''.

Subtitle D—Scholarship and Loan Repayment Programs Regarding Professional Skills Needed by Certain Agencies

SEC. 1731. ESTABLISHMENT OF PROGRAMS FOR NATIONAL INSTITUTES OF HEALTH.

Part G of title IV of the Public Health Service Act, as redesignated by section 141(a)(2) of this Act and as amended by section 1721 of this Act, is amended by inserting after section 487C the following new sections:

''UNDERGRADUATE SCHOLARSHIP PROGRAM REGARDING PROFESSIONS NEEDED BY NATIONAL RESEARCH INSTITUTES

''SEC. 487D. (a) ESTABLISHMENT OF PROGRAM.—

''(1) IN GENERAL.—Subject to section 487(a)(1)(C), the Secretary, acting through the Director of NIH, may carry out a program of entering into contracts with individuals described in paragraph (2) under which—

''(A) the Director of NIH agrees to provide to the individuals scholarships for pursuing, as undergraduates at accredited institutions of higher education, academic programs appropriate for careers in professions needed by the National Institutes of Health; and

''(B) the individuals agree to serve as employees of the National Institutes of Health, for the period described in subsection (c), in positions that are needed by the National Institutes of Health and for which the individuals are qualified.

''(2) INDIVIDUALS FROM DISADVANTAGED BACKGROUNDS.—The individuals referred to in paragraph (1) are individuals who—

''(A) are enrolled or accepted for enrollment as full-time undergraduates at accredited institutions of higher education; and

''(B) are from disadvantaged backgrounds.

''(b) FACILITATION OF INTEREST OF STUDENTS IN CAREERS AT NATIONAL INSTITUTES OF HEALTH.—In providing employment to individuals pursuant to contracts under subsection (a)(1), the Director of NIH shall carry out activities to facilitate the interest of the individuals in pursuing careers as employees of the National Institutes of Health.

''(c) PERIOD OF OBLIGATED SERVICE.—

''(1) DURATION OF SERVICE.—For purposes of subparagraph (B) of subsection (a)(1), the period of service for which an individual is obligated to serve as an employee of the National Institutes of Health is 12 months for each academic year for which the scholarship under such subsection is provided.

''(2) SCHEDULE FOR SERVICE.—

''(A) Subject to subparagraph (B), the Director of NIH may not provide a scholarship under subsection (a) unless the individual applying for the scholarship agrees that—

''(i) the individual will serve as an employee of the National Institutes of Health full-time for not less than 10 consecutive weeks of each year during which the individual is attending the educational institution involved and receiving such a scholarship;

''(ii) the period of service as such an employee that the individual is obligated to provide under clause (i) is in addition to the period of service as such an employee that the individual is obligated to provide under subsection (a)(1)(B); and

''(iii) not later than 60 days after obtaining the educational degree involved, the individual will begin serving full-time as such an employee in satisfaction of the period of service that the individual is obligated to provide under subsection (a)(1)(B).

''(B) The Director of NIH may defer the obligation of an individual to provide a period of service under subsection (a)(1)(B), if the Director determines that such a deferral is appropriate.

''(3) APPLICABILITY OF CERTAIN PROVISIONS RELATING TO APPOINTMENT AND COMPENSATION.—For any period in which an individual provides service as an employee of the National Institutes of Health in satisfaction of the obligation of the individual under subsection (a)(1)(B) or paragraph (2)(A)(i), the individual may be appointed as such an employee without regard to the provisions of title 5, United States Code, relating to appointment and compensation.

''(d) PROVISIONS REGARDING SCHOLARSHIP.—

''(1) APPROVAL OF ACADEMIC PROGRAM.—The Director of NIH may not provide a scholarship under subsection (a) for an academic year unless—

''(A) the individual applying for the scholarship has submitted to the Director a proposed academic program for the year and the Director has approved the program; and

''(B) the individual agrees that the program will not be altered without the approval of the Director.

''(2) ACADEMIC STANDING.—The Director of NIH may not provide a scholarship under subsection (a) for an academic year unless the individual applying for the scholarship agrees to maintain an acceptable level of academic standing, as determined by the educational institution involved in accordance with regulations issued by the Secretary.

''(3) LIMITATION ON AMOUNT.—The Director of NIH may not provide a scholarship under subsection (a) for an academic year in an amount exceeding $20,000.

''(4) AUTHORIZED USES.—A scholarship provided under subsection (a) may be expended only for tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in attending the school involved.

''(5) CONTRACT REGARDING DIRECT PAYMENTS TO INSTITUTION.—In the case of an institution of higher education with respect to which a scholarship under subsection (a) is provided, the Director of NIH may enter into a contract with the institution under which the amounts provided in the scholarship for tuition and other educational expenses are paid directly to the institution. Payments to the institution under the contract may be made without regard to section 3324 of title 31, United States Code.

''(e) PENALTIES FOR BREACH OF SCHOLARSHIP CONTRACT.—The provisions of section 338E shall apply to the program established in subsection (a) to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in section 338B.

''(f) REQUIREMENT OF APPLICATION.—The Director of NIH may not provide a scholarship under subsection (a) unless an application for the scholarship is submitted to the Director 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 this section.

''(g) AVAILABILITY OF AUTHORIZATION OF APPROPRIATIONS.—Amounts appropriated for a fiscal year for scholarships under this section shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which the amounts were appropriated.

''LOAN REPAYMENT PROGRAM REGARDING CLINICAL RESEARCHERS FROM DISADVANTAGED BACKGROUNDS

''SEC. 487E. (a) IMPLEMENTATION OF PROGRAM.—

''(1) IN GENERAL.—Subject to section 487(a)(1)(C), the Secretary, acting through the Director of NIH may, subject to paragraph (2), carry out a program of entering into contracts with appropriately qualified health professionals who are from disadvantaged backgrounds under which such health professionals agree to conduct clinical research as employees of the National Institutes of Health in consideration of the Federal Government agreeing to pay, for each year of such service, not more than $20,000 of the principal and interest of the educational loans of the health professionals.

''(2) LIMITATION.—The Director of NIH may not enter into a contract with a health professional pursuant to paragraph (1) unless such professional has a substantial amount of education loans relative to income.

''(3) APPLICABILITY OF CERTAIN PROVISIONS REGARDING OBLIGATED SERVICE.—Except to the extent inconsistent with this section, the provisions of sections 338C and 338E shall apply to the program established in paragraph (1) to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in section 338B.

''(b) AVAILABILITY OF AUTHORIZATION OF APPROPRIATIONS.—Amounts appropriated for a fiscal year for contracts under subsection (a) shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which the amounts were appropriated.''.

SEC. 1732. FUNDING.

Section 487(a)(1) of the Public Health Services Act (42 U.S.C. 288(a)(1)) is amended—

(1) in subparagraph (A), by striking ''and'' after the semicolon at the end;

(2) in subparagraph (B), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following new subparagraph:

''(C) provide contracts for scholarships and loan repayments in accordance with sections 487D and 487E, subject to providing not more than an aggregate 50 such contracts during the fiscal years 1993 through 1996.''.

Subtitle D—Funding

SEC. 1741. AUTHORIZATIION OF APPROPRIATIONS.

Section 487(d) of the Public Health Services Act (42 U.S.C. 288(d)) is amended—

(1) in the first sentence, by amending the sentence to read as follows: ''For the purpose of carrying out this section, there are authorized to be appropriated $375,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1996.''; and

(2) in paragraph (3)—

(A) by striking ''one-half of one percent'' each place such term appears and inserting ''1 percent''; and

(B) by inserting ''785,'' after ''784,''.

TITLE XVIII—NATIONAL FOUNDATION FOR BIOMEDICAL RESEARCH

SEC. 1801. MISCELLANEOUS PROVISIONS.

Section 499A of the Public Health Service Act (42 U.S.C. 289i) is amended—

(1) in the second sentence of subsection (c)(1)(A), by inserting '', except the ex officio members,'' after ''Foundation''; and

(2) in subsection (i)(1), by striking ''1995'' and inserting ''1996''.

TITLE XIX—RESTORATION AND RENOVATION OF FACILITIES AND INFRASTRUCTURE

SEC. 1901. ACQUISITION OF LAND AND FACILITIES.

Title IV of the Public Health Service Act, as amended by section 141(a)(2) of this Act, is amended by adding at the end the following new part:

''PART J—RESTORATION AND RENOVATION OF FACILITIES AND INFRASTRUCTURE

''SEC. 499N. PHYSICAL INFRASTRUCTURE FOR RESEARCH.

''(a) ESTABLISHMENT OF PROGRAM.—The Secretary, acting through the Director of NIH, may carry out a comprehensive program to provide for the replacement or refurbishment of less than adequate buildings, utility equipment and distribution systems (including the resources that provide electrical and other utilities, chilled water, air handling, and other services that the Secretary, acting through the Director, deems necessary), roads, walkways, parking areas, and grounds that underpin the laboratory and clinical facilities of the National Institutes of Health. Such program may provide for the undertaking of new projects that are consistent with the objectives of this section, such as encircling the National Institutes of Health Federal enclave with an adequate chilled water conduit.

''(b) REQUIREMENTS.—

''(1) DESIGN OF PROGRAM.—In establishing the program under subsection (a), the Secretary shall ensure that such program is designed to modernize the existing research and clinical laboratory infrastructure of the National Institutes of Health in the shortest possible time consistent with the purposes of the program.

''(2) FUTURE EXPANSION.—In designing the program under subsection (a), the Secretary may make reasonable allowance for future expansion and usual employee amenities, such as cafeteria services and vehicle parking.

''(3) NONDISRUPTION OF OPERATIONS.—In carrying out the program established under subsection (a), the Director of NIH shall, to the extent feasible, plan renovations and construction in such a manner that significant elements of the research program at the Institutes are not significantly disrupted.

''SEC. 4990. ACQUISITION OF LAND.

''(a) IN GENERAL.—The Director of NIH may purchase not to exceed a total of 300 acres of land for the establishment of a satellite campus in Maryland for the purpose of enhancing the intramural research capacity of the National Institutes of Health.

''(b) STUDY.—Prior to the purchase of land under subsection (a), the Director of NIH shall conduct a study concerning the expansion needs of the National Institutes of Health and the purpose for which the land is to be purchased. A report concerning such study shall be submitted to the Committee on Appropriations of the House of Representatives, the Committee on Appropriations of the Senate, the Committee on Energy and Commerce of the House of Representatives, the Committee on Labor and Human Resources of the Senate, the Committee on Government Operations of the House of Representatives, and the Committee on Government Operations of the Senate.''.

SEC. 1902. WARREN GRANT MAGNUSON CLINICAL CENTER.

(a) ESTABLISHMENT.—For the purpose of improving the program of the Warren Grant Magnuson Clinical Center of the National Institutes of Health (hereafter in this section referred to as the 'Clinical Center'), the Director of such Institutes may establish and implement a program for the renovation of the facilities of the Clinical Center or the construction of a replacement facilities. Such Director may conduct feasibility studies to determine the appropriate action to be taken concerning the Clinical Center.

(b) TRANSFER OF LAND.—

(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the National Institutes of Health, is authorized to accept the transfer to such Institutes of not less than 25 acres of land from other Federal agencies. Such land shall be suitable for the construction of a new research hospital and clinical center. Such land may include land obtained from the Secretary of the Navy, located on the reservation of the National Naval Medical Center, in Bethesda, Maryland.

(2) USE AGREEMENT AND MEMORANDUM OF UNDERSTANDING.—The Secretary of Health and Human Services, acting through the Director of the National Institutes of Health, may enter into a Use Agreement and a Memorandum of Understanding with the appropriate Federal officials to accomplish the transfer of property pursuant to paragraph 1.

(c) REQUIREMENTS.—

(1) FACILITIES.—Any facility renovated or constructed under this section shall be equipped with a state-of-the-art capacity for beds and necessary laboratories and be comparable to current facilities of the Clinical Center complex, with necessary amenities for employees, volunteers, research subjects and visitors, including cafeteria and vehicle parking facilities.

(2) TRANSFER OF PERSONNEL.—If a new facility is constructed under this section for the Clinical Center, the Secretary of Health and Human Services may expend amounts necessary to transfer the personnel and administration of the current facility to the new facility.

(3) COMPLETION.—Notwithstanding any other provisions of law, the renovation or construction performed under this section shall be completed as soon as feasible.

(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for fiscal year 1993

and subsequent fiscal years. Amounts appropriated under the preceding sentence shall remain available until expended.

TITLE XX—RESEARCH WITH RESPECT TO ACQUIRED IMMUNE DEFICIENCY SYNDROME

SEC. 2001. REVISION AND EXTENSION OF VARIOUS PROGRAMS.

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

(1) in section 2304(c)(1)—

(A) in the matter preceding subparagraph (A), by inserting after ''Director of such Institute'' the following: ''(and may provide advice to the Directors of other agencies of the National Institutes of Health, as appropriate)''; and

(B) in subparagraph (A), by inserting before the semicolon the following: '', including recommendations on the projects of research with respect to diagnosing immune deficiency and with respect to predicting, diagnosing, preventing, and treating opportunistic cancers and infectious diseases'';

(2) in section 2311(a)(1), by inserting before the semicolon the following: '', including evaluations of methods of diagnosing immune deficiency and evaluations of methods of predicting, diagnosing, preventing, and treating opportunistic cancers and infectious diseases'';

(3) in section 2315—

(A) in subsection (a)(2), by striking ''international research'' and all that follows and inserting ''international research and training concerning the natural history and pathogenesis of the human immunodeficiency virus and the development and evaluation of vaccines and treatments for acquired immune deficiency syndrome and opportunistic infections.''; and

(B) in subsection (f), by striking ''and 1991''and inserting ''through 1996'';

(4) in section 2318—

(A) in subsection (a)(1)—

(i) by inserting after ''The Secretary'' the following: '', acting through the Director of the National Institutes of Health and after consultation with the Administrator for Health Care Policy and Research,''; and

(ii) by striking ''syndrome'' and inserting ''syndrome, including treatment and prevention of HIV infection and related conditions among women''; and

(B) in subsection (e), by striking ''1991.'' and inserting the following: ''1991, and $25,000,000 for each of the fiscal years 1993 through 1996.'';

(5) in section 2320(b)(1)(A), by striking ''syndrome'' and inserting ''syndrome and the natural history of such infection'';

(6)(A) in section 2351(a)—

(i) by redesignating paragraphs (2) through (8) as paragraphs (3) through (9); and

(ii) by inserting after paragraph (1) the following new paragraph:

''(2)(A) shall develop and implement a comprehensive plan for the conduct and support of such research by the agencies of the National Institutes of Health, which plan shall specify the objectives to be achieved, the date by which the objectives are expected to be achieved, and an estimate of the resources needed to achieve the objectives by such date; and

''(B) shall develop and implement a plan for evaluating the sufficiency of the plan developed under subparagraph (A) and for evaluating the extent to which activities of the National Institutes of Health have been in accordance with the plan;''; and

(B) in section 2301(b)(6), by inserting before the semicolon the following: '', including evaluations conducted under section 2351(a)(2)(B)'';

(7) in section 2361, by striking ''For purposes'' and all that follows and inserting the following:

''For purposes of this title:

''(1) The term 'infection', with respect to the etiologic agent for acquired immune deficiency syndrome, includes opportunistic cancers and infectious diseases and any other conditions arising from infection with such etiologic agent.

''(2) The term 'treatment', with respect to the etiologic agent for acquired immune deficiency syndrome, includes primary and secondary prophylaxis.'';

(8) in section 2315(f), by striking ''there are authorized'' and all that follows and inserting ''there are authorized to be appropriated such sums as may be necessary for each fiscal year.'';

(9) in section 2320(e)(1), by striking ''there are authorized'' and all that follows and inserting ''there are authorized to be appropriated such sums as may be necessary for each fiscal year.''; and

(10) in section 2341(d), by striking ''there are authorized'' and all that follows and inserting ''there are authorized to be appropriated such sums as may be necessary for each fiscal year.''.

TITLE XXI—CERTAIN AUTHORITIES OF CENTERS FOR DISEASE CONTROL

SEC. 2101. PREVENTION OF PROSTATE CANCER.

Part B of title III of the Public Health Service Act is amended by inserting after section 317A (42 U.S.C. 247b–1) the following new section:

''PROSTATE CANCER MORTALITY PREVENTION

''SEC. 317B. (a) GRANTS.—The Secretary, acting through the Director of the Centers for Disease Control, may award grants to States and local health departments for the purpose of enabling such States and departments to carrying out programs to—

''(1) screen men for prostate cancer as a preventive health measure;

''(2) provide appropriate referrals for medical treatment of men screened pursuant to paragraph (1) and to ensure, to the extent practicable, the provision of appropriate follow-up services;

''(3) develop and disseminate public information and education programs for the detection and control of prostate cancer;

''(4) improve the education, training, and skills of health professionals (including appropriate allied health professionals) in the detection and control of prostate cancer;

''(5) establish mechanisms through which the States can monitor the quality of screening procedures for prostate cancer, including the interpretation of such procedures; and

''(6) evaluate activities conducted under paragraphs (1) through (5) through appropriate surveillance or program monitoring activities.

''(b) GRANT APPLICATIONS.—

''(1) REQUIREMENT.—No grant may be awarded under subsection (a), unless an application for such grant has been submitted to, and approved by, the Secretary. Such an application shall be in such form and submitted in such manner as the Secretary shall prescribe, and shall include—

''(A) a complete description of the program which is to be provided by or through the applicant;

''(B) assurances satisfactory to the Secretary that the program to be provided under the grant will include education programs designed to communicate to men, and local health officials the significance of the early detection of prostate cancer;

''(C) assurances satisfactory to the Secretary that the applicant will report, on a quarterly basis, the number of men screened for prostate cancer and the number of men who were found to have prostate cancer, the number and type of medical referral made with respect to such men, the outcome of such referrals, and other information to measure program effectiveness as required under paragraph (2);

''(D) assurances satisfactory to the Secretary that the applicant will make such reports respecting the program involved as the Secretary may require; and

''(E) such other information as the Secretary may prescribe.

''(2) TECHNICAL ASSISTANCE.—The Secretary may provide training and technical assistance with respect to the planning, development, and operation of any program or service carried out pursuant to this section.

''(c) MAINTENANCE OF EFFORT.—No grant may be awarded under subsection (a) unless the Secretary determines that there is satisfactory assurance that Federal funds made available under such a grant for any period will be so used as to supplement and, to the extent practical, increase the level of State, local, and other non-Federal funds that would, in the absence of such Federal funds, be made available for the program for which the grant is to be made, and will in no event supplant such State, local, and other non-Federal funds.

''(d) METHOD AND AMOUNT OF PAYMENT.—The Secretary shall determine the amount of a grant made under subsection (a). Payments under such grants may be made in advance on the basis of estimates or by way of reimbursement, with necessary adjustments on account of the underpayments or overpayments, and in such installments and on such terms and conditions as the Secretary finds necessary to carry out the purposes of such grants. Not more than 10 percent of any grant may be obligated for administrative costs.

''(e) SUPPLIES, EQUIPMENT, AND EMPLOYEE DETAIL.—The Secretary, at the request of a recipient of a grant under subsection (a), may reduce the amount of such grant by—

''(1) the fair market value of any supplies or equipment furnished the grant recipient; and

''(2) the amount of the pay, allowances, and travel expenses of any officer or employee of the Government when detailed to the grant recipient and the amount of any other costs incurred in connection with the detail of such officer or employee;

when the furnishing of such supplies or equipment or the detail of such an officer or employee is for the convenience of and at the request of such grant recipient and for the purpose of carrying out a program with respect to which any such grant is so reduced. Such amount shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment, or in detailing the personnel, on which the reduction of such grant is based, and such amount shall be deemed as part of the grant and shall be deemed to have been paid to the grant recipient.

''(f) RECORDS.—Each recipient of a grant under subsection (a) shall keep such records as the Secretary shall prescribe, including records which fully disclose the amount and disposition by such recipient of the proceeds of such grant, the total cost of the undertaking in connection with which such grant was made, and the amount of that portion of the cost of the undertaking supplied by other sources, and such other records as will facilitate an effective audit.

''(g) AUDIT AND EXAMINATION OF RECORDS.—The Secretary and the Comptroller General of the United States, or any of their duly authorized representatives, shall have access for the purpose of audit and examination to any books, documents, papers, and records of the recipient of a grant under subsection (a), that are pertinent to such grant.

''(h) INDIAN TRIBES.—For purposes of this section, the term 'units of local government' includes Indian tribes.

''(i) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—There are authorized to be appropriated to carry out this section not more than $20,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1996.

''(2) SET-ASIDE FOR TECHNICAL ASSISTANCE.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary shall reserve not more than 20 percent for carrying out activities under this section at the national level.''.

SEC. 2102. NATIONAL PROGRAM OF CANCER REGISTRIES.

Title III of the Public Health Service Act, as amended by section 121(a)(2) of this Act, is amended by adding at the end the following new part:

''PART M—NATIONAL PROGRAM OF CANCER REGISTRIES

"SEC. 399H. NATIONAL PROGRAM OF CANCER REGISTRIES.

''(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control, may make grants to States, or may make grants or enter into contracts with academic or non-profit organizations designated by the State to operate the State's cancer registry in lieu of making a grant directly to the State, to support the operation of population-based, statewide cancer registries in order to collect, for each form of in-situ and invasive cancer (with the exception of basal cell and squamous cell carcinoma of the skin), data concerning—

''(1) demographic information about each case of cancer;

''(2) information on the industrial or occupational history of the individuals with the cancers, to the extent such information is available from the same record;

''(3) administrative information, including date of diagnosis and source of information;

''(4) pathological data characterizing the cancer, including the cancer site, stage of disease (pursuant to Staging Guide), incidence, and type of treatment; and

''(5) other elements determined appropriate by the Secretary.

''(b) MATCHING FUNDS.—

''(1) IN GENERAL.—The Secretary may make a grant under subsection (a) only if the State, or the academic or nonprofit private organization designated by the State to operate the cancer registry of the State, involved agrees, with respect to the costs of the program, to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 25 percent of such costs or $1 for every $3 of Federal funds provided in the grant.

''(2) DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTION; MAINTENANCE OF EFFORT.—

''(A) Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

''(B) With respect to a State in which the purpose described in subsection (a) is to be carried out, the Secretary, in making a determination of the amount of non-Federal contributions provided under paragraph (1), may include only such contributions as are in excess of the amount of such contributions made by the State toward the collection of data on cancer for the fiscal year preceding the first year for which a grant under subsection (a) is made with respect to the State. The Secretary may decrease the amount of non-Federal contributions that otherwise would have been required by this subsection in those cases in which the State can demonstrate that decreasing such amount is appropriate because of financial hardship.

''(c) ELIGIBILITY FOR GRANTS.—

''(1) IN GENERAL.—No grant shall be made by the Secretary under subsection (a) unless an application has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such a manner, and be accompanied by such information, as the Secretary may specify. No such application may be approved unless it contains assurances that the applicant will use the funds provided only for the purposes specified in the approved application and in accordance with the requirements of this section, that the application will establish such fiscal control and fund accounting procedures as may be necessary to assure proper disbursement and accounting of Federal funds paid to the applicant under subsection (a) of this section, and that the applicant with comply with the peer review requirements under sections 491 and 492.

''(2) ASSURANCES.—Each applicant, prior to receiving Federal funds under subsection (a), shall provide assurances satisfactory to the Secretary that the applicant will—

''(A) provide for the establishment of a registry in accordance with subsection (a);

''(B) comply with appropriate standards of completeness, timeliness, and quality of population-based cancer registry data;

''(C) provide for the annual publication of reports of cancer data under subsection (a); and

''(D) provide for the authorization under State law of the statewide cancer registry, including promulgation of regulations providing—

''(i) a means to assure complete reporting of cancer cases (as described in subsection (a)) to the statewide cancer registry by hospitals or other facilities providing screening, diagnostic or therapeutic services to patients with respect to cancer;

''(ii) a means to assure the complete reporting of cancer cases (as defined in subsection (a)) to the statewide cancer registry by physicians, surgeons, and all other health care practitioners diagnosing or providing treatment for cancer patients, except for cases directly referred to or previously admitted to a hospital or other facility providing screening, diagnostic or therapeutic services to patients in that State and reported by those facilities;

''(iii) a means for the statewide cancer registry to access all records of physicians and surgeons, hospitals, outpatient clinics, nursing homes, and all other facilities, individuals, or agencies providing such services to patients which would identify cases of cancer or would establish characteristics of the cancer, treatment of the cancer, or medical status of any identified patient;

''(iv) for the reporting of cancer case data to the statewide cancer registry in such a format, with such data elements, and in accordance with such standards of quality timeliness and completeness, as may be established by the Secretary;

''(v) for the protection of the confidentiality of all cancer case data reported to the statewide cancer registry, including a prohibition on disclosure to any person of information reported to the statewide cancer registry that identifies, or could lead to the identification of, an individual cancer patient, except for disclosure to other States cancer registries and local and State health officers;

''(vi) for a means by which confidential case data may in accordance with State law be disclosed to cancer researchers for the purposes of cancer prevention, control and research;

''(vii) for the authorization or the conduct, by the statewide cancer registry or other persons and organizations, of studies utilizing statewide cancer registry data, including studies of the sources and causes of cancer, evaluations of the cost, quality, efficacy, and appropriateness of diagnostic, therapeutic, rehabilitative, and preventative services and programs relating to cancer, and any other clinical, epidemiological, or other cancer research; and

''(viii) for protection for individuals complying with the law, including provisions specifying that no person shall be held liable in any civil action with respect to a cancer case report provided to the statewide cancer registry, or with respect to access to cancer case information provided to the statewide cancer registry.

''(d) RELATIONSHIP TO CERTAIN PROGRAMS.—

''(1) IN GENERAL.—This section may not be construed to act as a replacement for or diminishment of the program carried out by the Director of the National Cancer Institute and designated by such Director as the Surveillance, Epidemiology, and End Results Program (SEER).

''(2) SUPPLANTING OF ACTIVITIES.—In areas where both such programs exist, the Secretary shall ensure that SEER support is not supplanted and that any additional activities are consistent with the guidelines provided for in subsection (c)(2)(C) and (D) and are appropriately coordinated with the existing SEER program.

''(3) TRANSFER OF RESPONSIBILITY.—The Secretary may not transfer administration responsibility for such SEER program from such Director.

''(4) COORDINATION.—To encourage the greatest possible efficiency and effectiveness of Federally supported efforts with respect to the activities described in this subsection, the Secretary shall take steps to assure the appropriate coordination of programs supported under this part with existing Federally supported cancer registry programs.

''(e) REQUIREMENT REGARDING CERTAIN STUDY ON BREAST CANCER.—In the case of a grant under subsection (a) to any State specified in section 399K(b), the Secretary may establish such conditions regarding the receipt of the grant as the Secretary determines are necessary to facilitate the collection of data for the study carried out under section 399C.

"SEC. 399I. PLANNING GRANTS REGARDING REGISTRIES.

''(a) IN GENERAL.—

''(1) STATES.—The Secretary, acting through the Director of the Centers for Disease Control, may make grants to States for the purpose of developing plans that meet the assurances required by the Secretary under section 399B(c)(2).

''(2) OTHER ENTITIES.—For the purpose described in paragraph (1), the Secretary may make grants to public entities other than States and to nonprofit private entities. Such a grant may be made to an entity only if the State in which the purpose is to be carried out has certified that the State approves the entity as qualified to carry out the purpose.

''(b) APPLICATION.—The Secretary may make a grant under subsection (a) only if an application for the grant is submitted to the Secretary, the application contains the certification required in subsection (a)(2) (if the application is for a grant under such subsection), and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

"SEC. 399J. TECHNICAL ASSISTANCE IN OPERATIONS OF STATEWIDE CANCER REGISTRIES.

''The Secretary, acting through the Director of the Institute involved, may, directly or through grants and contracts, or both, provide technical assistance to the States in the establishment and operation of statewide registries, including assistance in the development of model legislation for statewide cancer registries and assistance in establishing a computerized reporting and data processing system.

"SEC. 399K. STUDY IN CERTAIN STATES TO DETERMINE THE FACTORS CONTRIBUTING TO THE ELEVATED BREAST CANCER MORTALITY RATES.

''(a) IN GENERAL.—Subject to subsections (c) and (d), the Secretary, acting through the Director of the Centers for Disease Control, shall conduct a study for the purpose of determining the factors contributing to the fact that breast cancer mortality rates in the States specified in subsection (b) are elevated compared to rates in other States.

(b) RELEVANT STATES.—The States referred to in subsection (a) are Connecticut, Delaware, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont, and the District of Columbia.

(c) COOPERATION OF STATE.—The Secretary may conduct the study required in subsection (a) in a State only if the State agrees to cooperate with the Secretary in the conduct of the study, including providing information from any registry operated by the State pursuant to section 399B(a).

''(d) PLANNING, COMMENCEMENT, AND DURATION.—The Secretary shall, during each of the fiscal years 1993 and 1994, develop a plan for conducting the study required in subsection (a). The study shall be initiated by the Secretary not later than fiscal year 1994, and the collection of data under the study may continue through fiscal year 1998.

(e) REPORT.—Not later than September 30, 1999, the Secretary shall complete the study required in subsection (a) and 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 describing the findings and recommendations made as a result of the study.

"SEC. 399L. AUTHORIZATION OF APPROPRIATIONS.

''(a) REGISTRIES.—For the purpose of carrying out this part, there are authorized to be appropriated $30,000,000 for each of the fiscal years 1993 through 1996. Out of any amounts appropriated for any such fiscal year, the Secretary may obligate not more than 25 percent for carrying out section 399I, and not more than 10 percent may be expended for assessing the accuracy, completeness and quality of data collected, and not more than 10 percent of which is to be expended under subsection 399J.

''(b) BREAST CANCER STUDY.—Of the amounts appropriated under subsection (a) for any fiscal year in which the study required in section 399K is being carried out, the Secretary shall expend not less than $1,000,000 for the study.''.

SEC. 2103. TRAUMATIC BRAIN INJURY.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control—

(1) shall conduct a survey to determine which Federal and other entities collect data on traumatic brain injuries and the nature of the data collection systems of such entities; and

(2) may cooperate and enter into agreements with other Federal agencies and provide assistance to other entities with responsibility for data collection to establish traumatic brain injury as a specific reportable condition or disability in disease and injury reporting systems.

(b) AUTHORIZATION OF APPROPRIATIONS.—For the purposes of carrying out subsection (a), there are authorized to be appropriated $2,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1996.

TITLE XXII—STUDIES

SEC. 2201. ACQUIRED IMMUNE DEFICIENCY SYNDROME.

(a) CERTAIN DRUG-RELEASE MECHANISMS.—

(1) The Secretary of Health and Human Services shall, subject to paragraph (2), enter into a contract with a public or nonprofit private entity to conduct a study for the purpose of determining, with respect to acquired immune deficiency syndrome, the impact of parallel-track drug-release mechanisms on public and private clinical research, and on the activities of the Commissioner of Food and Drugs regarding the approval of drugs.

(2) The Secretary of Health and Human Services shall request the Institute of Medicine of the National Academy of Sciences to enter into the contract under paragraph (1) to conduct the study described in such paragraph. If such Institute declines to conduct the study, the Secretary shall carry out paragraph (1) through another public or nonprofit private entity.

(b) THIRD-PARTY PAYMENTS REGARDING CERTAIN CLINICAL TRIALS.—The Secretary of Health and Human Services, acting through the Director of the National Institutes of Health, shall conduct a study for the purpose of—

(1) determining the policies of third-party payors regarding the payment of the costs of appropriate health services that are provided incident to the participation of individuals as subjects in clinical trials conducted in the development of drugs with respect to acquired immune deficiency syndrome; and

(2) developing recommendations regarding such policies.

(c) ADVISORY COMMITTEES.—The Secretary of Health and Human Services, acting through the Director of the National Institutes of Health, shall conduct a study for the purpose of determining—

(1) whether the activities of the various advisory committees established in the National Institutes of Health regarding acquired immune deficiency syndrome are being coordinated sufficiently; and

(2) whether the functions of any of such advisory committees should be modified in order to achieve greater efficiency.

(d) VACCINES FOR HUMAN IMMUNODEFICIENCY VIRUS.—

(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the National Institutes of Health, shall develop a plan for the appropriate inclusion of HIV-infected women, including pregnant women, HIV-infected infants, and HIV-infected children in studies conducted by or through the National Institutes of Health concerning the safety and efficacy of HIV vaccines for the treatment and prevention of HIV infection. Such plan shall ensure the full participation of other Federal agencies currently conducting HIV vaccine studies and require that such studies conform fully to the requirements of part 46 of title 45, Code of Federal Regulations.

(2) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives, and the Committee on Labor and Human Resources of the Senate, a report concerning the plan developed under paragraph (1).

(3) IMPLEMENTATION.—Not later than 12 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall implement the plan developed under paragraph (1), including measures for the full participation of other Federal agencies currently conducting HIV vaccine studies.

(4) For the purpose of carrying out this subsection, there are authorized to be appropriated $500,000 for fiscal year 1992, $2,500,000 for fiscal year 1993, $5,000,000 for fiscal year 1994, and such sums as may be necessary of fiscal year 1995.

SEC. 2202. ANNUAL REPORT CONCERNING LEADING CAUSES OF DEATH.

(a) REPORT.—The Secretary of Health and Human Services shall, not later than September 1, 1992, and not later than March 31 of each year thereafter, prepare a report that lists—

(1) the 20 illnesses that, in terms of mortality, number of years of expected life lost, and of number of preventable years of life lost, are the leading causes of death in the United States and the number of deaths from each such cause, the age-specific and age-adjusted death rates for each such cause, the death rate per 100,000 population for each such cause, the percentage of change in cause specific death rates for each age group, and the percentage of total deaths for each such cause;

(2) the amount expended by the Department of Health and Human Services for research, prevention, and education with respect to each of the 20 illnesses described in paragraph (1) for the most recent year for which the actual expenditures are known;

(3) an estimate by the Secretary of the amount to be expended on research, prevention, and education with respect to each of the 20 illnesses described in paragraph (1) for the year for which the report is prepared; and

(4) with respect to the years specified in paragraphs (2) and (3), the percentage of the total of the annual expenditures for research, prevention, and education on the 20 illnesses described in paragraph (1) that are attributable to each illness.

(b) SUBMISSION TO CONGRESS.—The Secretary of Health and Human Services shall submit the report required under subsection (a), together with relevant budget information, to the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives and the Committee on Labor and Human Resources and the Committee on Appropriations of the Senate.

SEC. 2203. MALNUTRITION IN THE ELDERLY.

(a) STUDY.—

(1) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary''), acting through the National Institute on Aging, coordinating with the Agency for Health Care Policy and Research and, to the degree possible, in consultation with the head of the National Nutrition Monitoring System established under section 1428 of the Food and Agriculture Act of 1977 (7 U.S.C. 3178), shall conduct a 3-year nutrition screening and intervention activities study of the elderly.

(2) EFFICACY AND COST-EFFECTIVENESS OF NUTRITION SCREENING AND INTERVENTION ACTIVITIES.—In conducting the study, the Secretary shall determine the efficacy and cost-effectiveness of nutrition screening and intervention activities conducted in the elderly health and long-term care continuum, and of a program that would institutionalize nutrition screening and intervention activities. In evaluating such a program, the Secretary shall determine—

(A) if health or quality of life is measurably improved for elderly individuals who receive routine nutritional screening and treatment;

(B) if federally subsidized home or institutional care is reduced because of increased

independence of elderly individuals resulting from improved nutritional status;

(C) if a multidisciplinary approach to nutritional care is effective in addressing the nutritional needs of elderly individuals; and

(D) if reimbursement for nutrition screening and intervention activities is a cost-effective approach to improving the health status of elderly individuals.

(3) POPULATIONS.—The populations of elderly individuals in which the study will be conducted shall include populations of elderly individuals who are—

(A) living independently, including—

(i) individuals who receive home and community-based services or family support;

(ii) individuals who do not receive additional services and support;

(iii) individuals with low incomes; and

(iv) individuals who are minorities;

(B) hospitalized, including individuals admitted from home and from institutions; and

(C) institutionalized in residential facilities such as nursing homes and adult homes.

(b) MALNUTRITION STUDY.—The Secretary, acting through the National Institute on Aging, shall conduct a 3-year study to determine the extent of malnutrition in elderly individuals in hospitals and long-term care facilities and in elderly individuals who are living independently.

(c) REPORT.—The Secretary shall submit a report to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives containing the findings resulting from the studies described in subsections (a) and (b), including a determination regarding whether a program that would institutionalize nutrition screening and intervention activities should be adopted, and the rationale for the determination.

(d) ADVISORY PANEL.—

(1) ESTABLISHMENT.—The Secretary, acting through the Director of the National Institute on Aging, shall establish an advisory panel that shall oversee the design, implementation, and evaluation of the studies described in subsections (a) and (b).

(2) COMPOSITION.—The advisory panel shall include representatives appointed for the life of the panel by the Secretary from the Health Care Financing Administration, the Social Security Administration, the National Center for Health Statistics, the Administration on Aging, the National Council on the Aging, the American Dietetic Association, the American Academy of Family Physicians, and such other agencies or organizations as the Secretary determines to be appropriate.

(3) COMPENSATION AND EXPENSES.—

(A) COMPENSATION.—Each member of the advisory panel who is not an employee of the Federal Government shall receive compensation at the daily equivalent of the rate specified for level V of the Executive Schedule under section 5316 of title 5, United States Code, for each day the member is engaged in the performance of duties for the advisory panel, including attendance at meetings and conferences of the panel, and travel to conduct the duties of the panel.

(B) TRAVEL EXPENSES.—Each member of the advisory panel shall receive travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, for each day the member is engaged in the performance of duties away from the home or regular place of business of the member.

(4) DETAIL OF FEDERAL EMPLOYEES.—On the request of the advisory panel, the head of any Federal agency shall detail, without reimbursement, any of the personnel of the agency to the advisory panel to assist the advisory panel in carrying out its duties. Any detail shall not interrupt or otherwise affect the civil service status or privileges of the Federal employee.

(5) TECHNICAL ASSISTANCE.—On the request of the advisory panel, the head of a Federal agency shall provide such technical assistance to the advisory panel as the advisory panel determines to be necessary to carry out its duties.

(6) TERMINATION.—Notwithstanding section 15 of the Federal Advisory Committee Act (5 U.S.C. App.), the advisory panel shall terminate 3 years after the date of enactment of this Act.

SEC. 2204. BEHAVIORAL FACTORS STUDY.

The Director of the National Institutes of Health shall 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 on the feasibility of developing a plan for the conduct of research at such Institutes on the prevention of traumatic injuries.

SEC. 2205. RELATIONSHIP BETWEEN THE CONSUMPTION OF LEGAL AND ILLEGAL DRUGS.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs, shall review and consider all existing relevant data and research concerning whether there is a relationship between an individual's receptivity to use or consume legal drugs and the consumption or abuse by the individual of illegal drugs. On the basis of such review, the Secretary shall determine whether additional research is necessary. If the Secretary determines additional research is required, the Secretary shall conduct a study of those subjects where the Secretary's review indicates additional research is needed, including, if necessary, a review of—

(1) the effect of advertising and marketing campaigns that promote the use of legal drugs on the public;

(2) the correlation of legal drug abuse with illegal drug abuse; and

(3) other matters that the Secretary determines appropriate.

(b) REPORT.—Not later than 12 months after the date of enactment of this Act, the Secretary shall prepare and submit, to the Committee on Energy and Commerce of the House of Representatives and Committee on Labor and Human Resources of the Senate, a report containing the results of the review conducted under subsection (b). If the Secretary determines additional research is required, no later than 2 years after the date of enactment of this Act, the Secretary shall prepare and submit, to the Committee on Energy and Commerce of the House of Representatives and Committee on Labor and Human Resources of the Senate, a report containing the results of the additional research conducted under subsection (b).

(c) LIMITATION.—For purposes of this section, the terms ''legal drugs'' and ''illegal drugs'' do not include beverage alcohol or tobacco products.

SEC. 2206. RESEARCH ACTIVITIES ON CHRONIC FATIGUE SYNDROME.

The Secretary of Health and Human Services shall, not later than April 1, 1993, and annually thereafter for the next 3 years, prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate, a report that summarizes the research activities conducted or supported by the National Institutes of Health concerning chronic fatigue syndrome. Such report should include information concerning grants made, cooperative agreements or contracts entered into, intramural activities, research priorities and needs, and a plan to address such priorities and needs.

SEC. 2207. REPORT ON MEDICAL USES OF BIOLOGICAL AGENTS IN DEVELOPMENT OF DEFENSES AGAINST BIOLOGICAL WARFARE.

The Secretary of Health and Human Services, in consultation with other appropriate executive agencies, shall report to the House Energy and Commerce Committee and the Senate Labor and Human Resources Committee on the appropriateness and impact of the National Institutes of Health assuming responsibility for the conduct of all Federal research, development, testing, and evaluation functions relating to medical countermeasures against biowarfare threat agents. In preparing the report, the Secretary shall identify the extent to which such activities are carried out by agencies other than the National Institutes of Health, and assess the impact (positive and negative) of the National Institutes of Health assuming responsibility for such activities, including the impact under the Budget Enforcement Act and the Omnibus Budget Reconciliation Act of 1990 on existing National Institutes of Health research programs as well as other programs within the category of domestic discretionary spending. The Secretary shall submit the report not later than 12 months after the date of the enactment of this Act.

SEC. 2208. EVALUATION OF EMPLOYEE-TRANSPORTED CONTAMINANT RELEASES.

(a) IN GENERAL.—Not later than 18 months after the date on which amounts are first appropriated under subsection (f), the Director of the National Institute for Occupational Safety and Health (hereafter in this section referred to as the ''Director''), in cooperation with the Secretary of Labor, the Administrator of the Environmental Protection Agency, the Administrator of the Agency for Toxic Substances and Disease Registry, and the heads of other Federal Government agencies (such as the National Institutes of Health) as determined to be appropriate by the Director, shall conduct a study to evaluate the potential for, the prevalence of, and the issues related to the contamination of workers' homes with hazardous chemicals and substances, including infectious agents, transported from the workplaces of such workers'.

(b) MATTERS TO BE EVALUATED.—In conducting the study and evaluation under subsection (a), the Director shall—

(1) conduct a review of past incidents of home contamination through the utilization of literature and of records concerning past investigations and enforcement actions undertaken by—

(A) the National Institute for Occupational Safety and Health;

(B) the Secretary of Labor to enforce the Occupational Safety and Health Act of 1970 (29 U.S.C. 651 et seq.);

(C) States to enforce occupational safety and health standards in accordance with section 18 of such Act (29 U.S.C. 667); and

(D) other government agencies (including the Department of Energy and the Environmental Protection Agency), as the Director may determine to be appropriate;

(2) evaluate current statutory, regulatory, and voluntary industrial hygiene or other measures used by small, medium and large employers to prevent or remediate home contamination;

(3) compile a summary of the existing research and case histories conducted on incidents of employee transported contaminant releases, including—

(A) the effectiveness of workplace housekeeping practices and personal protective equipment in preventing such incidents;

(B) the health effects, if any, of the resulting exposure on workers and their families;

(C) the effectiveness of normal house cleaning and laundry procedures for remov-

ing hazardous materials and agents from workers' homes and personal clothing;

(D) indoor air quality, as the research concerning such pertains to the fate of chemicals transported from a workplace into the home environment; and

(E) methods for differentiating exposure health effects and relative risks associated with specific agents from other sources of exposure inside and outside the home;

(4) identify the role of Federal and State agencies in responding to incidents of home contamination;

(5) prepare and submit to the Task Force established under subsection (c), the Committee on Energy and Commerce of the House of Representatives, and the Committee on Labor and Human Resources of the Senate, a report concerning the results of the matters studied or evaluated under paragraphs (1) through (4); and

(6) study home contamination incidents and issues and worker and family protection policies and practices related to the special circumstances of firefighters and prepare and submit to the committees specified in paragraph (5) a report concerning the findings with respect to such study.

(c) DEVELOPMENT OF INVESTIGATIVE STRATEGY.—

(1) TASK FORCE.—Not later than 12 months after the date on which amounts are first appropriated under subsection (f), the Director shall establish a working group, to be known as the Workers' Family Protection Task Force. The Task Force shall—

(A) be composed of not more than 15 individuals to be appointed by the Director from among individuals who are representative of workers, industry, scientists, industrial hygienists, the National Research Council, and government agencies, except that not more than one such individual shall be from each appropriate government agency and the number of individuals appointed to represent industry and workers shall be equal in number;

(B) review the report submitted under subsection (b)(5);

(C) determine, with respect to such report, the additional data needs, if any, and the need for additional evaluation of the scientific issues related to and the feasibility of developing such additional data; and

(D) if additional data are determined by the Task Force to be needed, develop a recommended investigative strategy for use in obtaining such information.

(2) INVESTIGATIVE STRATEGY.—

(A) CONTENT.—The investigative strategy developed under paragraph (1)(D) shall identify gaps in data that can and cannot be filled, assumptions and uncertainties associated with various components of such strategy, a timetable for the implementation of such strategy, and methodologies used to gather any required data.

(B) PEER REVIEW.—The Director shall publish the proposed investigative strategy under paragraph (1)(D) for public comment and utilize other methods, including technical conferences or seminars for the purpose of obtaining comments concerning the proposed strategy.

(C) FINAL STRATEGY.—After peer review and public comment is conducted under subparagraph (B), the Director, in consultation with the heads of other government agencies, shall propose a final strategy for investigating issues related to home contamination that shall be implemented by the National Institute for Occupational Safety and Health and other Federal agencies for the period of time necessary to enable such agencies to obtain the information identified under paragraph (1)(C).

(D) CONSTRUCTION.—Nothing in this section shall be construed as precluding any government agency from investigating issues related to home contamination using existing procedures until such time as a final strategy is developed or from taking actions in addition to those proposed in the strategy after its completion.

(d) IMPLEMENTATION OF INVESTIGATIVE STRATEGY.—Upon completion of the investigative strategy under subsection (c)(2)(C), each Federal agency or department shall fulfill the role assigned to it by the strategy.

(e) REGULATIONS.—

(1) IN GENERAL.—Not later than 4 years after the date on which amounts are first appropriated under subsection (f), and periodically thereafter, the Secretary of Labor, based on the information developed under this section and on other information available to the Secretary, shall—

(A) determine if additional education about, emphasis on, or enforcement of existing regulations or standards is needed and will be sufficient, or if additional regulations or standards are needed to protect workers and their families from employee transported releases of hazardous materials; and

(B) prepare and 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 concerning the results of such determination.

(2) ADDITIONAL REGULATIONS OR STANDARDS.—If the Secretary of Labor determines that additional regulations or standards are needed under paragraph (1), the Secretary shall promulgate such regulations or standards as determined to be appropriate not later than 3 years after such determination.

(f) AUTHORIZATION OF APPROPRIATIONS.—If the amounts appropriated for a fiscal year for carrying out the activities of the National Institute of Occupational Safety and Health equal or exceed 105 percent of the amount appropriated for such activities for fiscal year 1992 (as such amount relating to fiscal year 1992 is adjusted to offset the effects of inflation occurring since fiscal year 1992), the Director of such Institute may expend such amounts for carrying out this section.

SEC. 2209. PERSONNEL STUDY OF RECRUITMENT, RETENTION AND TURNOVER.

(a) STUDY OF PERSONNEL SYSTEM.—Not later than 1 year after the date of the enactment of this Act, the Secretary of Health and Human Services, acting through the Director of the National Institutes of Health, shall conduct a study to review the retention, recruitment, vacancy and turnover rates of support staff, including firefighters, law enforcement, procurement officers, technicians, nurses and clerical employees, to ensure that the National Institutes of Health is adequately supporting the conduct of efficient, effective and high quality research for the American public. The Director of NIH shall work in conjunction with appropriate employee organizations and representatives in developing such a study.

(b) SUBMISSION TO CONGRESS.—Not later than 1 year after the date of the enactment of this Act, the Secretary of Health and Human Services shall prepare and 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 containing the study conducted under subsection (a) together with the recommendations of the Secretary concerning the enactment of legislation to implement the results of such study.

SEC. 2210. PROCUREMENT.

The Director of the National Institutes of Health and the Administrator of the General Services Administration shall jointly conduct a study to develop a streamlined procurement system for the National Institutes of Health that complies with the requirements of Federal Law.

TITLE XXIII—MISCELLANEOUS PROVISIONS

SEC. 2301. DESIGNATION OF SENIOR BIOMEDICAL RESEARCH SERVICE IN HONOR OF SILVIO CONTE, AND LIMITATION ON NUMBER OF MEMBERS.

(a) IN GENERAL.—Section 228(a) of the Public Health Service Act (42 U.S.C. 237(a)), as added by section 304 of Public Law 101–509, is amended to read as follows: ''(a)(1) There shall be in the Public Health Service a Silvio Conte Senior Biomedical Research Service, not to exceed 750 members.

''(2) The authority established in paragraph (1) regarding the number of members in the Silvio Conte Senior Biomedical Research Service is in addition to any authority established regarding the number of members in the commissioned Regular Corps, in the Reserve Corps, and in the Senior Executive Service. Such paragraph may not be construed to require that the number of members in the commissioned Regular Corps, in the Reserve Corps, or in the Senior Executive Service be reduced to offset the number of members serving in the Silvio Conte Senior Biomedical Research Service (hereafter in this section referred to as the 'Service').''.

(b) CONFORMING AMENDMENT.—Section 228 of the Public Health Service Act (42 U.S.C. 237), as added by section 304 of Public Law 101–509, is amended in the heading for the section by amending the heading to read as follows:

''SILVIO CONTE SENIOR BIOMEDICAL RESEARCH SERVICE''.

SEC. 2302. TECHNICAL CORRECTIONS.

(a) TITLE IV.—Title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended—

(1) in section 406—

(A) in subsection (b)(2)(A), by striking ''Veterans' Administration'' each place such term appears and inserting ''Department of Veterans Affairs''; and

(B) in subsection (h)(2)(A)(v), by striking ''Veterans' Administration'' and inserting ''Department of Veterans Affairs'';

(2) in section 408, in subsection (b) (as redesignated by section 501(c)(1)(C) of this Act), by striking ''Veterans' Administration'' and inserting ''Department of Veterans Affairs'';

(3) in section 421(b)(1), by inserting a comma after ''may'';

(4) in section 428(b), in the matter preceding paragraph (1), by striking ''the the'' and inserting ''the'';

(5) in section 430(b)(2)(A)(i), by striking ''Veterans' Administration'' and inserting ''Department of Veterans Affairs'';

(6) in section 439(b), by striking ''Veterans' Administration'' and inserting ''Department of Veterans Affairs'';

(7) in section 442(b)(2)(A), by striking ''Veterans' Administration'' and inserting ''Department of Veterans Affairs'';

(8) in section 464D(b)(2)(A), by striking ''Veterans' Administration'' and inserting ''Department of Veterans Affairs'';

(9) in section 464E—

(A) in subsection (d), in the first sentence, by inserting ''Coordinating'' before ''Committee''; and

(B) in subsection (e), by inserting ''Coordinating'' before ''Committee'' the first place such term appears;

(10) in section 466(a)(1)(B), by striking ''Veterans' Administration'' and inserting ''Department of Veterans Affairs'';

(11) in section 480(b)(2)(A), by striking ''Veterans' Administration'' and inserting ''Department of Veterans Affairs'';

(12) in section 485(b)(2)(A), by striking ''Veterans' Administration'' and inserting ''Department of Veterans Affairs'';

(13) in section 487(d)(3), by striking ''section 304(a)(3)'' and inserting ''section 304(a)'';

(14) in section 487A(a)(2), in the matter preceding subparagraph (A), by striking ''in'' and inserting ''into''; and

(15) in section 496(a), by striking ''Such appropriations,'' and inserting the following: ''Appropriations to carry out the purposes of this title,''.

(b) TITLE XXIII.—Part A of title XXIII of the Public Health Service Act (42 U.S.C. 300cc et seq.) is amended—

(1) in section 2304—

(A) in the heading for the section, by striking ''**CLINICAL RESEARCH REVIEW COMMITTEE**'' and inserting ''**RESEARCH ADVISORY COMMITTEE**''; and

(B) in subsection (a), by striking ''AIDS Clinical Research Review Committee'' and inserting ''AIDS Research Advisory Committee'';

(2) in section 2312(a)(2)(A), by striking ''AIDS Clinical Research Review Committee'' and inserting ''AIDS Research Advisory Committee'';

(3) in section 2314(a)(1), in the matter preceding subparagraph (A), by striking ''Clinical Research Review Committee'' and inserting ''AIDS Research Advisory Committee'';

(4) in section 2317(d)(1), by striking ''Clinical Research Review Committee'' and inserting ''AIDS Research Advisory Committee established under section 2304''; and

(5) in section 2318(b)(3), by striking ''Clinical Research Review Committee'' and inserting ''AIDS Research Advisory Committee''.

SEC. 2303. PROHIBITION AGAINST SHARP ADULT SEX SURVEY AND THE AMERICAN TEENAGE SEX SURVEY.

The Secretary of Health and Human Services may not during fiscal year 1992 or any subsequent fiscal year conduct or support the SHARP survey of adult sexual behavior or the American Teenage Study of adolescent sexual bahavior. This section becomes effective April 15, 1992.

SEC. 2304. BIENNIAL REPORT ON CARCINOGENS.

Section 301(b)(4) (42 U.S.C. 241(b)(4) is amended by striking ''an annual'' and inserting in lieu thereof ''a biennial''.

SEC. 2305. NATIONAL COMMISSION ON SLEEP DISORDERS RESEARCH.

The Secretary of Health and Human Services shall, not later than 6 months after the submission of the final report of the National Commission on Sleep Disorders Research, prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate, a report that analyzes the findings and recommendations of the Commission and presents a plan for the conduct and support of sleep disorders research at the National Institutes of Health.

(c) TECHNICAL AMENDMENT.—Section 445G(a) of such Act (as so redesignated) is amended by striking ''and its incidence in the United States''.

TITLE XXIV—EFFECTIVE DATE

SEC. 2401. EFFECTIVE DATE.

Subject to section 1955, this Act and the amendments made by this Act shall take effect October 1, 1992, or upon the date of the enactment of this Act, whichever occurs later.

And the Senate agree to the same.

From the Committee on Energy and Commerce, for consideration of the House bill, and the Senate amendment, and modifications committed to conference:

JOHN D. DINGELL,
HENRY A. WAXMAN,
RON WYDEN,

As additional conferees, from the Committee on Education and Labor, for consideration of section 1114 of the Senate amendment, and modifications committed to conference:

WILLIAM D. FORD,
JOSEPH M. GAYDOS,
CASS BALLENGER,
Managers on the Part of the House.

EDWARD M. KENNEDY,
TOM HARKIN,
BROCK ADAMS,
Managers on the Part of the Senate.

When said conference report was considered.

After debate,

By unanimous consent, the previous question was ordered on the conference report to its adoption or rejection.

The question being put, viva voce,

Will the House agree to said conference report?

The SPEAKER pro tempore, Mrs. UNSOELD, announced that the yeas had it.

Mr. BLILEY objected to the vote on the ground that a quorum was not present and not voting.

A quorum not being present,

The roll was called under clause 4, rule XV, and the call was taken by electronic device.

When there appeared { Yeas ..... 260 / Nays ..... 148 }

¶61.9 [Roll No. 147]

YEAS—260

Abercrombie, Ackerman, Anderson, Andrews (ME), Andrews (NJ), Andrews (TX), Annunzio, Applegate, Aspin, Atkins, AuCoin, Bacchus, Beilenson, Bentley, Berman, Bevill, Bilbray, Blackwell, Boehlert, Bonior, Borski, Boucher, Brewster, Brooks, Browder, Brown, Bryant, Bustamante, Byron, Cardin, Carper, Carr, Chandler, Chapman, Clay, Clement, Coleman (MO), Coleman (TX), Collins (IL), Condit, Conyers, Cooper, Cox (IL), Coyne, Cramer, Darden, DeFazio, DeLauro, Dellums, Derrick, Dicks, Dingell, Dooley, Dorgan (ND), Downey, Durbin, Dwyer, Early, Eckart, Edwards (CA), Edwards (TX), Engel, English, Erdreich, Espy, Evans, Fascell, Fawell, Feighan, Flake, Foglietta, Ford (MI), Ford (TN), Frank (MA), Franks (CT), Frost, Gallo, Gejdenson, Gephardt, Geren, Gibbons, Gilchrest, Gillmor, Gilman, Glickman, Gonzalez, Gordon, Gradison, Green, Guarini, Hall (TX), Hamilton, Harris, Hayes (IL), Hefner, Henry, Hertel, Hoagland, Hobson, Hochbrueckner, Horn, Horton, Houghton, Hoyer, Hubbard, Huckaby, Hughes, Jacobs, Jefferson, Jenkins, Johnson (CT), Johnson (SD), Johnston, Jones (GA), Jones (NC), Jontz, Kaptur, Kennedy, Kennelly, Kildee, Kleczka, Klug, Kolbe, Kopetski, Kostmayer, Lancaster, Lantos, LaRocco, Laughlin, Leach, Lehman (CA), Lehman (FL), Levin (MI), Lewis (CA), Lewis (FL), Lewis (GA), Lipinski, Lloyd, Long, Lowey (NY), Machtley, Markey, Martinez, Matsui, Mavroules, McCloskey, McCurdy, McDermott, McHugh, McMillen (MD), McNulty, Meyers, Mfume, Miller (CA), Miller (WA), Mineta, Moakley, Molinari, Montgomery, Moody, Moran, Morella, Morrison, Mrazek, Murtha, Nagle, Natcher, Neal (MA), Neal (NC), Nowak, Oberstar, Obey, Olin, Olver, Owens (NY), Owens (UT), Pallone, Panetta, Pastor, Patterson, Payne (NJ), Payne (VA), Pease, Perkins, Peterson (FL), Peterson (MN), Pickett, Pickle, Porter, Price, Pursell, Rangel, Ravenel, Reed, Richardson, Ridge, Riggs, Rose, Rostenkowski, Roukema, Rowland, Roybal, Russo, Sabo, Sanders, Sangmeister, Savage, Sawyer, Scheuer, Schumer, Serrano, Sharp, Shaw, Shays, Shuster, Sikorski, Sisisky, Skaggs, Skeen, Slattery, Slaughter, Smith (FL), Smith (IA), Smith (TX), Snowe, Solarz, Spratt, Staggers, Stark, Stokes, Studds, Swett, Swift, Synar, Tallon, Tanner, Thomas (CA), Thomas (GA), Torres, Torricelli, Towns, Traficant, Unsoeld, Upton, Valentine, Vento, Visclosky, Washington, Waters, Waxman, Weiss, Wheat, Whitten, Williams, Wilson, Wise, Wolpe, Wyden, Yates, Zimmer

NAYS—148

Allard, Allen, Archer, Armey, Baker, Ballenger, Barrett, Barton, Bateman, Bennett, Bereuter, Bilirakis, Bliley, Boehner, Broomfield, Bunning, Burton, Callahan, Camp, Clinger, Coble, Combest, Costello, Coughlin, Cox (CA), Crane, Cunningham, Davis, de la Garza, DeLay, Dickinson, Doolittle, Dornan (CA), Dreier, Duncan, Edwards (OK), Emerson, Ewing, Fields, Fish, Gallegly, Gaydos, Gekas, Gingrich, Goodling, Goss, Grandy, Gunderson, Hall (OH), Hammerschmidt, Hancock, Hansen, Hastert, Hayes (LA), Hefley, Herger, Holloway, Hopkins, Hunter, Hutto, Hyde, Inhofe, Ireland, James, Johnson (TX), Kanjorski, Kasich, Kolter, Kyl, LaFalce, Lightfoot, Lowery (CA), Luken, Marlenee, Martin, Mazzoli, McCandless, McCollum, McCrery, McDade, McEwen, McGrath, McMillan (NC), Miller (OH), Mollohan, Moorhead, Murphy, Myers, Nichols, Nussle, Ortiz, Orton, Oxley, Parker, Paxon, Penny, Petri, Poshard, Quillen, Rahall, Ramstad, Ray, Regula, Rhodes, Rinaldo, Ritter, Roberts, Roe, Roemer, Rogers, Rohrabacher, Ros-Lehtinen, Roth, Santorum, Sarpalius, Saxton, Schaefer, Schiff, Schulze, Sensenbrenner, Skelton, Smith (NJ), Smith (OR), Solomon, Spence, Stallings, Stearns, Stenholm, Stump, Sundquist, Tauzin, Taylor (MS), Taylor (NC), Thomas (WY), Thornton, Vander Jagt, Volkmer, Vucanovich, Walker, Walsh, Weber, Weldon, Wolf, Wylie, Yatron, Young (AK), Young (FL), Zeliff

NOT VOTING—26

Alexander, Anthony, Barnard, Boxer, Bruce, Campbell (CA), Campbell (CO), Collins (MI), Dannemeyer, Dixon, Donnelly, Dymally, Fazio, Hatcher, Lagomarsino, Lent, Levine (CA), Livingston, Manton, Michel, Mink, Oakar, Packard, Pelosi, Schroeder, Traxler

So the conference report was agreed to.

A motion to reconsider the vote whereby said conference report was agreed to was, by unanimous consent, laid on the table.

Ordered, That the Clerk notify the Senate thereof.

¶61.10 COMMITTE FUNDING

Mr. GAYDOS, by direction of the Committee on House Administration, called up the following privileged resolution (H. Res. 379):

Resolved, That there shall be paid out of the contingent fund of the House in accordance with this primary expense resolution not more than the amount specified in section 2 for investigations and studies by each committee named in such section, including expenses—

(1) in the case of a committee named in section 3, for procurement of consultant services under section 202(i) of the Legislative Reorganization Act of 1946; and

(2) in the case of a committee named in section 4, for provision of assistance for members of professional staff in obtaining specialized training under section 202(j) of such Act.

SEC. 2. The committees and amounts referred to in the first section are: Select Committee on Aging, $1,650,197; Committee on Agriculture, $2,370,834; Committee on Armed Services, $2,833,694; Committee on Banking, Finance and Urban Affairs, $4,683,453; Select Committee on Children, Youth, and Families, $1,081,160; Committee on the District of Columbia, $397,626; Committee on Education and Labor, $4,527,765; Committee on Energy and Commerce, $6,992,081; Committee on Foreign Affairs, $4,299,933; Committee on Government Operations, $4,051,337; Committee on House Administration, $2,079,350; Select Committee on Hunger, $719,392; Permanent Select Committee on Intelligence, $130,000; Committee on Interior and Insular Affairs, $2,294,516; Committee on the Judiciary, $2,846,343; Committee on Merchant Marine and Fisheries, $2,548,069; Select Committee on Narcotics Abuse and Control, $802,426; Committee on Post Office and Civil Service, $2,111,864; Committee on Public Works and Transportation, $3,526,439; Committee on Rules, $722,479; Committee on Science, Space, and Technology, $3,081,602; Committee on Small Business, $1,117,000; Committee on Standards of Official Conduct, $400,000; Committee on Veterans' Affairs, $882,576; and Committee on Ways and Means, $5,280,493.

SEC. 3. (a) Of the amounts provided for in section 2, each committee named in subsection (b) may use not more than the amount specified in such subsection for consultant services under paragraph (1) of the first section.

(b) The committees and amounts referred to in subsection (a) are: ; Committee on Agriculture, $50,000; Committee on Armed Services, $40,000; Select Committee on Children, Youth, and Families, $10,000; Committee on the District of Columbia, $12,000; Committee on Education and Labor, $100,000; Committee on Energy and Commerce, $25,000; Committee on Government Operations, $35,000; Committee on House Administration, $225,000; Permanent Select Committee on Intelligence, $5,000; Committee on Interior and Insular Affairs, $500; Committee on Post Office and Civil Service, $175,000; Committee on Public Works and Transportation, $50,000; Committee on Science, Space, and Technology, $55,000; Committee on Standards of Official Conduct, $250,000; Committee on Veterans' Affairs, $37,500; and Committee on Ways and Means, $10,000.

SEC. 4. (a) Of the amounts provided for in section 2, each committee named in subsection (b) may use not more than the amount specified in such subsection for specialized training under paragraph (2) of the first section.

(b) The committees and amounts referred to in subsection (a) are: Committee on Agriculture, $9,000; Committee on Armed Services, $8,000; Committee on the District of Columbia, $1,000; Committee on Education and Labor, $10,000; Committee on Government Operations, $2,000; Committee on House Administration, $20,000; Permanent Select Committee on Intelligence, $10,000; Committee on Interior and Insular Affairs, $500; Committee on the Judiciary, $5,000; Committee on Public Works and Transportation, $30,000; Committee on Rules, $4,500; Committee on Science, Space, and Technology, $18,000; Committee on Standards of Official Conduct, $5,000; and Committee on Veterans' Affairs, $2,500.

SEC. 5. Payments under this resolution shall be made on vouchers authorized by the committee involved, signed by the chairman of such committee, and approved by the Committee on House Administration.

SEC. 6. Amounts shall be available under this resolution for investigations and studies carried out during the period beginning at noon on January 3, 1992, and ending immediately before noon on January 3, 1993.

SEC. 7. Amounts made available under this resolution shall be expended in accordance with regulations prescribed by the Committee on House Administration.

When said resolution was considered.

The following amendment in the nature of a substitute reported from the Committee on House Administration was considered:

Strike out all after the resolving clause and insert:

(1) in the case of a committee named in section 3, for procurement of consultant services under section 202(i) of the Legislative Reorganization Act of 1946; and

(2) in the case of a committee named in section 4, for provision of assistance for members of professional staff in obtaining specialized training under section 202(j) of such Act.

SEC. 2. The committees and amounts referred to in the first section are: Select Committee on Aging, $1,542,240; Committee on Agriculture, $2,359,544; Committee on Armed Services, $2,627,451; Committee on Banking, Finance and Urban Affairs, $4,518,362; Select Committee on Children, Youth, and Families, $764,593; Committee on the District of Columbia, $356,400; Committee on Education and Labor, $4,326,063; Committee on Energy and Commerce, $6,608,119; Committee on Foreign Affairs, $4,502,070; Committee on Government Operations, $3,420,756; Committee on House Administration, $2,067,644; Select Committee on Hunger, $654,274; Permanent Select Committee on Intelligence, $130,000; Committee on Interior and Insular Affairs, $2,284,516; Committee on the Judiciary, $2,575,819; Committee on Merchant Marine and Fisheries, $2,426,550; Select Committee on Narcotics Abuse and Control, $729,502; Committee on Post Office and Civil Service, $2,015,876; Committee on Public Works and Transportation, $3,125,480; Committee on Rules, $722,479; Committee on Science, Space, and Technology, $3,031,973; Committee on Small Business, $1,103,530; Committee on Standards of Official Conduct, $400,000; Committee on Veterans' Affairs, $830,287; and Committee on Ways and Means, $5,100,260.

SEC. 3. (a) Of the amounts provided for in section 2, each committee named in subsection (b) may use not more than the amount specified in such subsection for consultant services under paragraph (1) of the first section.

(b) The committees and amounts referred to in subsection (a) are: Committee on Agriculture, $50,000; Committee on Armed Services, $40,000; Select Committee on Children, Youth, and Families, $10,000; Committee on the District of Columbia, $12,000; Committee on Education and Labor, $100,000; Committee on Energy and Commerce, $25,000; Committee on Government Operations, $35,000; Committee on House Administration, $225,000; Permanent Select Committee on Intelligence, $5,000; Committee on Interior and Insular Affairs, $500; Committee on Post Office and Civil Service, $175,000; Committee on Public Works and Transportation, $50,000; Committee on Science, Space, and Technology, $55,000; Committee on Standards of Official Conduct, $25,000; Committee on Veterans' Affairs, $37,500; and Committee on Ways and Means, $10,000.

SEC. 4. (a) Of the amounts provided for in section 2, each committee named in subsection (b) may use not more than the amount specified in such subsection for specialized training under paragraph (2) of the first section.

(b) The committees and amounts referred to in subsection (a) are: Committee on Agriculture, $9,000; Committee on Armed Services, $8,000; Committee on the District of Columbia, $1,000; Committee on Education and Labor, $10,000; Committee on Government Operations, $2,000; Committee on House Administration, $20,000; Permanent Select Committee on Intelligence, $10,000; Committee on Interior and Insular Affairs, $500; Committee on the Judiciary, $5,000; Committee on Public Works and Transportation, $30,000; Committee on Rules, $4,500; Committee on Science, Space, and Technology, $18,000; Committee on Standards of Official Conduct, $5,000; and Committee on Veterans' Affairs, $2,500.

SEC. 5. The Committee on House Administration—

(1) shall, through House Information Systems, develop, operate, maintain, and improve computer and information services for the House, including direct computer and information systems support for Members, committees, administrative offices, and other governmental entities, and shall conduct necessary investigations and studies of such services;

(2) is authorized to receive reimbursement for services under paragraph (1) and to expend amounts so reimbursed in accordance with policies of the committee; and

(3) is authorized to provide for professional development programs, office and personnel management consultation services, and periodic publication of handbooks, guides, bulletins, and other items necessary for the House.

SEC. 6. Payments under this resolution shall be made on vouchers authorized by the committee involved, signed by the chairman of such committee, and approved by the Committee on House Administration.

SEC. 7. Amounts shall be available under this resolution for investigations and studies carried out during the period beginning at noon on January 3, 1992, and ending immediately before noon January 3, 1993.

SEC. 8. Amounts made available under this resolution shall be expended in accordance with regulations prescribed by the Committee on House Administration.

SEC. 9. The Committee on House Administration shall have authority to make adjustments in amounts for investigations and studies under section 2, if necessary to comply with an order of the President issued under section 254 of the Balanced Budget and Emergency Deficit Control Act of 1985 or to conform to any reduction in appropriations for the purpose of such section 2.

The following perfecting amendment to the amendment in the nature of substitute submitted by Mr. GAYDOS was considered:

Page 2, strike out line 11 and all that follows through page 3, line 9, and insert in lieu thereof the following:

SEC. 2. The Committees and amounts referred to in the first section are: Select Com-

mittee on Aging, $1,542,240; Committee on Agriculture, $2,257,937; Committee on Armed Services, $2,464,082; Committee on Banking, Finance and Urban Affairs, $4,336,240; Select Committee on Children, Youth, and Families, $764,593; Committee on the District of Columbia, $342,035; Committee on Education and Labor, $4,110,649; Committee on Energy and Commerce, $6,287,459; Committee on Foreign Affairs, $3,840,825; Committee on Government Operations, $3,282,875; Committee on House Administration, $1,941,450; Select Committee on Hunger, $654,274; Permanent Select Committee on Intelligence, $130,000; Committee on Interior and Insular Affairs, $2,192,434; Committee on the Judiciary, $2,430,018; Committee on Merchant Marine and Fisheries, $2,322,057; Select Committee on Narcotics Abuse and Control, $729,502; Committee on Post Office and Civil Service, $1,910,783; Committee on Public Works and Transportation, $2,893,963; Committee on Rules, $722,479; Committee on Science, Space, and Technology, $2,901,410; Committee on Small Business, $1,055,000; Committee on Standards of Official Conduct, $400,000; Committee on Veterans' Affairs, $739,451; and Committee on Ways and Means, $4,780,000.

After debate,

Mr. GAYDOS moved the previous question on the resolution, the amendment in the nature of a substitute, and the perfecting amendment to the amendment in a nature of substitute.

The question being put, viva voce,

Will the House now order said previous question?

The SPEAKER pro tempore, Mr. MURTHA, announced that the yeas had it.

Mr. NUSSLE objected to the vote on the ground that a quorum was not present and not voting.

A quorum not being present,

The roll was called under clause 4, rule XV, and the call was taken by electronic device.

When there appeared { Yeas ..... 254 / Nays ..... 146 }

¶61.11 [Roll No. 148]

YEAS—254

Abercrombie
Ackerman
Anderson
Andrews (ME)
Andrews (NJ)
Andrews (TX)
Annunzio
Applegate
Aspin
Atkins
AuCoin
Bacchus
Beilenson
Bennett
Berman
Bevill
Bilbray
Blackwell
Boehlert
Bonior
Borski
Boucher
Brewster
Brooks
Browder
Brown
Bryant
Bustamante
Byron
Cardin
Carper
Carr
Chapman
Clay
Clement
Coleman (TX)
Collins (IL)
Condit
Conyers
Cooper
Costello
Cox (IL)
Coyne
Cramer
Darden
de la Garza
DeFazio
DeLauro
Dellums
Derrick
Dingell
Dooley
Dorgan (ND)
Downey
Durbin
Dwyer
Early
Eckart
Edwards (CA)
Edwards (TX)
Engel
English
Erdreich
Espy
Evans
Fascell
Fazio
Feighan
Flake
Foglietta
Ford (MI)
Ford (TN)
Frank (MA)
Frost
Gaydos
Gejdenson
Gephardt
Geren
Gibbons
Gilchrest
Glickman
Gonzalez
Gordon
Guarini
Hall (OH)
Hall (TX)
Hamilton
Hammerschmidt
Harris
Hayes (IL)
Hayes (LA)
Hefner
Hertel
Hoagland
Hochbrueckner
Horn
Horton
Hoyer
Hubbard
Huckaby
Hughes
Hutto
Jefferson
Jenkins
Johnson (SD)
Johnson (TX)
Johnston
Jones (GA)
Jones (NC)
Jontz
Kanjorski
Kaptur
Kennedy
Kennelly
Kildee
Kleczka
Kopetski
Kostmayer
LaFalce
Lancaster
Lantos
LaRocco
Laughlin
Lehman (CA)
Lehman (FL)
Levin (MI)
Lewis (GA)
Lipinski
Lloyd
Long
Lowey (NY)
Luken
Markey
Martinez
Matsui
Mavroules
Mazzoli
McCloskey
McCurdy
McDermott
McGrath
McHugh
McMillen (MD)
McNulty
Mfume
Miller (CA)
Mineta
Mink
Moakley
Mollohan
Montgomery
Moody
Moran
Morella
Mrazek
Murphy
Murtha
Nagle
Natcher
Neal (MA)
Neal (NC)
Nowak
Oberstar
Obey
Olin
Ortiz
Orton
Owens (NY)
Owens (UT)
Pallone
Panetta
Parker
Pastor
Patterson
Payne (NJ)
Payne (VA)
Pease
Pelosi
Penny
Perkins
Peterson (FL)
Peterson (MN)
Pickett
Pickle
Poshard
Price
Rahall
Rangel
Reed
Richardson
Roe
Roemer
Rose
Rostenkowski
Rowland
Roybal
Russo
Sabo
Sanders
Sangmeister
Sarpalius
Savage
Sawyer
Scheuer
Schroeder
Schumer
Serrano
Sharp
Sikorski
Sisisky
Skaggs
Skelton
Slattery
Slaughter
Smith (FL)
Smith (IA)
Solarz
Spratt
Staggers
Stallings
Stenholm
Stokes
Studds
Swett
Swift
Synar
Tallon
Tanner
Tauzin
Taylor (MS)
Thomas (GA)
Thornton
Torres
Torricelli
Towns
Traficant
Unsoeld
Valentine
Vento
Visclosky
Volkmer
Washington
Waters
Waxman
Weiss
Wheat
Whitten
Williams
Wilson
Wise
Wolpe
Wyden
Yates
Yatron

NAYS—146

Allard
Allen
Archer
Armey
Baker
Ballenger
Barrett
Barton
Bateman
Bentley
Bereuter
Bilirakis
Bliley
Boehner
Broomfield
Burton
Callahan
Camp
Chandler
Clinger
Coble
Coleman (MO)
Combest
Coughlin
Cox (CA)
Crane
Cunningham
Davis
DeLay
Dickinson
Doolittle
Dornan (CA)
Dreier
Duncan
Emerson
Ewing
Fawell
Fields
Fish
Franks (CT)
Gallegly
Gallo
Gekas
Gillmor
Gilman
Gingrich
Goodling
Goss
Gradison
Grandy
Green
Gunderson
Hancock
Hansen
Hastert
Hefley
Henry
Herger
Hobson
Holloway
Hopkins
Houghton
Hyde
Ireland
Jacobs
James
Johnson (CT)
Kasich
Klug
Kolbe
Kyl
Leach
Lewis (CA)
Lewis (FL)
Lightfoot
Lowery (CA)
Machtley
Marlenee
Martin
McCandless
McCollum
McCrery
McDade
McMillan (NC)
Meyers
Miller (OH)
Miller (WA)
Molinari
Moorhead
Morrison
Myers
Nichols
Nussle
Oxley
Paxon
Petri
Porter
Pursell
Quillen
Ramstad
Ravenel
Regula
Rhodes
Ridge
Riggs
Rinaldo
Ritter
Roberts
Rogers
Rohrabacher
Ros-Lehtinen
Roth
Roukema
Santorum
Saxton
Schaefer
Schiff
Schulze
Sensenbrenner
Shaw
Shays
Shuster
Skeen
Smith (NJ)
Smith (OR)
Smith (TX)
Snowe
Solomon
Spence
Stearns
Stump
Sundquist
Taylor (NC)
Thomas (CA)
Thomas (WY)
Upton
Vander Jagt
Vucanovich
Walker
Weber
Weldon
Wolf
Wylie
Young (FL)
Zeliff
Zimmer

NOT VOTING—34

Alexander
Anthony
Barnard
Boxer
Bruce
Bunning
Campbell (CA)
Campbell (CO)
Collins (MI)
Dannemeyer
Dicks
Dixon
Donnelly
Dymally
Edwards (OK)
Hatcher
Hunter
Inhofe
Kolter
Lagomarsino
Lent
Levine (CA)
Livingston
Manton
McEwen
Michel
Oakar
Olver
Packard
Ray
Stark
Traxler
Walsh
Young (AK)

So said previous question was ordered.

The question being put, viva voce,

Will the House agree to said perfecting amendment?

The SPEAKER pro tempore, Mr. MURTHA, announced that the yeas had it.

So the perfecting amendment was agreed to.

The question being put, viva voce,

Will the House agree to the Committee amendment in the nature of a substitute, as amended?

The SPEAKER pro tempore, Mr. MURTHA, announced that the yeas had it.

So the Committee amendment in the nature of a substitute, as amended, was agreed to.

The question being put, viva voce,

Will the House agree to said resolution, as amended?

The SPEAKER pro tempore, Mr. MURTHA, announced that the yeas had it.

Mr. THOMAS of California demanded that the vote be taken by the yeas and nays, which demand was supported by one-fifth of the Members present, so the yeas and nays were ordered.

The vote was taken by electronic device.

It was decided in the affirmative ..... { Yeas ..... 323 / Nays ..... 76 }

¶61.12 [Roll No. 149]

YEAS—323

Ackerman
Anderson
Andrews (ME)
Andrews (NJ)
Andrews (TX)
Annunzio
Applegate
Archer
Aspin
Atkins
AuCoin
Bacchus
Barrett
Barton
Bateman
Beilenson
Bennett
Bentley
Berman
Bevill
Bilbray
Bilirakis
Blackwell
Bliley
Boehlert
Bonior
Borski
Boucher
Brewster
Brooks
Broomfield
Browder
Bryant
Bustamante
Byron
Cardin
Carper
Carr
Chapman
Clay
Clement
Clinger
Coleman (MO)
Coleman (TX)
Collins (IL)
Combest
Condit
Conyers
Cooper
Costello
Coughlin
Cox (IL)
Coyne
Cramer
Cunningham
Darden
Davis
de la Garza
DeFazio
DeLauro
DeLay
Dellums
Derrick
Dickinson
Dicks
Dingell
Dooley
Dorgan (ND)
Downey
Durbin
Dwyer
Early
Eckart
Edwards (CA)
Edwards (TX)
Emerson
Engel
English
Erdreich
Espy
Evans
Fascell
Fazio
Feighan
Fish
Flake
Foglietta
Ford (MI)
Ford (TN)
Frank (MA)
Frost
Gallegly
Gallo
Gaydos
Gejdenson
Gephardt
Geren
Gibbons
Gilchrest
Gillmor
Gilman
Glickman
Gonzalez
Goodling
Gordon
Green
Guarini
Gunderson
Hall (OH)
Hall (TX)
Hamilton

Hammerschmidt
Harris
Hastert
Hayes (IL)
Hayes (LA)
Hefner
Hertel
Hoagland
Hobson
Hochbrueckner
Hopkins
Horn
Horton
Houghton
Hoyer
Hubbard
Huckaby
Hughes
Hutto
Hyde
Jefferson
Jenkins
Johnson (CT)
Johnson (SD)
Johnson (TX)
Johnston
Jones (GA)
Jones (NC)
Jontz
Kanjorski
Kaptur
Kasich
Kennedy
Kennelly
Kildee
Kleczka
Klug
Kolbe
Kopetski
Kostmayer
Kyl
LaFalce
Lancaster
Lantos
LaRocco
Laughlin
Lehman (CA)
Lehman (FL)
Levin (MI)
Lewis (CA)
Lewis (GA)
Lightfoot
Lipinski
Lloyd
Long
Lowery (CA)
Lowey (NY)
Luken
Machtley
Markey
Martin
Martinez
Matsui
Mavroules
Mazzoli
McCandless
McCloskey
McCrery
McCurdy
McDade
McDermott
McGrath
McHugh
McMillen (MD)
McNulty
Mfume
Miller (CA)
Mineta
Mink
Moakley
Molinari
Mollohan
Montgomery
Moody
Moran
Morella
Morrison
Mrazek
Murphy
Nagle
Natcher
Neal (MA)
Neal (NC)
Nichols
Nowak
Oberstar
Obey
Olin
Olver
Orton
Owens (NY)
Owens (UT)
Oxley
Pallone
Panetta
Parker
Pastor
Patterson
Payne (NJ)
Payne (VA)
Pease
Pelosi
Penny
Perkins
Peterson (FL)
Peterson (MN)
Pickett
Pickle
Porter
Poshard
Price
Rahall
Ramstad
Rangel
Ravenel
Reed
Rhodes
Richardson
Rinaldo
Roberts
Roe
Roemer
Rogers
Rose
Rostenkowski
Roukema
Rowland
Roybal
Russo
Sabo
Sanders
Sangmeister
Santorum
Sarpalius
Savage
Sawyer
Schaefer
Scheuer
Schiff
Schroeder
Schumer
Serrano
Sharp
Shuster
Sikorski
Sisisky
Skaggs
Skeen
Skelton
Slattery
Slaughter
Smith (FL)
Smith (IA)
Smith (NJ)
Smith (TX)
Solarz
Solomon
Spence
Spratt
Staggers
Stallings
Stenholm
Stokes
Studds
Stump
Sundquist
Swett
Swift
Synar
Tallon
Tanner
Tauzin
Taylor (MS)
Thomas (CA)
Thomas (GA)
Thomas (WY)
Thornton
Torres
Torricelli
Towns
Traficant
Unsoeld
Valentine
Vander Jagt
Vento
Visclosky
Volkmer
Washington
Waters
Waxman
Weiss
Wheat
Whitten
Williams
Wilson
Wise
Wolf
Wolpe
Wyden
Wylie
Yates
Yatron

NAYS—76

Abercrombie
Allard
Allen
Armey
Baker
Ballenger
Bereuter
Boehner
Burton
Callahan
Camp
Chandler
Coble
Cox (CA)
Crane
Doolittle
Dreier
Duncan
Ewing
Fawell
Fields
Franks (CT)
Gekas
Gingrich
Goss
Gradison
Grandy
Hancock
Hansen
Hefley
Henry
Herger
Holloway
Hunter
Ireland
Jacobs
James
Leach
Lewis (FL)
Marlenee
McCollum
McMillan (NC)
Meyers
Miller (OH)
Miller (WA)
Moorhead
Myers
Nussle
Paxon
Petri
Pursell
Quillen
Regula
Ridge
Riggs
Ritter
Rohrabacher
Ros-Lehtinen
Roth
Saxton
Schulze
Sensenbrenner
Shaw
Shays
Smith (OR)
Snowe
Stearns
Taylor (NC)
Upton
Vucanovich
Walker
Weber
Weldon
Young (FL)
Zeliff
Zimmer

NOT VOTING—35

Alexander
Anthony
Barnard
Boxer
Brown
Bruce
Bunning
Campbell (CA)
Campbell (CO)
Collins (MI)
Dannemeyer
Dixon
Donnelly
Dornan (CA)
Dymally
Edwards (OK)
Hatcher
Inhofe
Kolter
Lagomarsino
Lent
Levine (CA)
Livingston
Manton
McEwen
Michel
Murtha
Oakar
Ortiz
Packard
Ray
Stark
Traxler
Walsh
Young (AK)

So the resolution, as amended, was agreed to.

A motion to reconsider the vote whereby said resolution, as amended, was agreed to was, by unanimous consent, laid on the table.

¶61.13 SUBPOENA

The SPEAKER pro tempore, Mrs. UNSOELD, laid before the House a communication, which was read as follows:

HOUSE OF REPRESENTATIVES,
OFFICE OF THE POSTMASTER,
Washington, DC, May 28, 1992.

Hon. THOMAS S. FOLEY,
The Speaker, H–204, The Capitol, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: This is to notify you pursuant to Rule L (50) of the Rules of the House that three (3) employees of my office have been served with subpoenas issued by the United States District Court for the District of Columbia.

Sincerely,

MICHAEL J. SHINAY.

¶61.14 SUBPOENA RESPONSE

The SPEAKER pro tempore, Mrs. UNSOELD, laid before the House a communication, which was read as follows:

HOUSE OF REPRESENTATIVES,
Washington, DC, May 27, 1992.

Hon. THOMAS S. FOLEY,
Speaker, House of Representatives, The Capitol, Washington, DC.

DEAR MR. SPEAKER: I have previously notified you of my receipt of a subpoena issued by the Superior Court of Marion County, Indiana.

After consultation with the General Counsel, I have determined that compliance with the subpoena is not consistent with the privileges and rights of the House.

Sincerely,

DAN BURTON,
Member of Congress.

¶61.15 WAIVING POINTS OF ORDER AGAINST THE CONFERENCE REPORT ON S. 1306

Mr. HALL of Ohio, by direction of the Committee on Rules, called up the following resolution (H. Res. 467):

Resolved, That upon adoption of this resolution it shall be in order to consider the conference report on the bill (S. 1306) to amend title V of the Public Health Service Act to revise and extend certain programs, and for other purposes. All points of order against the conference report and against its consideration are hereby waived.

When said resolution was considered.

After debate,

On motion of Mr. HALL of Ohio, the previous question was ordered on the resolution to its adoption or rejection and under the operation thereof, the resolution was agreed to.

A motion to reconsider the vote whereby said resolution was agreed to was, by unanimous consent, laid on the table.

¶61.16 MEDICAL DEVICES

On motion of Mr. WAXMAN, by unanimous, the bill of the Senate (S. 2783) to amend the Federal Food, Drug, and Cosmetic Act with respect to medical devices, and for other purposes; was taken from the Speaker's table.

When said bill was considered, read twice, ordered to be read a third time, was read a third time by title, and passed.

A motion to reconsider the vote whereby said bill was passed was, by unanimous consent, laid on the table.

Ordered, That the Clerk notify the Senate thereof.

¶61.17 COMMUNITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Mr. WAXMAN, pursuant to rule XXVIII and House Resolution 467, called up the following conference report (Rept. No. 102–522):

The committee of conference on the disagreeing votes of the two Houses on the amendments of the House to the bill (S. 1306), to amend title V of the Public Health Service Act to revise and extend certain programs, to restructure the Alcohol, Drug Abuse and Mental Health Administration, and for other purposes, having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

That the Senate recede from its disagreement to the amendment of the House to the text of the bill and agree to the same with an amendment as follows:

In lieu of the matter proposed to be inserted by the House amendment insert the following:

SECTION 1. SHORT TITLE AND TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''ADAMHA Reorganization Act''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title and table of contents.

TITLE I—REORGANIZATION OF ADMINISTRATION AND INSTITUTES

Subtitle A—Administration

Sec. 101. Substance Abuse and Mental Health Services Administration.
Sec. 102. Advisory councils.
Sec. 103. Reports on alcoholism, alcohol abuse, and drug abuse.
Sec. 104. Peer review.
Sec. 105. Data collection.
Sec. 106. Grants for the benefit of homeless individuals.
Sec. 107. Center for substance abuse treatment.
Sec. 108. Programs for pregnant and postpartum women.
Sec. 109. Demonstration projects of national significance.
Sec. 110. Grants for substance abuse treatment in State and local criminal justice systems.
Sec. 111. Training in provision of treatment services.
Sec. 112. Alternative utilization of military facilities.
Sec. 113. Center for Substance Abuse Prevention.
Sec. 114. Prevention, treatment, and rehabilitation model projects for high risk youth.
Sec. 115. Center for Mental Health Services.
Sec. 116. Grant program for demonstration projects.

Sec. 117. National mental health education.
Sec. 118. Demonstration projects with respect to certain individuals.
Sec. 119. Childhood mental health.
Sec. 120. Striking of certain provisions and technical and conforming amendments.

Subtitle B—Institutes

Sec. 121. Organization of National Institutes of Health.
Sec. 122. National Institute on Alcohol Abuse and Alcoholism.
Sec. 123. National Institute on Drug Abuse.
Sec. 124. National Institute of Mental Health.
Sec. 125. Collaborative use of certain health services research funds.

Subtitle C—Miscellaneous Provisions Relating to Substance Abuse and Mental Health

Sec. 131. Miscellaneous provisions relating to substance abuse and mental health.

Subtitle D—Transfer Provisions

Sec. 141. Transfers.
Sec. 142. Transfer and allocations of appropriations and personnel.
Sec. 143. Incidental transfers.
Sec. 144. Effect on personnel.
Sec. 145. Savings provisions.
Sec. 146. Transition.
Sec. 147. Peer review.
Sec. 148. Mergers.
Sec. 149. Conduct of multi-year research projects.
Sec. 150. Separability.
Sec. 151. Budgetary authority.

Subtitle E—References and Conforming Amendments

Sec. 161. References.
Sec. 162. Transition from homelessness.
Sec. 163. Conforming amendments.

Subtitle F—Employee Assistance Programs

Sec. 171. Program of grants under Center for Substance Abuse Treatment.

TITLE II—BLOCK GRANTS TO STATES REGARDING MENTAL HEALTH AND SUBSTANCE ABUSE

Sec. 201. Establishment of separate block grant regarding mental health.
Sec. 202. Establishment of separate block grant regarding substance abuse.
Sec. 203. General provisions regarding block grants.
Sec. 204. Related programs.
Sec. 205. Temporary provisions regarding funding.

TITLE III—MODEL COMPREHENSIVE PROGRAM FOR TREATMENT OF SUBSTANCE ABUSE

Sec. 301. Demonstration program in national capital area.

TITLE IV—CHILDREN OF SUBSTANCE ABUSERS

Sec. 401. Establishment of program of services.

TITLE V—HOME-VISITING SERVICES FOR AT-RISK FAMILIES

Sec. 501. Statement of purpose.
Sec. 502. Establishment of program of grants.

TITLE VI—TRAUMA CENTERS AND DRUG-RELATED VIOLENCE

Sec. 601. Establishment of program of grants.
Sec. 602. Conforming amendments.

TITLE VII—STUDIES

Sec. 701. Report by the institute on medicine.
Sec. 702. Sense of the Senate.
Sec. 703. Provision of mental health services to individuals in correctional facilities.
Sec. 704. Study of barriers to insurance coverage of treatment for mental illness and substance abuse.
Sec. 705. Study on fetal alcohol effect and fetal alcohol syndrome.
Sec. 706. Study by National Academy of Sciences.
Sec. 707. Report on allotment formula.
Sec. 708. Report by Substance Abuse and Mental Health Services Administration.

TITLE VIII—GENERAL PROVISIONS

Sec. 801. Effective dates.

TITLE I—REORGANIZATION OF ADMINISTRATION AND INSTITUTES

Subtitle A—Administration

SEC. 101. SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION.

(a) IN GENERAL.—Section 501 of the Public Health Service Act (42 U.S.C. 290aa) is amended to read as follows:

"SEC. 501. SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION.

''(a) ESTABLISHMENT.—The Substance Abuse and Mental Health Services Administration (hereafter referred to in this title as the 'Administration') is an agency of the Service.

''(b) AGENCIES.—The following entities are agencies of the Administration:

''(1) The Center for Substance Abuse Treatment.

''(2) The Center for Substance Abuse Prevention.

''(3) The Center for Mental Health Services.

''(c) ADMINISTRATOR AND DEPUTY ADMINISTRATOR.—

''(1) ADMINISTRATOR.—The Administration shall be headed by a Administrator (hereinafter in this title referred to as the 'Administrator') who shall be appointed by the President, by and with the advice and consent of the Senate.

''(2) DEPUTY ADMINISTRATOR.—The Administrator, with the approval of the Secretary, may appoint a Deputy Administrator and may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the activities to be carried out through the Administration.

''(d) AUTHORITIES.—The Secretary, acting through the Administrator, shall—

''(1) supervise the functions of the agencies of the Administration in order to assure that the programs carried out through each such agency receive appropriate and equitable support and that there is cooperation among the agencies in the implementation of such programs;

''(2) establish and implement, through the respective agencies, a comprehensive program to improve the provision of treatment and related services to individuals with respect to substance abuse and mental illness and to improve prevention services, promote mental health and protect the legal rights of individuals with mental illnesses and individuals who are substance abusers;

''(3) carry out the administrative and financial management, policy development and planning, evaluation, knowledge dissemination, and public information functions that are required for the implementation of this title;

''(4) assure that the Administration conduct and coordinate demonstration projects, evaluations, and service system assessments and other activities necessary to improve the availability and quality of treatment, prevention and related services;

''(5) support activities that will improve the provision of treatment, prevention and related services, including the development of national mental health and substance abuse goals and model programs;

''(6) in cooperation with the National Institutes of Health, the Centers for Disease Control and the Health Resources and Services Administration develop educational materials and intervention strategies to reduce the risks of HIV or tuberculosis among substance abusers and individuals with mental illness and to develop appropriate mental health services for individuals with such illnesses;

''(7) coordinate Federal policy with respect to the provision of treatment services for substance abuse utilizing anti-addiction medications, including methadone;

''(8) conduct programs, and assure the coordination of such programs with activities of the National Institutes of Health and the Agency for Health Care Policy Research, as appropriate, to evaluate the process, outcomes and community impact of treatment and prevention services and systems of care in order to identify the manner in which such services can most effectively be provided;

''(9) collaborate with the Director of the National Institutes of Health in the development of a system by which the relevant research findings of the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the National Institute of Mental Health, and, as appropriate, the Agency for Health Care Policy Research are disseminated to service providers in a manner designed to improve the delivery and effectiveness of treatment and prevention services;

''(10) encourage public and private entities that provide health insurance to provide benefits for substance abuse and mental health services;

''(11) promote the integration of substance abuse and mental health services into the mainstream of the health care delivery system of the United States;

''(12) monitor compliance by hospitals and other facilities with the requirements of sections 542 and 543;

''(13) with respect to grant programs authorized under this title, assure that—

''(A) all grants that are awarded for the provision of services are subject to performance and outcome evaluations; and

''(B) all grants that are awarded to entities other than States are awarded only after the State in which the entity intends to provide services—

''(i) is notified of the pendency of the grant application; and

''(ii) is afforded an opportunity to comment on the merits of the application;

''(14) assure that services provided with amounts appropriated under this title are provided bilingually, if appropriate;

''(15) improve coordination among prevention programs, treatment facilities and non-health care systems such as employers, labor unions, and schools, and encourage the adoption of employee assistance programs and student assistance programs;

''(16) maintain a clearinghouse for substance abuse and mental health information to assure the widespread dissemination of such information to States, political subdivisions, educational agencies and institutions, treatment providers, and the general public;

''(17) in collaboration with the National Institute on Aging, and in consultation with the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism and the National Institute of Mental Health, as appropriate, promote and evaluate substance abuse services for older Americans in need of such services, and mental health services for older Americans who are seriously mentally ill; and

''(18) promote the coordination of service programs conducted by other departments,

agencies, organizations and individuals that are or may be related to the problems of individuals suffering from mental illness or substance abuse, including liaisons with the Social Security Administration, Health Care Financing Administration, and other programs of the Department, as well as liaisons with the Department of Education, Department of Justice, and other Federal Departments and offices, as appropriate.

''(e) ASSOCIATE ADMINISTRATOR FOR ALCOHOL PREVENTION AND TREATMENT POLICY.—

''(1) IN GENERAL.—There shall be in the Administration an Associate Administrator for Alcohol Prevention and Treatment Policy to whom the Administrator shall delegate the functions of promoting, monitoring, and evaluating service programs for the prevention and treatment of alcoholism and alcohol abuse within the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, and the Center for Mental Health Services, and coordinating such programs among the Centers, and among the Centers and other public and private entities. The Associate Administrator also shall ensure that alcohol prevention, education, and policy strategies are integrated into all programs of the Centers that address substance abuse prevention, education, and policy, and that the Center for Substance Abuse Prevention addresses the Healthy People 2000 goals and the National Dietary Guidelines of the Department of Health and Human Services and the Department of Agriculture related to alcohol consumption.

''(2) PLAN.—

''(A) The Administrator, acting through the Associate Administrator for Alcohol Prevention and Treatment Policy, shall develop, and periodically review and as appropriate revise, a plan for programs and policies to treat and prevent alcoholism and alcohol abuse. The plan shall be developed (and reviewed and revised) in collaboration with the Directors of the Centers of the Administration and in consultation with members of other Federal agencies and public and private entities.

''(B) Not later than 1 year after the date of the enactment of the ADAMHA Reorganization Act, the Administrator shall submit to the Congress the first plan developed under subparagraph (A).

''(3) REPORT.—

''(A) Not less than once during each 2 years, the Administrator, acting through the Associate Administrator for Alcohol Prevention and Treatment Policy, shall prepare a report describing the alcoholism and alcohol abuse prevention and treatment programs undertaken by the Administration and its agencies, and the report shall include a detailed statement of the expenditures made for the activities reported on and the personnel used in connection with such activities.

''(B) Each report under subparagraph (A) shall include a description of any revisions in the plan under paragraph (2) made during the preceding 2 years.

''(C) Each report under subparagraph (A) shall be submitted to the Administrator for inclusion in the biennial report under subsection (k).

''(f) ASSOCIATE ADMINISTRATOR FOR WOMEN'S SERVICES.—

''(1) APPOINTMENT.—The Administrator, with the approval of the Secretary, shall appoint an Associate Administrator for Women's Services.

''(2) DUTIES.—The Associate Administrator appointed under paragraph (1) shall—

''(A) establish a committee to be known as the Coordinating Committee for Women's Services (hereafter in this subparagraph referred to as the 'Coordinating Committee'), which shall be composed of the Directors of the agencies of the Administration (or the designees of the Directors);

''(B) acting through the Coordinating Committee, with respect to women's substance abuse and mental health services—

''(i) identify the need for such services, and make an estimate each fiscal year of the funds needed to adequately support the services;

''(ii) identify needs regarding the coordination of services;

''(iii) encourage the agencies of the Administration to support such services; and

''(iv) assure that the unique needs of minority women, including Native American, Hispanic, African-American and Asian women, are recognized and addressed within the activities of the Administration; and

''(C) establish an advisory committee to be known as the Advisory Committee for Women's Services, which shall be composed of not more than 10 individuals, a majority of whom shall be women, who are not officers or employees of the Federal Government, to be appointed by the Administrator from among physicians, practitioners, treatment providers, and other health professionals, whose clinical practice, specialization, or professional expertise includes a significant focus on women's substance abuse and mental health conditions, that shall—

''(i) advise the Associate Administrator on appropriate activities to be undertaken by the agencies of the Administration with respect to women's substance abuse and mental health services, including services which require a multidisciplinary approach;

''(ii) collect and review data, including information provided by the Secretary (including the material referred to in paragraph (3)), and report biannually to the Administrator regarding the extent to which women are represented among senior personnel, and make recommendations regarding improvement in the participation of women in the workforce of the Administration; and

''(iii) prepare, for inclusion in the biennial report required pursuant to subsection (k), a description of activities of the Committee, including findings made by the Committee regarding—

''(I) the extent of expenditures made for women's substance abuse and mental health services by the agencies of the Administration; and

''(II) the estimated level of funding needed for substance abuse and mental health services to meet the needs of women;

''(D) improve the collection of data on women's health by—

''(i) reviewing the current data at the Administration to determine its uniformity and applicability;

''(ii) developing standards for all programs funded by the Administration so that data are, to the extent practicable, collected and reported using common reporting formats, linkages and definitions; and

''(iii) reporting to the Administrator a plan for incorporating the standards developed under clause (ii) in all Administration programs and a plan to assure that the data so collected are accessible to health professionals, providers, researchers, and members of the public; and

''(E) shall establish, maintain, and operate a program to provide information on women's substance abuse and mental health services.

''(3) STUDY.—

''(A) The Secretary, acting through the Assistant Secretary for Personnel, shall conduct a study to evaluate the extent to which women are represented among senior personnel at the Administration.

''(B) Not later than 90 days after the date of the enactment of the ADAMHA Reorganization Act, the Assistant Secretary for Personnel shall provide the Advisory Committee for Women's Services with a study plan, including the methodology of the study and any sampling frames. Not later than 180 days after such date of enactment, the Assistant Secretary shall prepare and submit directly to the Advisory Committee a report concerning the results of the study conducted under subparagraph (A).

''(C) The Secretary shall prepare and provide to the Advisory Committee for Women's Services any additional data as requested.

''(4) DEFINITION.—For purposes of this subsection, the term 'women's substance abuse and mental health conditions', with respect to women of all age, ethnic, and racial groups, means all aspects of substance abuse and mental illness—

''(A) unique to or more prevalent among women; or

''(B) with respect to which there have been insufficient services involving women or insufficient data.

''(g) SERVICES OF EXPERTS.—

''(1) IN GENERAL.—The Administrator may obtain (in accordance with section 3109 of title 5, United States Code, but without regard to the limitation in such section on the number of days or the period of service) the services of not more than 20 experts or consultants who have professional qualifications. Such experts and consultants shall be obtained for the Administration and for each of its agencies.

''(2) COMPENSATION AND EXPENSES.—

''(A) 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)(1), 5724a(a)(3), and 5726(c) of title 5, United States Code.

''(B) 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 or consultant agrees in writing to complete the entire period of assignment or one year, whichever is shorter, unless separated or reassigned for reasons beyond the control of the expert or consultant 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 debt of the United States. The Secretary may waive in whole or in part a right of recovery under this subparagraph.

''(h) PEER REVIEW GROUPS.—The Administrator shall, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title, relating to classification and General Schedule pay rates, establish such peer review groups and program advisory committees as are needed to carry out the requirements of this title and appoint and pay members of such groups, except that officers and employees of the United States shall not receive additional compensation for services as members of such groups. The Federal Advisory Committee Act shall not apply to the duration of a peer review group appointed under this subsection.

''(i) VOLUNTARY SERVICES.—The Administrator may accept voluntary and uncompensated services.

''(j) ADMINISTRATION.—The Administrator shall ensure that programs and activities assigned under this title to the Administration are fully administered by the respective Centers to which such programs and activities are assigned.

''(k) REPORT CONCERNING ACTIVITIES AND PROGRESS.—Not later than February 10, 1994, and once every 2 years thereafter, the Administrator shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives, and to the Com-

mittee on Labor and Human Resources of the Senate, the report containing—

''(1) a description of the activities carried out by the Administration;

''(2) a description of any measurable progress made in improving the availability and quality of substance abuse and mental health services;

''(3) a description of the mechanisms by which relevant research findings of the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute of Mental Health have been disseminated to service providers or otherwise utilized by the Administration to further the purposes of this title; and

''(4) any report required in this title to be submitted to the Adminstrator for inclusion in the report under this subsection.

''(l) APPLICATIONS FOR GRANTS AND CONTRACTS.—With respect to awards of grants, cooperative agreements, and contracts under this title, the Administrator, or the Director of the Center involved, as the case may be, may not make such an award unless—

''(1) an application for the award is submitted to the official involved;

''(2) with respect to carrying out the purpose for which the award is to be provided, the application provides assurances of compliance satisfactory to such official; and

''(3) the application is otherwise in such form, is made in such manner, and contains such agreements, assurances, and information as the official determines to be necessary to carry out the purpose for which the award is to be provided.

''(n) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of providing grants, cooperative agreements, and contracts under this section, there are authorized to be appropriated $25,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.''.

(b) REPEALS.—Sections 502, 503, and 504 of the Public Health Service Act (42 U.S.C. 290aa-1, 290aa-2, and 290aa-3) are repealed.

SEC. 102. ADVISORY COUNCILS.

Section 505 of the Public Health Service Act (42 U.S.C. 290aa–3a) is amended—

(1) by redesignating such section as section 502; and

(2) to read as follows:

''ADVISORY COUNCILS

''SEC. 502. (a) APPOINTMENT.—

''(1) IN GENERAL.—The Secretary shall appoint an advisory council for—

''(A) the Substance Abuse and Mental Health Services Administration;

''(B) the Center for Substance Abuse Treatment;

''(C) the Center for Substance Abuse Prevention; and

''(D) the Center for Mental Health Services.

Each such advisory council shall advise, consult with, and make recommendations to the Secretary and the Administrator or Director of the Administration or Center for which the advisory council is established concerning matters relating to the activities carried out by and through the Administration or Center and the policies respecting such activities.

''(2) FUNCTION AND ACTIVITIES.—An advisory council—

''(A)(i) may on the basis of the materials provided by the organization respecting activities conducted at the organization, make recommendations to the Administrator or Director of the Administration or Center for which it was established respecting such activities;

''(ii) shall review applications submitted for grants and cooperative agreements for activities for which advisory council approval is required under section 504(d)(2) and recommend for approval applications for projects that show promise of making valuable contributions to the Administration's mission; and

''(iii) may review any grant, contract, or cooperative agreement proposed to be made or entered into by the organization;

''(B) may collect, by correspondence or by personal investigation, information as to studies and services that are being carried on in the United States or any other country as to the diseases, disorders, or other aspects of human health with respect to which the organization was established and with the approval of the Administrator or Director, whichever is appropriate, make such information available through appropriate publications for the benefit of public and private health entities and health professions personnel and for the information of the general public; and

''(C) may appoint subcommittees and convene workshops and conferences.

''(b) MEMBERSHIP.—

''(1) IN GENERAL.—Each advisory council shall consist of nonvoting ex officio members and not more than 12 members to be appointed by the Secretary under paragraph (3).

''(2) EX OFFICIO MEMBERS.—The ex officio members of an advisory council shall consist of—

''(A) the Secretary;

''(B) the Administrator;

''(C) the Director of the Center for which the council is established;

''(D) the Chief Medical Director of the Veterans Administration; and

''(E) the Assistant Secretary for Defense for Health Affairs (or the designates of such officers); and

''(F) such additional officers or employees of the United States as the Secretary determines necessary for the advisory council to effectively carry out its functions.

''(3) APPOINTED MEMBERS.—Individuals shall be appointed to an advisory council under paragraph (1) as follows:

''(A) Nine of the members shall be appointed by the Secretary from among the leading representatives of the health disciplines (including public health and behavioral and social sciences) relevant to the activities of the Administration or Center for which the advisory council is established.

''(B) Three of the members shall be appointed by the Secretary from the general public and shall include leaders in fields of public policy, public relations, law, health policy economics, and management.

''(4) COMPENSATION.—Members of an advisory council who are officers or employees of the United States shall not receive any compensation for service on the advisory council. The remaining members of an advisory council shall receive, for each day (including travel time) they are engaged in the performance of the functions of the advisory council, compensation at rates not to exceed the daily equivalent to the annual rate in effect for grade GS–18 of the General Schedule.

''(c) TERMS OF OFFICE.—

''(1) IN GENERAL.—The term of office of a member of an advisory council appointed under subsection (b) shall be 4 years, except that any member appointed to fill a vacancy for an unexpired term shall serve for the remainder of such term. The Secretary shall make appointments to an advisory council in such a manner as to ensure that the terms of the members not all expire in the same year. A member of an advisory council may serve after the expiration of such member's term until a successor has been appointed and taken office.

''(2) REAPPOINTMENTS.—A member who has been appointed to an advisory council for a term of 4 years may not be reappointed to an advisory council during the 2-year period beginning on the date on which such 4-year term expired.

''(3) TIME FOR APPOINTMENT.—If a vacancy occurs in an advisory council among the members under subsection (b), the Secretary shall make an appointment to fill such vacancy within 90 days from the date the vacancy occurs.

''(d) CHAIR.—The Secretary shall select a member of an advisory council to serve as the chair of the council. The Secretary may so select an individual from among the appointed members, or may select the Administrator or the Director of the Center involved. The term of office of the chair shall be 2 years.

''(e) MEETINGS.—An advisory council shall meet at the call of the chairperson or upon the request of the Administrator or Director of the Administration or Center for which the advisory council is established, but in no event less than 3 times during each fiscal year. The location of the meetings of each advisory council shall be subject to the approval of the Administrator or Director of Administration or Center for which the council was established.

''(f) EXECUTIVE SECRETARY AND STAFF.—The Administrator or Director of the Administration or Center for which the advisory council is established shall designate a member of the staff of the Administration or Center for which the advisory council is established to serve as the Executive Secretary of the advisory council. The Administrator or Director shall make available to the advisory council such staff, information, and other assistance as it may require to carry out its functions. The Administrator or Director shall provide orientation and training for new members of the advisory council to provide for their effective participation in the functions of the advisory council.''.

SEC. 103. REPORTS ON ALCOHOLISM, ALCOHOL ABUSE, AND DRUG ABUSE.

Section 506 of the Public Health Service Act (42 U.S.C. 290aa–4) is amended by redesignating such section as section 503.

SEC. 104. PEER REVIEW.

Section 507 of the Public Health Service Act (42 U.S.C. 290aa–5) is amended—

(1) by redesignating such section as section 504; and

(2) to read as follows:

''PEER REVIEW

''SEC. 504. (a) IN GENERAL.—The Secretary, after consultation with the Directors of the Center for Substance Abuse Treatment, the Center for Substance Abuse Prevention, and the Center for Mental Health Services, shall by regulation require appropriate peer review of grants, cooperative agreements, and contracts to be administered through such Centers.

''(b) MEMBERS.—The members of any peer review group established under regulations under subsection (a) shall be individuals who by virtue of their training or experience are eminently qualified to perform the review functions of the group. Not more than one-fourth of the members of any peer review group established under such regulation shall be officers or employees of the United States.

''(c) REQUIREMENTS.—Regulations promulgated pursuant to subsection (a)—

''(1) shall require that the reviewing entity be provided a written description of the matter to be reviewed;

''(2) shall require that the reviewing entity provide the advisory council of the Center involved with such description and the results of the review by the entity; and

''(3) may specify the conditions under which limited exceptions may be granted to the limitations contained in the last sentence of subsection (b) and subsection (d).

''(d) RECOMMENDATIONS.—

''(1) IN GENERAL.—If the direct cost of a grant, cooperative agreement, or contract (described in subsection (a)) to be made does not exceed $50,000, the Secretary may make such grant, cooperative agreement, or contract only if such grant, cooperative agreement, or contract is recommended after peer review required by regulations under subsection (a).

''(2) BY APPROPRIATE ADVISORY COUNCIL.—If the direct cost of a grant, cooperative agreement, or contract (described in subsection (a)) to be made exceeds $50,000, the Secretary may make such grant, cooperative agreement, or contract only if such grant, cooperative agreement, or contract is recommended—

''(A) after peer review required by regulations under subsection (a), and

''(B) by the appropriate advisory council.''.

SEC. 105. DATA COLLECTION.

Section 509D of the Public Health Service Act (42 U.S.C. 290cc–11)—

(1) is transferred to part A of title V of such Act;

(2) is redesignated as section 505; and

(3) is inserted after section 504 (as redesignated by section 104).

SEC. 106. GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS.

(a) TRANSFER.—Section 512 of the Public Health Service Act (42 U.S.C. 290bb–1b)—

(1) is transferred to part A of title V of such Act;

(2) is redesignated as section 506; and

(3) is inserted after section 505 (as redesignated by section 105).

(b) AMENDMENTS.—Section 506 of the Public Health Service Act (as transferred and redesignated under subsection (a)) is amended to read as follows:

''GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS

''SEC. 506. (a) GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS.—The Secretary, acting through the Administrator, may make grants to, and enter into contracts and cooperative agreements with, community-based public and private nonprofit entities for the purpose of developing and expanding mental health and substance abuse treatment services for homeless individuals. In carrying out this subsection, the Administrator shall consult with the Administrator of the Health Resources and Services Administration, the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health, and the Commissioner of the Administration for Children, Youth and Families.

''(b) PREFERENCE.—In awarding grants under subsection (a), the Secretary shall give preference to entities that provide integrated primary health care, substance abuse and mental health services to homeless individuals.

''(c) SERVICES FOR CERTAIN INDIVIDUALS.—In making awards under subsection (a), the Secretary may not prohibit the provision of services under such subsection to homeless individuals who have a primary diagnosis of substance abuse and are not suffering from mental illness.

''(d) TERM OF GRANT.—No entity may receive grants under subsection (a) for more than 5 years although such grants may be renewed.

''(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, $50,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.''.

SEC. 107. CENTER FOR SUBSTANCE ABUSE TREATMENT.

Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended—

(1) by striking the heading for part B and each subpart heading in such part; and

(2) by inserting after section 506 (as transferred and redesignated by section 106) the following new part:

''PART B—CENTERS AND PROGRAMS

''Subpart 1—Center for Substance Abuse Treatment

''CENTER FOR SUBSTANCE ABUSE TREATMENT

''SEC. 507. (a) ESTABLISHMENT.—There is established in the Administration a Center for Substance Abuse Treatment (hereafter in this section referred to as the 'Center'). The Center shall be headed by a Director (hereafter in this section referred to as the 'Director') appointed by the Secretary from among individuals with extensive experience or academic qualifications in the treatment of substance abuse or in the evaluation of substance abuse treatment systems.

''(b) DUTIES.—The Director of the Center shall—

''(1) administer the substance abuse treatment block grant program authorized in section 1921;

''(2) collaborate with the Director of the Center for Substance Abuse Prevention in order to provide outreach services to identify individuals in need of treatment services, with emphasis on the provision of such services to pregnant and postpartum women and their infants and to individuals who abuse drugs intravenously;

''(3) collaborate with the Director of the National Institute on Drug Abuse, with the Director of the National Institute on Alcohol Abuse and Alcoholism, and with the States to promote the study, dissemination, and implementation of research findings that will improve the delivery and effectiveness of treatment services;

''(4) collaborate with the Administrator of the Health Resources and Services Administration and the Administrator of the Health Care Financing Administration to promote the increased integration into the mainstream of the health care system of the United States of programs for providing treatment services;

''(5) evaluate plans submitted by the States pursuant to section 1932(a)(6) in order to determine whether the plans adequately provide for the availability, allocation, and effectiveness of treatment services, and monitor the use of revolving loan funds pursuant to section 1925;

''(6) sponsor regional workshops on improving the quality and availability of treatment services;

''(7) provide technical assistance to public and nonprofit private entities that provide treatment services, including technical assistance with respect to the process of submitting to the Director applications for any program of grants or contracts carried out by the Director;

''(8) encourage the States to expand the availability (relative to fiscal year 1992) of programs providing treatment services through self-run, self-supported recovery based on the programs of housing operated pursuant to section 1925;

''(9) carry out activities to educate individuals on the need for establishing treatment facilities within their communities;

''(10) encourage public and private entities that provide health insurance to provide benefits for outpatient treatment services and other nonhospital-based treatment services;

''(11) evaluate treatment programs to determine the quality and appropriateness of various forms of treatment, including the effect of living in housing provided by programs established under section 1925, which shall be carried out through grants, contracts, or cooperative agreements provided to public or nonprofit private entities; and

''(12) in carrying out paragraph (11), assess the quality, appropriateness, and costs of various treatment forms for specific patient groups.

''(c) GRANTS AND CONTRACTS.—In carrying out the duties established in subsection (b), the Director may make grants to and enter into contracts and cooperative agreements with public and nonprofit private entities.''.

SEC. 108. PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN.

(a) IN GENERAL.—Subpart 1 of part B of title V (as added by section 107) is amended by adding at the end thereof the following new section:

''RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN

''SEC. 508. (a) IN GENERAL.—The Director of the Center for Substance Abuse Treatment shall provide awards of grants, cooperative agreement, or contracts to public and nonprofit private entities for the purpose of providing to pregnant and postpartum women treatment for substance abuse through programs in which, during the course of receiving treatment—

''(1) the women reside in facilities provided by the programs;

''(2) the minor children of the women reside with the women in such facilities, if the women so request; and

''(3) the services described in subsection (d) are available to or on behalf of the women.

''(b) AVAILABILITY OF SERVICES FOR EACH PARTICIPANT.—A funding agreement for an award under subsection (a) for an applicant is that, in the program operated pursuant to such subsection—

''(1) treatment services and each supplemental service will be available through the applicant, either directly or through agreements with other public or nonprofit private entities; and

''(2) the services will be made available to each woman admitted to the program.

''(c) INDIVIDUALIZED PLAN OF SERVICES.—A funding agreement for an award under subsection (a) for an applicant is that—

''(1) in providing authorized services for an eligible woman pursuant to such subsection, the applicant will, in consultation with the women, prepare an individualized plan for the provision to the woman of the services; and

''(2) treatment services under the plan will include—

''(A) individual, group, and family counseling, as appropriate, regarding substance abuse; and

''(B) follow-up services to assist the woman in preventing a relapse into such abuse.

''(d) REQUIRED SUPPLEMENTAL SERVICES.—In the case of an eligible woman, the services referred to in subsection (a)(3) are as follows:

''(1) Prenatal and postpartum health care.

''(2) Referrals for necessary hospital services.

''(3) For the infants and children of the woman—

''(A) pediatric health care, including treatment for any perinatal effects of maternal substance abuse and including screenings regarding the physical and mental development of the infants and children;

''(B) counseling and other mental health services, in the case of children; and

''(C) comprehensive social services.

''(4) Providing supervision of children during periods in which the woman is engaged in therapy or in other necessary health or rehabilitative activities.

''(5) Training in parenting.

''(6) Counseling on the human immunodeficiency virus and on acquired immune deficiency syndrome.

''(7) Counseling on domestic violence and sexual abuse.

''(8) Counseling on obtaining employment, including the importance of graduating from a secondary school.

''(9) Reasonable efforts to preserve and support the family units of the women, including promoting the appropriate involvement of parents and others, and counseling the children of the women.

''(10) Planning for and counseling to assist reentry into society, both before and after discharge, including referrals to any public or nonprofit private entities in the community involved that provide services appropriate for the women and the children of the women.

''(11) Case management services, including—

''(A) assessing the extent to which authorized services are appropriate for the women and their children;

''(B) in the case of the services that are appropriate, ensuring that the services are provided in a coordinated manner; and

''(C) assistance in establishing eligibility for assistance under Federal, State, and local programs providing health services, mental health services, housing services, employment services, educational services, or social services.

''(e) MINIMUM QUALIFICATIONS FOR RECEIPT OF AWARD.—

''(1) CERTIFICATION BY RELEVANT STATE AGENCY.—With respect to the principal agency of the State involved that administers programs relating to substance abuse, the Director may make an award under subsection (a) to an applicant only if the agency has certified to the Director that—

''(A) the applicant has the capacity to carry out a program described in subsection (a);

''(B) the plans of the applicant for such a program are consistent with the policies of such agency regarding the treatment of substance abuse; and

''(C) the applicant, or any entity through which the applicant will provide authorized services, meets all applicable State licensure or certification requirements regarding the provision of the services involved.

''(2) STATUS AS MEDICAID PROVIDER.—

''(A) Subject to subparagraphs (B) and (C), the Director may make an award under subsection (a) only if, in the case of any authorized service that is available pursuant to the State plan approved under title XIX of the Social Security Act for the State involved—

''(i) the applicant for the award will provide the service directly, and the applicant has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

''(ii) the applicant will enter into an agreement with a public or nonprofit private entity under which the entity will provide the service, and the entity has entered into such a participation agreement plan and is qualified to receive such payments.

''(B)(i) In the case of an entity making an agreement pursuant to subparagraph (A)(ii) regarding the provision of services, the requirement established in such subparagraph regarding a participation agreement shall be waived by the Director if the entity does not, in providing health care services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits plan.

''(ii) A determination by the Director of whether an entity referred to in clause (i) meets the criteria for a waiver under such clause shall be made without regard to whether the entity accepts voluntary donations regarding the provision of services to the public.

''(C) With respect to any authorized service that is available pursuant to the State plan described in subparagraph (A), the requirements established in such subparagraph shall not apply to the provision of any such service by an institution for mental diseases to an individual who has attained 21 years of age and who has not attained 65 years of age. For purposes of the preceding sentence, the term 'institution for mental diseases' has the meaning given such term in section 1905(i) of the Social Security Act.

''(f) REQUIREMENT OF MATCHING FUNDS.—

''(1) IN GENERAL.—With respect to the costs of the program to be carried out by an applicant pursuant to subsection (a), a funding agreement for an award under such subsection is that the applicant will make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that—

''(A) for the first fiscal year for which the applicant receives payments under an award under such subsection, is not less than $1 for each $9 of Federal funds provided in the award;

''(B) for any second such fiscal year, is not less than $1 for each $9 of Federal funds provided in the award; and

''(C) for any subsequent such fiscal year, is not less than $1 for each $3 of Federal funds provided in the award.

''(2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

''(g) OUTREACH.—A funding agreement for an award under subsection (a) for an applicant is that the applicant will provide outreach services in the community involved to identify women who are engaging in substance abuse and to encourage the women to undergo treatment for such abuse.

''(h) ACCESSIBILITY OF PROGRAM; CULTURAL CONTEXT OF SERVICES.—A funding agreement for an award under subsection (a) for an applicant is that—

''(1) the program operated pursuant to such subsection will be operated at a location that is accessible to low-income pregnant and postpartum women; and

''(2) authorized services will be provided in the language and the cultural context that is most appropriate.

''(i) CONTINUING EDUCATION.—A funding agreement for an award under subsection (a) is that the applicant involved will provide for continuing education in treatment services for the individuals who will provide treatment in the program to be operated by the applicant pursuant to such subsection.

''(j) IMPOSITION OF CHARGES.—A funding agreement for an award under subsection (a) for an applicant is that, if a charge is imposed for the provision of authorized services to on behalf of an eligible woman, such charge—

''(1) will be made according to a schedule of charges that is made available to the public;

''(2) will be adjusted to reflect the income of the woman involved; and

''(3) will not be imposed on any such woman with an income of less than 185 percent of the official poverty line, as established by the Director of the Office for Management and Budget and revised by the Secretary in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

''(k) REPORTS TO DIRECTOR.—A funding agreement for an award under subsection (a) is that the applicant involved will submit to the Director a report—

''(1) describing the utilization and costs of services provided under the award;

''(2) specifying the number of women served, the number of infants served, and the type and costs of services provided; and

''(3) providing such other information as the Director determines to be appropriate.

''(l) REQUIREMENT OF APPLICATION.— The Director may make an award under subsection (a) only if an application for the award is submitted to the Director containing such agreements, and the application is in such form, is made in such manner, and contains such other agreements and such assurances and information as the Director determines to be necessary to carry out this section.

''(m) EQUITABLE ALLOCATION OF AWARDS.—In making awards under subsection (a), the Director shall ensure that the awards are equitably allocated among the principal geographic regions of the United States, subject to the availability of qualified applicants for the awards.

''(n) DURATION OF AWARD.—The period during which payments are made to an entity from an award under subsection (a) may not exceed 5 years. The provision of such payments shall be subject to annual approval by the Director of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This subsection may not be construed to establish a limitation on the number of awards under such subsection that may be made to an entity.

''(o) EVALUATIONS; DISSEMINATION OF FINDINGS.—The Director shall, directly or through contract, provide for the conduct of evaluations of programs carried out pursuant to subsection (a). The Director shall disseminate to the States the findings made as a result of the evaluations.

''(p) REPORTS TO CONGRESS.—Not later than October 1, 1994, the Director shall 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 describing programs carried out pursuant to this section. Every 2 years thereafter, the Director shall prepare a report describing such programs carried out during the preceding 2 years, and shall submit the report to the Administrator for inclusion in the biennial report under section 501(k). Each report under this subsection shall include a summary of any evaluations conducted under subsection (m) during the period with respect to which the report is prepared.

''(q) DEFINITIONS.—For purposes of this section:

''(1) The term 'authorized services' means treatment services and supplemental services.

''(2) The term 'eligible woman' means a woman who has been admitted to a program operated pursuant to subsection (a).

''(3) The term 'funding agreement under subsection (a)', with respect to an award under subsection (a), means that the Director may make the award only if the applicant makes the agreement involved.

''(4) The term 'treatment services' means treatment for substance abuse, including the counseling and services described in subsection (c)(2).

''(5) The term 'supplemental services' means the services described in subsection (d).

''(r) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—For the purpose of carrying out this section and section 508, there are authorized to be appropriated $100,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

''(2) TRANSFER.—For the purpose described in paragraph (1), in addition to the amounts authorized in such paragraph to be appropriated for a fiscal year, there is authorized to be appropriated for the fiscal year from

the special forfeiture fund of the Director of the Office of National Drug Control Policy such sums as may be necessary.

''(3) RULE OF CONSTRUCTION.—The amounts authorized in this subsection to be appropriated are in addition to any other amounts that are authorized to be appropriated and are available for the purpose described in paragraph (1).

''OUTPATIENT TREATMENT PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN

''SEC. 508. (a) GRANTS.—The Secretary, acting through the Director of the Treatment Center, shall make grants to establish projects for the outpatient treatment of substance abuse among pregnant and postpartum women, and in the case of conditions arising in the infants of such women as a result of such abuse by the women, the outpatient treatment of the infants for such conditions.

''(b) PREVENTION.—Entities receiving grants under this section shall engage in activities to prevent substance abuse among pregnant and postpartum women.

''(c) EVALUATION.—The Secretary shall evaluate projects carried out under subsection (a) and shall disseminate to appropriate public and private entities information on effective projects.''.

(b) TRANSITIONAL AND SAVINGS PROVISIONS.—

(1) SAVINGS PROVISION FOR COMPLETION OF CURRENT PROJECTS.—

(A) Subject to paragraph (2), in the case of any project for which a grant under former section 509F was provided for fiscal year 1992, the Secretary of Health and Human Services may continue in effect the grant for fiscal year 1993 and subsequent fiscal years, subject to the duration of any such grant not exceeding the period determined by the Secretary in first approving the grant. Subject to approval by the Administrator, such grants may be administered by the Center for Substance Abuse Prevention.

(B) Subparagraph (A) shall apply with respect to a project notwithstanding that the project is not eligible to receive a grant under current section 507 or 508.

(2) LIMITATION ON FUNDING FOR CERTAIN PROJECTS.—With respect to the amounts appropriated for any fiscal year under current section 507, any such amounts appropriated in excess of the amount appropriated for fiscal year 1992 under former section 509F shall be available only for grants under current section 507.

(3) DEFINITIONS.—For purposes of this subsection:

(A) The term ''former section 509F'' means section 509F of the Public Health Service Act, as in effect for fiscal year 1992.

(B) The term ''current section 507'' means section 507 of the Public Health Service Act, as in effect for fiscal year 1993 and subsequent fiscal years.

(C) The term ''current section 508'' means section 508 of the Public Health Service Act, as in effect for fiscal year 1993 and subsequent fiscal years.

SEC. 109. DEMONSTRATION PROJECTS OF NATIONAL SIGNIFICANCE.

Subpart 1 of part B of title V (as amended by section 108) is further amended by adding at the end thereof the following new section:

''DEMONSTRATION PROJECTS OF NATIONAL SIGNIFICANCE

''SEC. 509. (a) GRANTS FOR TREATMENT IMPROVEMENT.—The Director of the Center for Substance Abuse Treatment shall provide grants to public and nonprofit private entities for the purpose of establishing demonstration projects that will improve the provision of treatment services for substance abuse.

''(b) NATURE OF PROJECTS.—Grants under subsection (a) shall be awarded to—

''(1) projects that provide treatment to adolescents, female addicts and their children, racial and ethnic minorities, or individuals in rural areas, with preference given to such projects that provide treatment for substance abuse to women with dependent children, which treatment is provided in settings in which both primary health services for the women and pediatric care are available;

''(2) projects that provide treatment in exchange for public service;

''(3) projects that provide treatment services and which are operated by public and nonprofit private entities receiving grants under section 329, 330, 340, 340A, or other public or nonprofit private entities that provide primary health services;

''(4) 'treatment campus' projects that—

''(A) serve a significant number of individuals simultaneously;

''(B) provide residential, non-community based drug treatment;

''(C) provide patients with ancillary social services and referrals to community-based aftercare; and

''(D) provide services on a voluntary basis;

''(5) projects in large metropolitan areas to identify individuals in need of treatment services and to improve the availability and delivery of such services in the areas;

''(6) in the case of drug abusers who are at risk of HIV infection, projects to conduct outreach activities to the individuals regarding the prevention of exposure to and the transmission of the human immunodefiency virus, and to encourage the individuals to seek treatment for such abuse; and

''(7) projects to determine the long-term efficacy of the projects described in this section and to disseminate to appropriate public and private entities information on the projects that have been effective.

''(c) PREFERENCES IN MAKING GRANTS.—In awarding grants under subsection (a), the Director of the Treatment Center shall give preference to projects that—

''(1) demonstrate a comprehensive approach to the problems associated with substance abuse and provide evidence of broad community involvement and support; or

''(2) initiate and expand programs for the provision of treatment services (including renovation of facilities, but not construction) in localities in which, and among populations for which, there is a public health crisis as a result of the inadequate availability of such services and a substantial rate of substance abuse.

''(d) DURATION OF GRANTS.—The period during which payments are made under a grant under subsection (a) may not exceed 5 years.

''(e) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—For the purpose of carrying out this section, there are authorized to be appropriated $175,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994. The amounts so authorized are in addition to any other amounts that are authorized to be appropriated and available for such purpose.

''(2) ALLOCATION.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Director of the Treatment Center shall reserve not less than 5 percent for carrying out projects described in subsection (b)(2) and (b)(3).''.

SEC. 110. GRANTS FOR SUBSTANCE ABUSE TREATMENT IN STATE AND LOCAL CRIMINAL JUSTICE SYSTEMS.

Subpart 1 of part B of title V (as amended by section 109) is further amended by adding at the end thereof the following new section:

''GRANTS FOR SUBSTANCE ABUSE TREATMENT IN STATE AND LOCAL CRIMINAL JUSTICE SYSTEMS

''SEC. 510. (a) IN GENERAL.—The Director of the Center for Substance Abuse Treatment shall provide grants to public and nonprofit private entities that provide treatment for substance abuse to individuals under criminal justice supervision.

''(b) ELIGIBILITY.—In awarding grants under subsection (a), the Director shall ensure that the grants are reasonably distributed among—

''(1) projects that provide treatment services to individuals who are incarcerated in prisons, jails, or community correctional settings; and

''(2) projects that provide treatment services to individuals who are not incarcerated, but who are under criminal justice supervision because of their status as pretrial releasees, post-trial releasees, probationers, parolees, or supervised releasees.

''(c) PRIORITY.—In awarding grants under subsection (a), the Director shall give priority to programs commensurate with the extent to which such programs provide, directly or in conjunction with other public or private nonprofit entities, one or more of the following—

''(1) a continuum of offender management services as individuals enter, proceed through, and leave the criminal justice system, including identification and assessment, substance abuse treatment, pre-release counseling and pre-release referrals with respect to housing, employment and treatment;

''(2) comprehensive treatment services for juvenile offenders;

''(3) comprehensive treatment services for female offenders, including related services such as violence counseling, parenting and child development classes, and perinatal care;

''(4) outreach services to identify individuals under criminal justice supervision who would benefit from substance abuse treatment and to encourage such individuals to seek treatment; or

''(5) treatment services that function as an alternative to incarceration for appropriate categories of offenders or that otherwise enable individuals to remain under criminal justice supervision in the least restrictive setting consistent with public safety.

''(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $50,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.''.

SEC. 111. TRAINING IN PROVISION OF TREATMENT SERVICES.

Subpart 1 of part B of title V of the Public Health Service Act (as amended by section 110) is further amended by adding at the end thereof the following new section:

''TRAINING IN PROVISION OF TREATMENT SERVICES

''SEC. 511. (a) IN GENERAL.—The Director of the Center for Substance Abuse Treatment shall develop programs to increase the number of substance abuse treatment professionals and the number of health professionals providing treatment services through the awarding of grants to appropriate public and nonprofit private entities, including agencies of State and local governments, hospitals, schools of medicine, schools of osteopathic medicine, schools of nursing, schools of social work, and graduate programs in marriage and family therapy.

''(b) PRIORITY.—In awarding grants under subsection (a), the Director shall give priority to projects that train full-time substance abuse treatment professionals and projects that will receive financial support from public entities for carrying out the projects.

''(c) HEALTH PROFESSIONS EDUCATION.—In awarding grants under subsection (a), the Director may make grants—

''(1) to train individuals in the diagnosis and treatment of alcohol abuse and other drug abuse; and

''(2) to develop appropriate curricula and materials for the training described in paragraph (1).

''(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $30,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.''.

SEC. 112. ALTERNATIVE UTILIZATION OF MILITARY FACILITIES.

(a) TRANSFER.—Section 561 of the Public Health Service Act (42 U.S.C. 290ff)—

(1) is transferred to subpart 1 of part B of title V of such Act;

(2) is redesignated as section 512; and

(3) is inserted after section 511 (as added by section 111).

(b) AMENDMENTS.—

(1) Section 512(a) of the Public Health Service Act (as transferred and redesignated under subsection (a)) is amended by striking out ''NATIONAL INSTITUTE ON DRUG ABUSE.—The Director of the National Institute on Drug Abuse'' and inserting in lieu thereof ''CENTER FOR SUBSTANCE ABUSE TREATMENT.—The Director of the Center for Substance Abuse Treatment''.

(2) Part E of title V of the Public Health Service Act (42 U.S.C. 290ff) is amended by striking out the part heading.

SEC. 113. CENTER FOR SUBSTANCE ABUSE PREVENTION.

(a) IN GENERAL.—Part B of title V of the Public Health Service Act (as amended by section 112) is amended by inserting after section 512 the following new subpart:

''Subpart 2—Center for Substance Abuse Prevention''.

(b) TRANSFER.—Section 508 of the Public Health Service Act (42 U.S.C. 290aa-6), as such section existed 1 day prior to the date of enactment of this Act—

(1) is transferred to subpart 2 of part B of title V;

(2) is redesignated as section 515; and

(3) is inserted after the subpart heading (as added by subsection (a)).

(c) AMENDMENTS.—Section 515(b) of the Public Health Service Act (as transferred and redesignated by subsection (b)) is amended—

(1) in paragraph (5), by striking ''and intervention'';

(2) by striking paragraphs (10) and (11);

(3) by redesignating paragraph (12) as paragraph (10); and

(4) in paragraph (9), by adding ''and'' after the semicolon at the end.

(d) NATIONAL DATA BASE.—Section 515 of the Public Health Service Act (as amended by subsection (c)) is amended by amending subsection (d) to read as follows:

''(d) The Director of the Prevention Center shall establish a national data base providing information on programs for the prevention of substance abuse. The data base shall contain information appropriate for use by public entities and information appropriate for use by nonprofit private entities.''.

(e) REFERENCES.—Section 515 of the Public Health Service Act (as amended by subsection (e)) is amended—

(1) in subsection (a), in the first sentence, by striking ''(hereafter'' and all that follows and inserting ''(hereafter referred to in this part as the 'Prevention Center').''; and

(2) in subsection (b), in the matter preceding paragraph (1), by striking ''Office'' and inserting ''Prevention Center''.

(f) COMMUNITY PROGRAMS.—Section 509 of the Public Health Service Act (42 U.S.C. 290aa-7) as such section existed 1 day prior to the date of enactment of this Act—

(1) is transferred to subpart 2 of part B of title V of such Act (as added by subsection (a));

(2) is redesignated as section 516;

(3) is inserted after section 515 (as transferred and redesignated by subsection (b)); and

(4) is amended to read as follows:

''COMMUNITY PROGRAMS

''SEC. 516. (a) IN GENERAL.—The Secretary, acting through the Director of the Prevention Center, shall—

''(1) provide assistance to communities to develop comprehensive long-term strategies for the prevention of substance abuse; and

''(2) evaluate the success of different community approaches toward the prevention of such abuse.

''(b) STRATEGIES FOR REDUCING USE.—The Director of the Prevention Center shall ensure that strategies developed under subsection (a)(1) include strategies for reducing the use of alcoholic beverages and tobacco products by individuals to whom it is unlawful to sell or distribute such beverages or products.

''(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out subsection (a), there are authorized to be appropriated $120,000,000 for fiscal year 1993, such sums as may be necessary for fiscal year 1994.''.

SEC. 114. PREVENTION, TREATMENT, AND REHABILITATION MODEL PROJECTS FOR HIGH RISK YOUTH.

(a) TRANSFER.—Section 509A of the Public Health Service Act (42 U.S.C. 290aa-8)—

(1) is transferred to subpart 2 of part B of title V of such Act (as added by section 113(a));

(2) is redesignated as section 517; and

(3) is inserted after section 516 (as transferred and redesignated by section 113(g)).

(b) AMENDMENTS.—Section 517 (as transferred and redesignated by subsection (a)) is amended—

(1) by redesignating subsections (c) through (f) as subsections (d) through (g), respectively; and

(2) by inserting after subsection (b) the following new subsection:

''(c) The Secretary shall ensure that projects under subsection (a) include strategies for reducing the use of alcoholic beverages and tobacco products by individuals to whom it is unlawful to sell or distribute such beverages or products.''.

(c) AUTHORIZATION OF APPROPRIATIONS.—Section 517 (as transferred and redesignated by subsection (a) and amended by subsection (b)) is further amended by adding at the end the following new subsection:

''(h) For the purpose of carrying out this section, there are authorized to be appropriated $70,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.''.

(d) REFERENCES.—Section 517(a) (as transferred and redesignated by subsection (a) and amended by subsection (b)) is further amended by striking ''Office'' each time that such appears and inserting ''Prevention Center''.

SEC. 115. CENTER FOR MENTAL HEALTH SERVICES.

(a) IN GENERAL.—Part B of title V of the Public Health Service Act (as amended by section 114) is amended by inserting after section 517 the following new subpart:

''Subpart 3—Center for Mental Health Services

''CENTER FOR MENTAL HEALTH SERVICES

''SEC. 520. (a) ESTABLISHMENT.—There is established in the Administration a Center for Mental Health Services (hereafter in this section referred to as the 'Center'). The Center shall be headed by a Director (hereafter in this section referred to as the 'Director') appointed by the Secretary from among individuals with extensive experience or academic qualifications in the provision of mental health services or in the evaluation of mental health service systems.

''(b) DUTIES.—The Director of the Center shall—

''(1) design national goals and establish national priorities for—

''(A) the prevention of mental illness; and

''(B) the promotion of mental health;

''(2) encourage and assist local entities and State agencies to achieve the goals and priorities described in paragraph (1);

''(3) develop and coordinate Federal prevention policies and programs and to assure increased focus on the prevention of mental illness and the promotion of mental health;

''(4) develop improved methods of treating individuals with mental health problems and improved methods of assisting the families of such individuals;

''(5) administer the mental health services block grant program authorized in section 1911;

''(6) promote policies and programs at Federal, State, and local levels and in the private sector that foster independence and protect the legal rights of persons with mental illness, including carrying out the provisions of the Protection and Advocacy of Mentally Ill Individuals Act;

''(7) carry out the programs authorized under sections 520A and 521, including the Community Support Program and the Child and Adolescent Service System Programs;

''(8) carry out responsibilities for the Human Resource Development program, and programs of clinical training for professional and paraprofessional personnel pursuant to section 303;

''(9) conduct services-related assessments, including evaluations of the organization and financing of care, self-help and consumer-run programs, mental health economics, mental health service systems, rural mental health, and improve the capacity of State to conduct evaluations of publicly funded mental health programs;

''(10) establish a clearinghouse for mental health information to assure the widespread dissemination of such information to States, political subdivisions, educational agencies and institutions, treatment and prevention service providers, and the general public, including information concerning the practical application of research supported by the National Institute of Mental Health that is applicable to improving the delivery of services;

''(11) provide technical assistance to public and private entities that are providers of mental health services;

''(12) monitor and enforce obligations incurred by community mental health centers pursuant to the Community Mental Health Centers Act (as in effect prior to the repeal of such Act on August 13, 1981, by section 902(e)(2)(B) of Public Law 97-35 (95 Stat. 560));

''(13) conduct surveys with respect to mental health, such as the National Reporting Program; and

''(14) assist States in improving their mental health data collection.

''(c) GRANTS AND CONTRACTS.—In carrying out the duties established in subsection (b), the Director may make grants to and enter into contracts and cooperative agreements with public and nonprofit private entities.''.

(b) CONFORMING AMENDMENTS.—Section 303(a) of the Public Health Service Act (42 U.S.C. 242a(a)) is amended—

(1) by striking out '', the Surgeon General is authorized'' in the matter preceding paragraph (1);

(2) by inserting ''the Secretary, acting through the Director of the Center for Mental Health Services, is authorized'' after the paragraph designation in paragraph (1); and

(3) by inserting ''the Surgeon General is authorized'' after the paragraph designation in paragraph (2).

SEC. 116. GRANT PROGRAM FOR DEMONSTRATION PROJECTS.

(a) TRANSFER.—Section 520 of the Public Health Service Act (42 U.S.C. 290cc–13) as such section existed 1 day prior to the date of enactment of this Act—

(1) is transferred to subpart 3 of part B of title V of such Act;

(2) is redesignated as section 520A; and

(3) is inserted after section 520 (as added by section 115).

(b) AMENDMENTS.—Section 520A (as transferred and redesignated under subsection (a)) is amended—

(1) in subsection (a)(1), by striking out ''National Institute of Mental Health'' and inserting in lieu thereof ''Center for Mental Health Services'';

(2) in subsection (c), by striking out ''three'' and inserting in lieu thereof ''five''; and

(3) in subsection (e)(1), to read as follows:

''(1) For the purposes of carrying out this section, there are authorized to be appropriated $50,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.''.

SEC. 117. NATIONAL MENTAL HEALTH EDUCATION.

Section 519 of the Public Health Service Act (42 U.S.C. 290cc–12) is repealed.

SEC. 118. DEMONSTRATION PROJECTS WITH RESPECT TO CERTAIN INDIVIDUALS.

(a) IN GENERAL.—Section 2441 of the Public Health Service Act (42 U.S.C. 300dd-41)—

(1) is transferred to subpart 3 of part B of title V of such Act (as added by section 115);

(2) is redesignated as section 520B; and

(3) is inserted after section 520A (as added by section 116).

(b) CONFORMING AMENDMENTS.—The Public Health Service Act (as amended by subsection (a)), is amended—

(1) in part C of title XXIV—

(A) by striking out the heading for subpart I;

(B) in section 2432(a), by striking out ''subpart'' each place such term appears and inserting ''part''; and

(C) by striking out the heading for subpart II; and

(2) in section 520B (as transferred and added by subsection (a))—

(A) in subsection (a), in the matter preceding paragraph (1), by inserting after ''Secretary'' the following: '', acting through the Director of the Center for Mental Health Services,''; and

(B) in subsection (j), by striking out ''1991'' and inserting in lieu thereof ''1994''.

SEC. 119. CHILDHOOD MENTAL HEALTH.

Title V of the Public Health Service Act, as amended by the preceding provisions of this title, is amended by adding at the end the following new part:

''PART E—CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES

"SEC. 561. COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES.

''(a) GRANTS TO CERTAIN PUBLIC ENTITIES.—

''(1) IN GENERAL.—The Secretary, acting through the Director of the Center for Mental Health Services, shall make grants to public entities for the purpose of providing comprehensive community mental health services to children with a serious emotional disturbance.

''(2) DEFINITION OF PUBLIC ENTITY.—For purposes of this subpart, the term 'public entity' means any State, any political subdivision of a State, and any Indian tribe or tribal organization (as defined in section 4(b) and section 4(c) of the Indian Self-Determination and Education Assistance Act).

''(b) CONSIDERATIONS IN MAKING GRANTS.—

''(1) REQUIREMENT OF STATUS AS GRANTEE UNDER PART B OF TITLE XIX.—The Secretary may make a grant under subsection (a) to a public entity only if—

''(A) in the case of a public entity that is a State, the State is a grantee under section 1911;

''(B) in the case of a public entity that is a political subdivision of a State, the State in which the political subdivision is located is receiving such payments; and

''(C) in the case of a public entity that is an Indian tribe or tribal organization, the State in which the tribe or tribal organization is located is receiving such payments.

''(2) REQUIREMENT OF STATUS AS MEDICAID PROVIDER.—

''(A) Subject to subparagraph (B), the Secretary may make a grant under subsection (a) only if, in the case of any service under such subsection that is covered in the State plan approved under title XIX of the Social Security Act for the State involved—

''(i) the public entity involved will provide the service directly, and the entity has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

''(ii) the public entity will enter into an agreement with an organization under which the organization will provide the service, and the organization has entered into such a participation agreement and is qualified to receive such payments.

''(B)(i) In the case of an organization making an agreement under subparagraph (A)(ii) regarding the provision of services under subsection (a), the requirement established in such subparagraph regarding a participation agreement shall be waived by the Secretary if the organization does not, in providing health or mental health services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits program.

''(ii) A determination by the Secretary of whether an organization referred to in clause (i) meets the criteria for a waiver under such clause shall be made without regard to whether the organization accepts voluntary donations regarding the provision of services to the public.

''(3) CERTAIN CONSIDERATIONS.—In making grants under subsection (a), the Secretary shall—

''(A) equitably allocate such assistance among the principal geographic regions of the United States;

''(B) consider the extent to which the public entity involved has a need for the grant; and

''(C) in the case of any public entity that is a political subdivision of a State or that is an Indian tribe or tribal organization—

''(i) shall consider any comments regarding the application of the entity for such a grant that are received by the Secretary from the State in which the entity is located; and

''(ii) shall give special consideration to the entity if the State agrees to provide a portion of the non-Federal contributions required in subsection (c) regarding such a grant.

''(c) MATCHING FUNDS.—

''(1) IN GENERAL.—A funding agreement for a grant under subsection (a) is that the public entity involved will, with respect to the costs to be incurred by the entity in carrying out the purpose described in such subsection, make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that—

''(A) for the first fiscal year for which the entity receives payments from a grant under such subsection, is not less than $1 for each $3 of Federal funds provided in the grant;

''(B) for any second or third such fiscal year, is not less than $1 for each $3 of Federal funds provided in the grant;

''(C) for any fourth such fiscal year, is not less than $1 for each $1 of Federal funds provided in the grant; and

''(D) for any fifth such fiscal year, is not less than $2 for each $1 of Federal funds provided in the grant.

''(2) DETERMINATION OF AMOUNT CONTRIBUTED.—

''(A) Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

''(B) In making a determination of the amount of non-Federal contributions for purposes of subparagraph (A), the Secretary may include only non-Federal contributions in excess of the average amount of non-Federal contributions made by the public entity involved toward the purpose described in subsection (a) for the 2-year period preceding the first fiscal year for which the entity receives a grant under such section.

"SEC. 562. REQUIREMENTS WITH RESPECT TO CARRYING OUT PURPOSE OF GRANTS.

''(a) SYSTEMS OF COMPREHENSIVE CARE.—

''(1) IN GENERAL.—A funding agreement for a grant under under section 561(a) is that, with respect to children with a serious emotional disturbance, the public entity involved will carry out the purpose described in such section only through establishing and operating 1 or more systems of care for making each of the mental health services specified in subsection (c) available to each child provided access to the system. In providing for such a system, the public entity may make grants to, and enter into contracts with, public and nonprofit private entities.

''(2) STRUCTURE OF SYSTEM.—A funding agreement for a grant under under section 561(a) is that a system of care under paragraph (1) will—

''(A) be established in a community selected by the public entity involved;

''(B) consist of such public agencies and nonprofit private entities in the community as are necessary to ensure that each of the services specified in subsection (c) is available to each child provided access to the system;

''(C) be established pursuant to agreements that the public entity enters into with the agencies and entities described in subparagraph (B);

''(D) coordinate the provision of the services of the system; and

''(E) establish an office whose functions are to serve as the location through which children are provided access to the system, to coordinate the provision of services of the system, and to provide information to the public regarding the system.

''(3) COLLABORATION OF LOCAL PUBLIC ENTITIES.—A funding agreement for a grant under section 561(a) is that, for purposes of the establishment and operation of a system of care under paragraph (1), the public entity involved will seek collaboration among all public agencies that provide human services in the community in which the system is established, including but not limited to those providing mental health services, educational services, child welfare services, or juvenile justice services.

''(b) LIMITATION ON AGE OF CHILDREN PROVIDED ACCESS TO SYSTEM.—A funding agreement for a grant under section 561(a) is that a system of care under subsection (a) will not provide an individual with access to the

system if the individual is more than 21 years of age.

''(c) REQUIRED MENTAL HEALTH SERVICES OF SYSTEM.—A funding agreement for a grant under under section 561(a) is that mental health services provided by a system of care under subsection (a) will include, with respect to a serious emotional disturbance in a child—

''(1) diagnostic and evaluation services;

''(2) outpatient services provided in a clinic, office, school or other appropriate location, including individual, group and family counseling services, professional consultation, and review and management of medications;

''(3) emergency services, available 24-hours a day, 7 days a week;

''(4) intensive home-based services for children and their families when the child is at imminent risk of out-of-home placement;

''(5) intensive day-treatment services;

''(6) respite care;

''(7) therapeutic foster care services, and services in therapeutic foster family homes or individual therapeutic residential homes, and groups homes caring for not more than 10 children; and

''(8) assisting the child in making the transition from the services received as a child to the services to be received as an adult.

''(d) REQUIRED ARRANGEMENTS REGARDING OTHER APPROPRIATE SERVICES.—

''(1) IN GENERAL.—A funding agreement for a grant under under section 561(a) is that—

''(A) a system of care under subsection (a) will enter into a memorandum of understanding with each of the providers specified in paragraph (2) in order to facilitate the availability of the services of the provider involved to each child provided access to the system; and

''(B) the grant under such section 561(a), and the non-Federal contributions made with respect to the grant, will not be expended to pay the costs of providing such non-mental health services to any individual.

''(2) SPECIFICATION OF NON-MENTAL HEALTH SERVICES.—The providers referred to in paragraph (1) are providers of medical services other than mental health services, providers of educational services, providers of vocational counseling and vocational rehabilitation services, and providers of protection and advocacy services with respect to mental health.

''(3) FACILITATION OF SERVICES OF CERTAIN PROGRAMS.—A funding agreement for a grant under under section 561(a) is that a system of care under subsection (a) will, for purposes of paragraph (1), enter into a memorandum of understanding regarding facilitation of—

''(A) services available pursuant to title XIX of the Social Security Act, including services regarding early periodic screening, diagnosis, and treatment;

''(B) services available under parts B and H of the Individuals with Disabilities Education Act; and

''(C) services available under other appropriate programs, as identified by the Secretary.

''(e) GENERAL PROVISIONS REGARDING SERVICES OF SYSTEM.—

''(1) CASE MANAGEMENT SERVICES.—A funding agreement for a grant under under section 561(a) is that a system of care under subsection (a) will provide for the case management of each child provided access to the system in order to ensure that—

''(A) the services provided through the system to the child are coordinated and that the need of each such child for the services is periodically reassessed;

''(B) information is provided to the family of the child on the extent of progress being made toward the objectives established for the child under the plan of services implemented for the child pursuant to section 563; and

''(C) the system provides assistance with respect to—

''(i) establishing the eligibility of the child, and the family of the child, for financial assistance and services under Federal, State, or local programs providing for health services, mental health services, educational services, social services, or other services; and

''(ii) seeking to ensure that the child receives appropriate services available under such programs.

''(2) OTHER PROVISIONS.—A funding agreement for a grant under under section 561(a) is that a system of care under subsection (a), in providing the services of the system, will—

''(A) provide the services of the system in the cultural context that is most appropriate for the child and family involved;

''(B) ensure that individuals providing such services to the child can effectively communicate with the child and family in the most direct manner;

''(C) provide the services without discriminating against the child or the family of the child on the basis of race, religion, national origin, sex, disability, or age;

''(D) seek to ensure that each child provided access to the system of care remains in the least restrictive, most normative environment that is clinically appropriate; and

''(E) provide outreach services to inform individuals, as appropriate, of the services available from the system, including identifying children with a serious emotional disturbance who are in the early stages of such disturbance.

''(3) RULE OF CONSTRUCTION.—An agreement made under paragraph (2) may not be construed—

''(A) with respect to subparagraph (C) of such paragraph—

''(i) to prohibit a system of care under subsection (a) from requiring that, in housing provided by the grantee for purposes of residential treatment services authorized under subsection (c), males and females be segregated to the extent appropriate in the treatment of the children involved; or

''(ii) to prohibit the system of care from complying with the agreement made under subsection (b); or

''(B) with respect to subparagraph (D) of such paragraph, to authorize the system of care to expend the grant under section 561(a) (or the non-Federal contributions made with respect to the grant) to provide legal services or any service with respect to which expenditures regarding the grant are prohibited under subsection (d)(1)(B).

''(f) RESTRICTIONS ON USE OF GRANT.—A funding agreement for a grant under under section 561(a) is that the grant, and the non-Federal contributions made with respect to the grant, will not be expended—

''(1) to purchase or improve real property (including the construction or renovation of facilities);

''(2) to provide for room and board in residential programs serving 10 or fewer children;

''(3) to provide for room and board or other services or expenditures associated with care of children in residential treatment centers serving more than 10 children or in inpatient hospital settings, except intensive home-based services and other services provided on an ambulatory or outpatient basis; or

''(4) to provide for the training of any individual, except training authorized in section 564(a)(2) and training provided through any appropriate course in continuing education whose duration does not exceed 2 days.

''SEC. 563. INDIVIDUALIZED PLAN FOR SERVICES.

''(a) IN GENERAL.—A funding agreement for a grant under under section 561(a) is that a system of care under section 562(a) will develop and carry out an individualized plan of services for each child provided access to the system, and that the plan will be developed and carried out with the participation of the family of the child and, unless clinically inappropriate, with the participation of the child.

''(b) MULTIDISCIPLINARY TEAM.—A funding agreement for a grant under under section 561(a) is that the plan required in subsection (a) will be developed, and reviewed and as appropriate revised not less than once each year, by a multidisciplinary team of appropriately qualified individuals who provide services through the system, including as appropriate mental health services, other health services, educational services, social services, and vocational counseling and rehabilitation;

''(c) COORDINATION WITH SERVICES UNDER INDIVIDUALS WITH DISABILITIES EDUCATION ACT.—A funding agreement for a grant under section 561(a) is that, with respect to a plan under subsection (a) for a child, the multidisciplinary team required in subsection (b) will—

''(1) in developing, carrying out, reviewing, and revising the plan consider any individualized education program in effect for the child pursuant to part B of the Individuals with Disabilities Education Act;

''(2) ensure that the plan is consistent with such individualized education program and provides for coordinating services under the plan with services under such program; and

''(3) ensure that the memorandum of understanding entered into under section 562(d)(3)(B) regarding such Act includes provisions regarding compliance with this subsection.

''(d) CONTENTS OF PLAN.—A funding agreement for a grant under section 561(a) is that the plan required in subsection (a) for a child will—

''(1) identify and state the needs of the child for the services available pursuant to section 562 through the system;

''(2) provide for each of such services that is appropriate to the circumstances of the child, including, except in the case of children who are less than 14 years of age, the provision of appropriate vocational counseling and rehabilitation, and transition services (as defined in section 602(a)(19) of the Individuals with Disabilities Education Act);

''(3) establish objectives to be achieved regarding the needs of the child and the methodology for achieving the objectives; and

''(4) designate an individual to be responsible for providing the case management required in section 562(e)(1) or certify that case management services will be provided to the child as part of the individualized education program of the child under the Individuals with Disabilities Education Act.

''SEC. 564. ADDITIONAL PROVISIONS.

''(a) OPTIONAL SERVICES.—In addition to services described in subsection (c) of section 562, a system of care under subsection (a) of such section may, in expending a grant under section 561(a), provide for—

''(1) preliminary assessments to determine whether a child should be provided access to the system;

''(2) training in—

''(A) the administration of the system;

''(B) the provision of intensive home-based services under paragraph (4) of section 562(c), intensive day treatment under paragraph (5) of such section, and foster care or group homes under paragraph (7) of such section; and

''(C) the development of individualized plans for purposes of section 563;

''(3) recreational activities for children provided access to the system; and

''(4) such other services as may be appropriate in providing for the comprehensive

needs with respect to mental health of children with a serious emotional disturbance.

''(b) COMPREHENSIVE PLAN.—The Secretary may make a grant under section 561(a) only if, with respect to the jurisdiction of the public entity involved, the entity has submitted to the Secretary, and has had approved by the Secretary, a plan for the development of a jurisdiction-wide system of care for community-based services for children with a serious emotional disturbance that specifies the progress the public entity has made in developing the jurisdiction-wide system, the extent of cooperation across agencies serving children in the establishment of the system, the Federal and non-Federal resources currently committed to the establishment of the system, and the current gaps in community services and the manner in which the grant under section 561(a) will be expended to address such gaps and establish local systems of care.

''(c) LIMITATION ON IMPOSITION OF FEES FOR SERVICES.—A funding agreement for a grant under section 561(a) is that, if a charge is imposed for the provision of services under the grant, such charge—

''(1) will be made according to a schedule of charges that is made available to the public;

''(2) will be adjusted to reflect the income of the family of the child involved; and

''(3) will not be imposed on any child whose family has income and resources of equal to or less than 100 percent of the official poverty line, as established by the Director of the Office of Management and Budget and revised by the Secretary in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

''(d) RELATIONSHIP TO ITEMS AND SERVICES UNDER OTHER PROGRAMS.—A funding agreement for a grant under section 561(a) is that the grant, and the non-Federal contributions made with respect to the grant, will not be expended to make payment for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to such item or service—

''(1) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

''(2) by an entity that provides health services on a prepaid basis.

''(e) LIMITATION ON ADMINISTRATIVE EXPENSES.—A funding agreement for a grant under section 561(a) is that not more than 2 percent of the grant will be expended for administrative expenses incurred with respect to the grant by the public entity involved.

''(f) REPORTS TO SECRETARY.—A funding agreement for a grant under section 561(a) is that the public entity involved will annually submit to the Secretary a report on the activities of the entity under the grant that includes a description of the number of children provided access to systems of care operated pursuant to the grant, the demographic characteristics of the children, the types and costs of services provided pursuant to the grant, the availability and use of third-party reimbursements, estimates of the unmet need for such services in the jurisdiction of the entity, and the manner in which the grant has been expended toward the establishment of a jurisdiction-wide system of care for children with a serious emotional disturbance, and such other information as the Secretary may require with respect to the grant.

''(g) DESCRIPTION OF INTENDED USES OF GRANT.—The Secretary may make a grant under section 561(a) only if—

''(1) the public entity involved submits to the Secretary a description of the purposes for which the entity intends to expend the grant;

''(2) the description identifies the populations, areas, and localities in the jurisdiction of the entity with a need for services under this section; and

''(3) the description provides information relating to the services and activities to be provided, including a description of the manner in which the services and activities will be coordinated with any similar services or activities of public or nonprofit entities.

''(h) REQUIREMENT OF APPLICATION.—The Secretary may make a grant under section 561(a) only if an application for the grant is submitted to the Secretary, the application contains the description of intended uses required in subsection (g), and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

''SEC. 565. GENERAL PROVISIONS.

''(a) DURATION OF SUPPORT.—The period during which payments are made to a public entity from a grant under section 561(a) may not exceed 5 fiscal years.

''(b) TECHNICAL ASSISTANCE.—

''(1) IN GENERAL.—The Secretary shall, upon the request of a public entity receiving a grant under section 561(a)—

''(A) provide technical assistance to the entity regarding the process of submitting to the Secretary applications for grants under section 561(a); and

''(B) provide to the entity training and technical assistance with respect to the planning, development, and operation of systems of care pursuant to section 562.

''(2) AUTHORITY FOR GRANTS AND CONTRACTS.—The Secretary may provide technical assistance under subsection (a) directly or through grants to, or contracts with, public and nonprofit private entities.

''(c) EVALUATIONS AND REPORTS BY SECRETARY.—

''(1) IN GENERAL.—The Secretary shall, directly or through contracts with public or private entities, provide for annual evaluations of programs carried out pursuant to section 561(a). The evaluations shall assess the effectiveness of the systems of care operated pursuant to such section, including longitudinal studies of outcomes of services provided by such systems, other studies regarding such outcomes, the effect of activities under this subpart on the utilization of hospital and other institutional settings, the barriers to and achievements resulting from interagency collaboration in providing community-based services to children with a serious emotional disturbance, and assessments by parents of the effectiveness of the systems of care.

''(2) REPORT TO CONGRESS.—The Secretary shall, not later than 1 year after the date on which amounts are first appropriated under subsection (c), and annually thereafter, submit to the Congress a report summarizing evaluations carried out pursuant to paragraph (1) during the preceding fiscal year and making such recommendations for administrative and legislative initiatives with respect to this section as the Secretary determines to be appropriate.

''(d) DEFINITIONS.—For purposes of this subpart:

''(1) The term 'child' means an individual not more than 21 years of age.

''(2) The term 'family', with respect to a child provided access to a system of care under section 562(a), means—

''(A) the legal guardian of the child; and

''(B) as appropriate regarding mental health services for the child, the parents of the child (biological or adoptive, as the case may be) and any foster parents of the child.

''(3) The term 'funding agreement', with respect to a grant under section 561(a) to a public entity, means that the Secretary may make such a grant only if the public entity makes the agreement involved.

''(4) The term 'serious emotional disturbance' includes, with respect to a child, any child who has a serious emotional disorder, a serious behavioral disorder, or a serious mental disorder.

''(e) RULE OF CONSTRUCTION.—Nothing in this part shall be construed as limiting the rights of a child with a serious emotional disturbance under the Individuals with Disabilities Education Act.

''(f) FUNDING.—

''(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subpart, there are authorized to be appropriated $100,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

''(2) SET-ASIDE REGARDING TECHNICAL ASSISTANCE.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary shall make available not less than $3,000,000 for the purpose of carrying out subsection (b).''.

SEC. 120. STRIKING OF CERTAIN PROVISIONS AND TECHNICAL AND CONFORMING AMENDMENTS.

(a) IN GENERAL.—Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) as such title existed 1 day prior to the date of enactment of this Act, is amended by striking out sections 509B, 509C, 509E, 509F and 509G (42 U.S.C. 290aa–9, 290aa–10, 290aa-12, 290aa-13, and 290aa-14).

(b) TECHNICAL AND CONFORMING AMENDMENTS.—Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended—

(1) in the heading for such title, to read as follows:

''TITLE V—SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

(2) in the heading for part A, to read as follows:

''PART A—ORGANIZATION AND GENERAL AUTHORITIES''; and

(3) by striking out section 518.

Subtitle B—Institutes

SEC. 121. ORGANIZATION OF NATIONAL INSTITUTES OF HEALTH.

(a) IN GENERAL.—Section 401(b)(1) of the Public Health Service Act (42 U.S.C. 281(b)(1)) is amended by adding at the end thereof the following new subparagraphs:

''(N) The National Institute on Alcohol Abuse and Alcoholism.

''(O) The National Institute on Drug Abuse.

''(P) The National Institute of Mental Health.''.

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

''DEFINITIONS

''SEC. 409. For purposes of this title, the term 'health services research' means research endeavors that study the impact of the organization, financing and management of health services on the quality, cost, access to and outcomes of care.''.

SEC. 122. NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM.

(a) CREATION OF SUBPART.—Part C of title IV of the Public Health Service Act (42 U.S.C. 285 et seq.) is amended by adding at the end thereof the following new subpart:

''Subpart 14—National Institute on Alcohol Abuse and Alcoholism

''PURPOSE OF INSTITUTE

''SEC. 464I. (a) IN GENERAL.—The general purpose of the National Institute of Alcohol Abuse and Alcoholism (hereafter in this subpart referred to as the 'Institute') is the conduct and support of biomedical and behavioral research, health services research, research training, and health information dis-

semination with respect to the prevention of alcohol abuse and the treatment of alcoholism.''.

(b) ADDITIONAL PROVISIONS.—

(1) RESEARCH PROGRAM.—Subsection (b) of section 510 of the Public Health Service Act (42 U.S.C. 290bb and 290bb–1), as such section existed 1 day prior to the date of the enactment of this Act—

(A) is transferred to section 464I of the Public Health Service Act, as added by subsection (a) of this section; and

(B) is inserted after subsection (a) of such section 464I.

Such section 510, as so amended, is repealed.

(2) ADDITIONAL PROVISIONS.—Section 464I of the Public Health Service Act (as amended by paragraph (1)) is amended—

(A) in subsection (b)—

(i) in the matter preceding paragraph (1), by striking ''(b) In carrying out the program'' and all that follows through ''Institute, is authorized'' and inserting the following: ''(b) RESEARCH PROGRAM.—The research program established under this subpart shall encompass the social, behavioral, and biomedical etiology, mental and physical health consequences, and social and economic consequences of alcohol abuse and alcoholism. In carrying out the program, the Director of the Institute is authorized''; and

(ii) in paragraph (3)(H), by striking out the period and inserting in lieu thereof a semicolon; and

(B) by adding at the end the following subsections:

''(c) COLLABORATION.—The Director of the Institute shall collaborate with the Administrator of the Substance Abuse and Mental Health Services Administration in focusing the services research activities of the Institute and in disseminating the results of such research to health professionals and the general public.

''(d) FUNDING.—

''(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subpart, there are authorized to be appropriated $300,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

''(2) ALLOCATION FOR HEALTH SERVICES RESEARCH.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Director shall obligate not less than 15 percent to carry out health services research relating to alcohol abuse and alcoholism.''.

(c) ASSOCIATE DIRECTOR FOR PREVENTION.—Subpart 14 of part C of title IV (as added by subsection (a)) is amended by adding at the end thereof the following new section:

''ASSOCIATE DIRECTOR FOR PREVENTION

''SEC. 464J. (a) IN GENERAL.—There shall be in the Institute an Associate Director for Prevention who shall be responsible for the full-time coordination and promotion of the programs in the Institute concerning the prevention of alcohol abuse and alcoholism. The Associate Director shall be appointed by the Director of the Institute from individuals who because of their professional training or expertise are experts in alcohol abuse and alcoholism and the prevention of such.

''(b) BIENNIAL REPORT.—The Associate Director for Prevention shall prepare for inclusion in the biennial report made under section 407 a description of the prevention activities of the Institute, including a description of the staff and resources allocated to those activities.''.

(d) NATIONAL CENTER FOR RESEARCH .—

(1) IN GENERAL.—Section 511 of the Public Health Service Act (42 U.S.C. 290bb and 290bb–1) as such section existed 1 day prior to the date of enactment of this Act—

(A) is transferred to subpart 14 of part C of title IV of such Act (as added by subsection (a));

(B) is redesignated as section 464K; and

(C) is inserted after section 464J (as added by subsection (c).

(2) TECHNICAL CORRECTION.—Section 464K of the Public Health Service Act (as added by paragraph (1)) is amended in subsection (b) by striking ''or rental''.

(d) CONFORMING AMENDMENT.—Section 513 of the Public Health Service Act (42 U.S.C. 290bb-2), as such section existed 1 day prior to the date of enactment of this Act, is repealed.

SEC. 123. NATIONAL INSTITUTE ON DRUG ABUSE.

(a) CREATION OF SUBPART.—Part C of title IV of the Public Health Service Act (42 U.S.C. 285 et seq.) (as amended by section 122) is further amended by adding at the end thereof the following new subpart:

''Subpart 15—National Institute on Drug Abuse

''PURPOSE OF INSTITUTE

''SEC. 464O. (a) IN GENERAL.—The general purpose of the National Institute on Drug Abuse (hereafter in this subpart referred to as the 'Institute') is the conduct and support of biomedical and behavioral research, health services research, research training, and health information dissemination with respect to the prevention of drug abuse and the treatment of drug abusers.

''(b) RESEARCH PROGRAM.—The research program established under this subpart shall encompass the social, behavioral, and biomedical etiology, mental and physical health consequences, and social and economic consequences of drug abuse. In carrying out the program, the Director of the Institute shall give special consideration to projects relating to drug abuse among women (particularly with respect to pregnant women).

''(c) COLLABORATION.—The Director of the Institute shall collaborate with the Substance Abuse and Mental Health Services Administration in focusing the services research activities of the Institute and in disseminating the results of such research to health professionals and the general public.

''(d) FUNDING.—

''(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subpart, there are authorized to be appropriated $440,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

''(2) ALLOCATION FOR HEALTH SERVICES RESEARCH.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Director shall obligate not less than 15 percent to carry out health services research relating to drug abuse.''.

(b) ADDITIONAL PROVISIONS.—Subpart 15 of part C of title IV of the Public Health Service Act (as added by subsection (a) by subsection (a)) is amended by adding at the end thereof the following new sections:

''ASSOCIATE DIRECTOR FOR PREVENTION

''SEC. 464P. (a) IN GENERAL.—There shall be in the Institute an Associate Director for Prevention who shall be responsible for the full-time coordination and promotion of the programs in the Institute concerning the prevention of drug abuse. The Associate Director shall be appointed by the Director of the Institute from individuals who because of their professional training or expertise are experts in drug abuse and the prevention of such abuse.

''(b) REPORT.—The Associate Director for Prevention shall prepare for inclusion in the biennial report made under section 407 a description of the prevention activities of the Institute, including a description of the staff and resources allocated to those activities.

''DRUG ABUSE RESEARCH CENTERS

''SEC. 464Q. (a) AUTHORITY.—The Secretary may designate National Drug Abuse Research Centers for the purpose of interdisciplinary research relating to drug abuse and other biomedical, behavioral, and social issues related to drug abuse. No entity may be designated as a Center unless an application therefore has been submitted to, and approved by, the Secretary. Such an application shall be submitted in such manner and contain such information as the Secretary may reasonably require. The Secretary may not approve such an application unless—

''(1) the application contains or is supported by reasonable assurances that—

''(A) the applicant has the experience, or capability, to conduct, through biomedical, behavioral, social, and related disciplines, long-term research on drug abuse and to provide coordination of such research among such disciplines;

''(B) the applicant has available to it sufficient facilities (including laboratory, reference, and data analysis facilities) to carry out the research plan contained in the application;

''(C) the applicant has facilities and personnel to provide training in the prevention and treatment of drug abuse;

''(D) the applicant has the capacity to train predoctoral and postdoctoral students for careers in research on drug abuse;

''(E) the applicant has the capacity to conduct courses on drug abuse problems and research on drug abuse for undergraduate and graduate students, and medical and osteopathic, nursing, social work, and other specialized graduate students; and

''(F) the applicant has the capacity to conduct programs of continuing education in such medical, legal, and social service fields as the Secretary may require.

''(2) the application contains a detailed five-year plan for research relating to drug abuse.

''(b) GRANTS.—The Director of the Institute shall, under such conditions as the Secretary may reasonably require, make annual grants to Centers which have been designated under this section. No funds provided under a grant under this subsection may be used for the purchase of any land or the purchase, construction, preservation, or repair of any building. For the purposes of the preceding sentence, the term 'construction' has the meaning given that term by section 701(2).

''OFFICE ON AIDS

''SEC. 464R. The Director of the Institute shall establish within the Institute an Office on AIDS. The Office shall be responsible for the coordination of research and determining the direction of the Institute with respect to AIDS research related to—

''(1) primary prevention of the spread of HIV, including transmission via drug abuse;

''(2) drug abuse services research; and

''(3) other matters determined appropriate by the Director.

''MEDICATION DEVELOPMENT PROGRAM

''SEC. 464S. (a) ESTABLISHMENT.—There is established in the Institute a Medication Development Program through which the Director of such Institute shall—

''(1) conduct periodic meetings with the Commissioner of Food and Drugs to discuss measures that may facilitate the approval process of drug abuse treatments;

''(2) encourage and promote (through grants, contracts, international collaboration, or otherwise) expanded research programs, investigations, experiments, community trials, and studies, into the development and use of medications to treat drug addiction;

''(3) establish or provide for the establishment of research facilities;

''(4) report on the activities of other relevant agencies relating to the development and use of pharmacotherapeutic treatments for drug addiction;

''(5) collect, analyze, and disseminate data useful in the development and use of

pharmacotherapeutic treatments for drug addiction and collect, catalog, analyze, and disseminate through international channels, the results of such research;

''(6) directly or through grants, contracts, or cooperative agreements, support training in the fundamental sciences and clinical disciplines related to the pharmacotherapeutic treatment of drug abuse, including the use of training stipends, fellowships, and awards where appropriate; and

''(7) coordinate the activities conducted under this section with related activities conducted within the National Institute on Alcohol Abuse and Alcoholism, the National Institute of Mental Health, and other appropriate institutes and shall consult with the Directors of such Institutes.

''(b) DUTIES.—In carrying out the activities described in subsection (a), the Director of the Institute—

''(1) shall collect and disseminate through publications and other appropriate means, information pertaining to the research and other activities under this section;

''(2) shall make grants to or enter into contracts and cooperative agreements with individuals and public and private entities to further the goals of the program;

''(3) may, in accordance with section 496, and in consultation with the National Advisory Council on Drug Abuse, acquire, construct, improve, repair, operate, and maintain pharmacotherapeutic research centers, laboratories, and other necessary facilities and equipment, and such other real or personal property as the Director determines necessary, and may, in consultation with such Advisory Council, make grants for the construction or renovation of facilities to carry out the purposes of this section ;

''(4) may accept voluntary and uncompensated services;

''(5) may accept gifts, or donations of services, money, or property, real, personal, or mixed, tangible or intangible; and

''(6) shall take necessary action to ensure that all channels for the dissemination and exchange of scientific knowledge and information are maintained between the Administration and the other scientific, medical, and biomedical disciplines and organizations nationally and internationally.

''(c) REPORT.—

''(1) IN GENERAL.—Not later than December 31, 1992, and each December 31 thereafter, the Director of the Institute shall submit to the Office of National Drug Control Policy established under section 1002 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 1501) a report, in accordance with paragraph (3), that describes the objectives and activities of the program assisted under this section.

''(2) NATIONAL DRUG CONTROL STRATEGY.—The Director of National Drug Control Policy shall incorporate, by reference or otherwise, each report submitted under this subsection in the National Drug Control Strategy submitted the following February 1 under section 1005 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 1504).

''(d) DEFINITION.—For purposes of this section, the term 'pharmacotherapeutics' means medications used to treat the symptoms and disease of drug abuse, including medications to—

''(1) block the effects of abused drugs;

''(2) reduce the craving for abused drugs;

''(3) moderate or eliminate withdrawal symptoms;

''(4) block or reverse the toxic effect of abused drugs; or

''(5) prevent relapse in persons who have been detoxified from drugs of abuse.

''(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $85,000,000 for fiscal year 1993, and $95,000,000 for fiscal year 1994.''.

(c) CONFORMING AMENDMENTS.—Section 515, 516, and 517 of the Public Health Service Act (42 U.S.C. 290cc) as such sections existed 1 day prior to the date of enactment of this Act are repealed.

SEC. 124. NATIONAL INSTITUTE OF MENTAL HEALTH.

(a) CREATION OF SUBPART.—Part C of title IV of the Public Health Service Act (42 U.S.C. 285 et seq.) (as amended by section 123) is further amended by adding at the end thereof the following new subpart:

''Subpart 16—National Institute of Mental Health

''PURPOSE OF INSTITUTE

''SEC. 464T. (a) IN GENERAL.—The general purpose of the National Institute of Mental Health (hereafter in this subpart referred to as the 'Institute') is the conduct and support of biomedical and behavioral research, health services research, research training, and health information dissemination with respect to the cause, diagnosis, treatment, control and prevention of mental illness.

''(b) RESEARCH PROGRAM.—The research program established under this subpart shall include support for biomedical and behavioral neuroscience and shall be designed to further the treatment and prevention of mental illness, the promotion of mental health, and the study of the psychological, social and legal factors that influence behavior.

''(c) COLLABORATION.—The Director of the Institute shall collaborate with the Administrator of the Substance Abuse and Mental Health Services Administration in focusing the services research activities of the Institute and in disseminating the results of such research to health professionals and the general public.

''(d) INFORMATION WITH RESPECT TO SUICIDE.—

''(1) IN GENERAL.—The Director of the Institute shall—

''(A) develop and publish information with respect to the causes of suicide and the means of preventing suicide; and

''(B) make such information generally available to the public and to health professionals.

''(2) YOUTH SUICIDE.—Information described in paragraph (1) shall especially relate to suicide among individuals under 24 years of age.

''(e) ASSOCIATE DIRECTOR FOR SPECIAL POPULATIONS.—

''(1) IN GENERAL.—The Director of the Institute shall designate an Associate Director for Special Populations.

''(2) DUTIES.—The Associate Director for Special Populations shall—

''(A) develop and coordinate research policies and programs to assure increased emphasis on the mental health needs of women and minority populations;

''(B) support programs of basic and applied social and behavioral research on the mental health problems of women and minority populations;

''(C) study the effects of discrimination on institutions and individuals, including majority institutions and individuals;

''(D) support and develop research designed to eliminate institutional discrimination; and

''(E) provide increased emphasis on the concerns of women and minority populations in training programs, service delivery programs, and research endeavors of the Institute.

''(f) FUNDING.—

''(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subpart, there are authorized to be appropriated $675,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

''(2) ALLOCATION FOR HEALTH SERVICES RESEARCH.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Director shall obligate not less than 15 percent to carry out health services research relating to mental health.''.

(b) ADDITIONAL PROVISIONS.—Subpart 16 of part C of title IV (as added by subsection (a)) is further amended by adding at the end thereof the following new section:

''ASSOCIATE DIRECTOR FOR PREVENTION

''SEC. 464U. (a) IN GENERAL.—There shall be in the Institute an Associate Director for Prevention who shall be responsible for the full-time coordination and promotion of the programs in the Institute concerning the prevention of mental disorder. The Associate Director shall be appointed by the Director of the Institute from individuals who because of their professional training or expertise are experts in mental disorder and the prevention of such.

''(b) REPORT.—The Associate Director for Prevention shall prepare for inclusion in the biennial report made under section 407 a description of the prevention activities of the Institute, including a description of the staff and resources allocated to those activities.

''OFFICE OF RURAL MENTAL HEALTH RESEARCH

''SEC. 464V. (a) IN GENERAL.—There is established within the Institute an office to be known as the Office of Rural Mental Health Research (hereafter in this section referred to as the 'Office'). The Office shall be headed by a director, who shall be appointed by the Director of such Institute from among individuals experienced or knowledgeable in the provision of mental health services in rural areas. The Secretary shall carry out the authorities established in this section acting through the Director of the Office.

''(b) COORDINATION OF ACTIVITIES.—The Director of the Office, in consultation with the Director of the Institute and with the Director of the Office of Rural Health Policy, shall—

''(1) coordinate the research activities of the Department of Health and Human Services as such activities relate to the mental health of residents of rural areas; and

''(2) coordinate the activities of the Office with similar activities of public and nonprofit private entities.

''(c) RESEARCH, DEMONSTRATIONS, EVALUATIONS, AND DISSEMINATION.—The Director of the Office may, with respect to the mental health of adults and children residing in rural areas—

''(1) conduct research on conditions that are unique to the residents of rural areas, or more serious or prevalent in such residents;

''(2) conduct research on improving the delivery of services in such areas; and

''(3) disseminate information to appropriate public and nonprofit private entities.

''(d) AUTHORITY REGARDING GRANTS AND CONTRACTS.—The Director of the Office may carry out the authorities established in subsection (c) directly and through grants, cooperative agreements, or contracts with public or nonprofit private entities.

''(e) REPORT TO CONGRESS.—Not later than February 1, 1993, and each fiscal year thereafter, the Director shall submit to the Subcommittee on Health and the Environment of 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 describing the activities of the Office during the preceding fiscal year, including a summary of the activities of demonstration projects and a summary of evaluations of the projects.

''OFFICE ON AIDS

''SEC. 464W. The Director of the Institute shall establish within the Institute an Office on AIDS. The Office shall be responsible for the coordination of research and determining the direction of the Institute with respect to AIDS research related to—

''(1) primary prevention of the spread of HIV, including transmission via sexual behavior;

''(2) mental health services research; and

''(3) other matters determined appropriate by the Director.''.

SEC. 125. COLLABORATIVE USE OF CERTAIN HEALTH SERVICES RESEARCH FUNDS.

Part G of title IV of the Public Health Service Act is amended by inserting after section 494 (42 U.S.C. 289c) the following new section:

''COLLABORATIVE USE OF CERTAIN HEALTH SERVICES RESEARCH FUNDS

''SEC. 494A. (a) IN GENERAL.—The Secretary shall ensure that amounts made available under subparts 14, 15 and 16 of part C for health services research relating to alcohol abuse and alcoholism, drug abuse and mental health be used collaboratively, as appropriate, and in consultation with the Agency for Health Care Policy Research.

''(b) REPORT.—Not later than May 3, 1993, and annually thereafter, the Secretary shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate, a report concerning the activities carried out with the amounts referred to in subsection (a).''.

Subtitle C—Miscellaneous Provisions Relating to Substance Abuse and Mental Health

SEC. 131. MISCELLANEOUS PROVISIONS RELATING TO SUBSTANCE ABUSE AND MENTAL HEALTH.

Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.) is amended to read as follows:

''PART D—MISCELLANEOUS PROVISIONS RELATING TO SUBSTANCE ABUSE AND MENTAL HEALTH

''SEC. 541. SUBSTANCE ABUSE AMONG GOVERNMENT AND OTHER EMPLOYEES.

''(a) PROGRAMS AND SERVICES.—

''(1) DEVELOPMENT.—The Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall be responsible for fostering substance abuse prevention and treatment programs and services in State and local governments and in private industry.

''(2) MODEL PROGRAMS.—

''(A) IN GENERAL.—Consistent with the responsibilities described in paragraph (1), the Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall develop a variety of model programs suitable for replication on a cost-effective basis in different types of business concerns and State and local governmental entities.

''(B) DISSEMINATION OF INFORMATION.—The Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall disseminate information and materials relative to such model programs to the State agencies responsible for the administration of substance abuse prevention, treatment, and rehabilitation activities and shall, to the extent feasible provide technical assistance to such agencies as requested.

''(b) DEPRIVATION OF EMPLOYMENT.—

''(1) PROHIBITION.—No person may be denied or deprived of Federal civilian employment or a Federal professional or other license or right solely on the grounds of prior substance abuse.

''(2) APPLICATION.—This subsection shall not apply to employment in—

''(A) the Central Intelligence Agency;

''(B) the Federal Bureau of Investigation;

''(C) the National Security Agency;

''(D) any other department or agency of the Federal Government designated for purposes of national security by the President; or

''(E) in any position in any department or agency of the Federal Government, not referred to in subparagraphs (A) through (D), which position is determined pursuant to regulations prescribed by the head of such agency or department to be a sensitive position.

''(3) REHABILITATION ACT.—The inapplicability of the prohibition described in paragraph (1) to the employment described in paragraph (2) shall not be construed to reflect on the applicability of the Rehabilitation Act of 1973 or other anti-discrimination laws to such employment.

''(c) CONSTRUCTION.—This section shall not be construed to prohibit the dismissal from employment of a Federal civilian employee who cannot properly function in his employment.

''SEC. 542. ADMISSION OF SUBSTANCE ABUSERS TO PRIVATE AND PUBLIC HOSPITALS AND OUTPATIENT FACILITIES.

''(a) NONDISCRIMINATION.—Substance abusers who are suffering from medical conditions shall not be discriminated against in admission or treatment, solely because of their substance abuse, by any private or public general hospital, or outpatient facility (as defined in section 1624(4)) which receives support in any form from any program supported in whole or in part by funds appropriated to any Federal department or agency.

''(b) REGULATIONS.—

''(1) IN GENERAL.—The Secretary shall issue regulations for the enforcement of the policy of subsection (a) with respect to the admission and treatment of substance abusers in hospitals and outpatient facilities which receive support of any kind from any program administered by the Secretary. Such regulations shall include procedures for determining (after opportunity for a hearing if requested) if a violation of subsection (a) has occurred, notification of failure to comply with such subsection, and opportunity for a violator to comply with such subsection. If the Secretary determines that a hospital or outpatient facility subject to such regulations has violated subsection (a) and such violation continues after an opportunity has been afforded for compliance, the Secretary may suspend or revoke, after opportunity for a hearing, all or part of any support of any kind received by such hospital from any program administered by the Secretary. The Secretary may consult with the officials responsible for the administration of any other Federal program from which such hospital or outpatient facility receives support of any kind, with respect to the suspension or revocation of such other Federal support for such hospital or outpatient facility.

''(2) DEPARTMENT OF VETERANS AFFAIRS.—The Secretary of Veterans Affairs, acting through the Chief Medical Director, shall, to the maximum feasible extent consistent with their responsibilities under title 38, United States Code, prescribe regulations making applicable the regulations prescribed by the Secretary under paragraph (1) to the provision of hospital care, nursing home care, domiciliary care, and medical services under such title 38 to veterans suffering from substance abuse. In prescribing and implementing regulations pursuant to this paragraph, the Secretary shall, from time to time, consult with the Secretary of Health and Human Services in order to achieve the maximum possible coordination of the regulations, and the implementation thereof, which they each prescribe.

''SEC. 543. CONFIDENTIALITY OF RECORDS.

''(a) REQUIREMENT.—Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e), be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b).

''(b) PERMITTED DISCLOSURE.—

''(1) CONSENT.—The content of any record referred to in subsection (a) may be disclosed in accordance with the prior written consent of the patient with respect to whom such record is maintained, but only to such extent, under such circumstances, and for such purposes as may be allowed under regulations prescribed pursuant to subsection (g).

''(2) METHOD FOR DISCLOSURE.—Whether or not the patient, with respect to whom any given record referred to in subsection (a) is maintained, gives written consent, the content of such record may be disclosed as follows:

''(A) To medical personnel to the extent necessary to meet a bona fide medical emergency.

''(B) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.

''(C) If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefor, including the need to avert a substantial risk of death or serious bodily harm. In assessing good cause the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

''(c) USE OF RECORDS IN CRIMINAL PROCEEDINGS.—Except as authorized by a court order granted under subsection (b)(2)(C), no record referred to in subsection (a) may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

''(d) APPLICATION.—The prohibitions of this section continue to apply to records concerning any individual who has been a patient, irrespective of whether or when such individual ceases to be a patient.

''(e) NONAPPLICABILITY.—The prohibitions of this section do not apply to any interchange of records—

''(1) within the Armed Forces or within those components of the Department of Veterans Affairs furnishing health care to veterans; or

''(2) between such components and the Armed Forces.

The prohibitions of this section do not apply to the reporting under State law of incidents of suspected child abuse and neglect to the appropriate State or local authorities.

''(f) PENALTIES.—Any person who violates any provision of this section or any regulation issued pursuant to this section shall be fined in accordance with title 18, United States Code.

''(g) REGULATIONS.—Except as provided in subsection (h), the Secretary shall prescribe regulations to carry out the purposes of this section. Such regulations may contain such definitions, and may provide for such safeguards and procedures, including procedures and criteria for the issuance and scope of or-

ders under subsection (b)(2)(C), as in the judgment of the Secretary are necessary or proper to effectuate the purposes of this section, to prevent circumvention or evasion thereof, or to facilitate compliance therewith.

''(h) APPLICATION TO DEPARTMENT OF VETERANS AFFAIRS.—The Secretary of Veterans Affairs, acting through the Chief Medical Director, shall, to the maximum feasible extent consistent with their responsibilities under title 38, United States Code, prescribe regulations making applicable the regulations prescribed by the Secretary of Health and Human Services under subsection (g) of this section to records maintained in connection with the provision of hospital care, nursing home care, domiciliary care, and medical services under such title 38 to veterans suffering from substance abuse. In prescribing and implementing regulations pursuant to this subsection, the Secretary of Veterans Affairs shall, from time to time, consult with the Secretary of Health and Human Services in order to achieve the maximum possible coordination of the regulations, and the implementation thereof, which they each prescribe.''.

Subtitle D—Transfer Provisions

SEC. 141. TRANSFERS.

(a) SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION.—Except as specifically provided otherwise in this Act or an amendment made by this Act, there are transferred to the Administrator of the Substance Abuse and Mental Health Services Administration all service related functions which the Administrator of the Alcohol, Drug Abuse and Mental Health Administration, or the Director of any entity within the Alcohol, Drug Abuse and Mental Health Administration, exercised before the date of the enactment of this Act and all related functions of any officer or employee of the Alcohol, Drug Abuse and Mental Health Administration.

(b) NATIONAL INSTITUTES.—Except as specifically provided otherwise in this Act or an amendment made by this Act, there are transferred to the appropriate Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health, through the Director of the National Institutes of Health, all research related functions which the Administrator of the Alcohol, Drug Abuse and Mental Health Administration exercised before the date of the enactment of this Act and all related functions of any officer or employee of the Alcohol, Drug Abuse, and Mental Health Administration.

(c) ADEQUATE PERSONNEL AND RESOURCES.—The transfers required under this subtitle shall be effectuated in a manner that ensures that the Substance Abuse and Mental Health Services Administration has adequate personnel and resources to carry out its statutory responsibilities and that the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health have adequate personnel and resources to enable such institutes to carry out their respective statutory responsibilities.

SEC. 142. TRANSFER AND ALLOCATIONS OF APPROPRIATIONS AND PERSONNEL.

(a) SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION.—Except as otherwise provided in the Public Health Service Act, all personnel employed in connection with, and all assets, liabilities, contracts, property, records, and unexpended balances of appropriations, authorizations, allocations, and other funds employed, used, held, arising from, available to, or to be made available in connection with the functions transferred to the Administrator of the Substance Abuse and Mental Health Services Administration by this subtitle, subject to section 1531 of title 31, United States Code, shall be transferred to the Substance Abuse and Mental Health Services Administration. Unexpended funds transferred pursuant to this subsection shall be used only for the purposes for which the funds were originally authorized and appropriated.

(b) NATIONAL INSTITUTES.—Except as otherwise provided in the Public Health Service Act, all personnel employed in connection with, and all assets, liabilities, contracts, property, records, and unexpended balances of appropriations, authorizations, allocations, and other funds employed, used, held, arising from, available to, or to be made available in connection with the functions transferred to the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health by this subtitle, subject to section 1531 of title 31, United States Code, shall be transferred to the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health. Unexpended funds transferred pursuant to this subsection shall be used only for the purposes for which the funds were originally authorized and appropriated.

(c) CUSTODY OF BALANCES.—The actual transfer of custody of obligation balances is not required in order to implement this section.

SEC. 143. INCIDENTAL TRANSFERS.

Prior to October 1, 1992, the Secretary of Health and Human Services is authorized to make such determinations as may be necessary with regard to the functions transferred by this subtitle, and to make such additional incidental dispositions of personnel, assets, liabilities, grants, contracts, property, records, and unexpended balances of appropriations, authorizations, allocations, and other funds held, used, arising from, available to, or to be made available in connection with such functions, as may be necessary to carry out the provisions of this subtitle and the Public Health Service Act. Such Secretary shall provide for the termination of the affairs of all entities terminated by this subtitle and for such further measures and dispositions as may be necessary to effectuate the purposes of this subtitle.

SEC. 144. EFFECT ON PERSONNEL.

(a) IN GENERAL.—Except as otherwise provided by this subtitle and the Public Health Service Act, the transfer pursuant to this subtitle of full-time personnel (except special Government employees) and part-time personnel holding permanent positions shall not cause any such employee to be separated or reduced in grade or compensation for one year after the date of transfer of such employee under this subtitle.

(b) EXECUTIVE SCHEDULE POSITIONS.—Any person who, on the day preceding the effective date of this Act, held a position compensated in accordance with the Executive Schedule prescribed in chapter 53 of title 5, United States Code, and who, without a break in service, is appointed in the Substance Abuse and Mental Health Services Administration to a position having duties comparable to the duties performed immediately preceding such appointment shall continue to be compensated in such new position at not less than the rate provided for such previous position, for the duration of the service of such person in such new position.

SEC. 145. SAVINGS PROVISIONS.

(a) EFFECT ON PREVIOUS DETERMINATIONS.—All orders, determinations, rules, regulations, permits, contracts, certificates, licenses, and privileges that—

(1) have been issued, made, granted, or allowed to become effective by the President, any Federal agency or official thereof, or by a court of competent jurisdiction, in the performance of functions which are transferred by this subtitle; and

(2) are in effect on the date of enactment of this Act;

shall continue in effect according to their terms until modified, terminated, superseded, set aside, or revoked in accordance with law by the President, the Director of the National Institutes of Health, or the Administrator of the Substance Abuse and Mental Health Services Administration, as appropriate, a court of competent jurisdiction, or by operation of law.

(b) CONTINUATION OF PROCEEDINGS.—

(1) IN GENERAL.—The provisions of this subtitle shall not affect any proceedings, including notices of proposed rule making, or any application for any license, permit, certificate, or financial assistance pending on the date of enactment of this Act before the Department of Health and Human Services, which relates to the Alcohol, Drug Abuse and Mental Health Administration or the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, or the National Institute of Mental Health, or any office thereof with respect to functions transferred by this subtitle. Such proceedings or applications, to the extent that they relate to functions transferred, shall be continued. Orders shall be issued in such proceedings, appeals shall be taken therefrom, and payments shall be made under such orders, as if this Act had not been enacted, and orders issued in any such proceedings shall continue in effect until modified, terminated, superseded, or revoked by the Administrator of the Substance Abuse and Mental Health Services Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health by a court of competent jurisdiction, or by operation of law. Nothing in this subsection prohibits the discontinuance or modification of any such proceeding under the same terms and conditions and to the same extent that such proceeding could have been discontinued or modified if this subtitle had not been enacted.

(2) REGULATIONS.—The Secretary of Health and Human Services is authorized to issue regulations providing for the orderly transfer of proceedings continued under paragraph (1).

(c) EFFECT ON LEGAL ACTIONS.—Except as provided in subsection (e)—

(1) the provisions of this subtitle do not affect actions commenced prior to the date of enactment of this Act; and

(2) in all such actions, proceedings shall be had, appeals taken, and judgments rendered in the same manner and effect as if this Act had not been enacted.

(d) NO ABATEMENT OF ACTIONS OR PROCEEDINGS.—No action or other proceeding commenced by or against any officer in his official capacity as an officer of the Department of Health and Human Services with respect to functions transferred by this subtitle shall abate by reason of the enactment of this Act. No cause of action by or against the Department of Health and Human Services with respect to functions transferred by this subtitle, or by or against any officer thereof in his official capacity, shall abate by reason of the enactment of this Act. Causes of action and actions with respect to a function transferred by this subtitle, or other proceedings may be asserted by or against the United States or the Administrator of the Alcohol, Drug Abuse and Mental Health Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism,

the National Institute on Drug Abuse, and the National Institute of Mental Health, as may be appropriate, and, in an action pending when this Act takes effect, the court may at any time, on its own motion or that of any party, enter an order which will give effect to the provisions of this subsection.

(e) SUBSTITUTION.—If, before the date of enactment of this Act, the Department of Health and Human Services, or any officer thereof in the official capacity of such officer, is a party to an action, and under this subtitle any function of such Department, Office, or officer is transferred to the Administrator of the Substance Abuse and Mental Health Services Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health, then such action shall be continued with the Administrator of the Substance Abuse and Mental Health Services Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health, as the case may be, substituted or added as a party.

(f) JUDICIAL REVIEW.—Orders and actions of the Administrator of the Substance Abuse and Mental Health Services Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health in the exercise of functions transferred to the Directors by this subtitle shall be subject to judicial review to the same extent and in the same manner as if such orders and actions had been by the Administrator of the Alcohol, Drug Abuse and Mental Health Administration or the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health, or any office or officer thereof, in the exercise of such functions immediately preceding their transfer. Any statutory requirements relating to notice, hearings, action upon the record, or administrative review that apply to any function transferred by this subtitle shall apply to the exercise of such function by the Administrator of the Substance Abuse and Mental Health Services Administration or the Directors.

SEC. 146. TRANSITION.

With the consent of the Secretary of Health and Human Services, the Administrator of the Substance Abuse and Mental Health Services Administration and the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health are authorized to utilize—

(1) the services of such officers, employees, and other personnel of the Department with respect to functions transferred to the Administrator of the Substance Abuse and Mental Health Services Administration and the Director of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health by this subtitle; and

(2) funds appropriated to such functions for such period of time as may reasonably be needed to facilitate the orderly implementation of this subtitle.

SEC. 147. PEER REVIEW.

With respect to fiscal years 1993 through 1996, the peer review systems, advisory councils and scientific advisory committees utilized, or approved for utilization, by the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health prior to the transfer of such Institutes to the National Institute of Health shall be utilized by such Institutes.

SEC. 148. MERGERS.

Notwithstanding the provisions of section 401(c)(2) of the Public Health Service Act (42 U.S.C. 281(c)(2)), the Secretary of Health and Human Services may not merge the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse or the National Institute of Mental Health with any other institute or entity (or with each other) within the national research institutes for a 5-year period beginning on the date of enactment of this Act.

SEC. 149. CONDUCT OF MULTI-YEAR RESEARCH PROJECTS.

With respect to multi-year grants awarded prior to fiscal year 1993 by the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health with amounts received under section 1911(b), as such section existed one day prior to the date of enactment of this Act, such grants shall be continued for the entire period of the grant through the utilization of funds made available pursuant to sections 464I, 464O, or 464T, as appropriate, subject to satisfactory performance.

SEC. 150. SEPARABILITY.

If a provision of this subtitle or its application to any person or circumstance is held invalid, neither the remainder of this Act nor the application of the provision to other persons or circumstances shall be affected.

SEC. 151. BUDGETARY AUTHORITY.

With respect to fiscal years 1994 and 1995, the Directors of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health shall notwithstanding section 405(a), prepare and submit, directly to the President for review and transmittal to Congress, an annual budget estimate (including an estimate of the number and type of personnel needs for the Institute) for their respective Institutes, after reasonable opportunity for comment (but without change) by the Secretary of Health and Human Services, the Director of the National Institutes of Health, and the Institute's advisory council.

Subtitle E—References and Conforming Amendments

SEC. 161. REFERENCES.

Reference in any other Federal law, Executive order, rule, regulation, or delegation of authority, or any document of or pertaining to the Alcohol, Drug Abuse and Mental Health Administration or to the Administrator of the Alcohol, Drug Abuse and Mental Health Administration shall be deemed to refer to the Substance Abuse and Mental Health Services Administration or to the Administrator of the Substance Abuse and Mental Health Services Administration.

SEC. 162. TRANSITION FROM HOMELESSNESS.

Part C of title V of the Public Health Service Act is amended—

(1) in section 521 (42 U.S.C. 290cc–21), by striking out ''National Institute of Mental Health'' and inserting in lieu thereof ''Center for Mental Health Services''; and

(2) in section 530 (42 U.S.C. 290cc–30), by striking out ''through the National'' and all that follows through ''Abuse'' and inserting in lieu thereof ''through the agencies of the Administration''.

SEC. 163. CONFORMING AMENDMENTS.

(a) TITLE V.—Title V of the Public Health Service Act is amended—

(1) in section 521 (42 U.S.C. 290cc–21), by striking ''Director of the National Institute of Mental Health'' and inserting in lieu thereof ''Administrator of the Substance Abuse and Mental Health Services Administration'';

(2) in section 528 (42 U.S.C. 290cc–28)—

(A) by striking ''the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse'' and inserting in lieu thereof ''and the Administrator of the Substance Abuse and Mental Health Services Administration'' in subsection (a); and

(B) by striking ''National Institute of Mental Health'' and inserting in lieu thereof ''Administrator of the Substance Abuse and Mental Health Services Administration'' in subsection (c); and

(3) in section 530 (42 U.S.C. 290cc–30), by striking ''the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse'' and inserting in lieu thereof ''the Administrator of the Substance Abuse and Mental Health Services Administration''.

(b) GENERAL PUBLIC HEALTH SERVICE ACT AMENDMENTS.—The Public Health Service Act (42 U.S.C. 201 et seq.) is amended—

(1) in section 227 (42 U.S.C. 236)—

(A) by striking out '', and the Alcohol, Drug Abuse, and Mental Health Administration'' in subsection (c)(2);

(B) by striking out '', the Alcohol, Drug Abuse, and Mental Health Administration,'' in subsection (c)(3);

(C) by striking out ''and the Administrator of the Alcohol, Drug Abuse, and Mental Health Administration'' in subsection (e); and

(D) by striking out ''and the Alcohol, Drug Abuse, and Mental Health Administration'' each place such term appears in subsection (e);

(2) in section 319(a) (42 U.S.C. 247d(a))—

(A) by striking out ''the Administrator of the Alcohol, Drug Abuse, and Mental Health Administration'' and inserting in lieu thereof ''the Administrator of the Substance Abuse and Mental Health Services Administration''; and

(B) by striking out ''Director, Administrator'' in the matter following paragraph (2) and inserting in lieu thereof ''Directors, Administrator'';

(3) in section 402(d)(1) (42 U.S.C. 282(d)(1)), by striking out ''two hundred'' and inserting in lieu thereof ''220'';

(4) in section 487(a)(1) (42 U.S.C. 288(a)(1))—

(A) by striking out ''and the Alcohol, Drug Abuse, and Mental Health Administration'' in subparagraph (A)(i); and

(B) by striking out ''or the Alcohol, Drug Abuse, and Mental Health Administration'' in the matter immediately following subparagraph (B);

(5) in section 489(a)(2) (42 U.S.C. 288b(a)(2)), by striking out ''and institutes under the Alcohol, Drug Abuse, and Mental Health Administration'';

(6) in section 499A(g)(9) (42 U.S.C. 290b(g)(9))—

(A) by striking out ''or the Administrator of the Alcohol, Drug Abuse, and Mental Health Administration''; and

(B) by striking out ''and the Alcohol, Drug Abuse, and Mental Health Administration''; and

(7) in section 2303 (42 U.S.C. 300cc–2)—

(A) by striking out ''Administrator of the Alcohol, Drug Abuse, and Mental Health Administration'' in subsection (b), and inserting in lieu thereof ''Administrator of the Substance Abuse and Mental Health Services Administration''; and

(B) by striking out ''Administrator of the Alcohol, Drug Abuse, and Mental Health Administration'' in subsection (c), and inserting in lieu thereof ''Administrator of the Substance Abuse and Mental Health Services Administration''.

(c) OTHER LAWS.—

(1) Section 4 of the Orphan Drug Amendments of 1985 (42 U.S.C. 236 note) is amended—

(A) in subsection (b), by striking out ''the Alcohol, Drug Abuse, and Mental Health Administration,'';

(B) in subsection (c)—

(i) by striking out ''the Alcohol, Drug Abuse, and Mental Health Administration,'' in the matter preceding paragraph (1); and

(ii) by striking out ''the institutes of the Alcohol, Drug Abuse, and Mental Health Administration,'' in paragraph (7); and

(C) in subsection (d)—

(i) by striking out paragraph (3) and inserting in lieu thereof the following new paragraph:

''(3) Four nonvoting members shall be appointed for the directors of the national research institutes of the National Institutes of Health which the Secretary determines are involved with rare diseases.''; and

(ii) by striking out ''or an institute of the Alcohol, Drug Abuse, and Mental Health Administration'' in the matter immediately following paragraph (3).

(2) The Older Americans Act of 1965 (42 U.S.C. 3001 et seq.) is amended—

(A) in section 202(b)(1) (42 U.S.C. 3012(b)(1)), by striking out ''the Alcohol, Drug Abuse, and Mental Health Administration'' and inserting in lieu thereof ''the Substance Abuse and Mental Health Services Administration'';

(B) in section 301(b)(2) (42 U.S.C. 3021(b)(2)), by striking out ''the Alcohol, Drug Abuse, and Mental Health Administration'' and inserting in lieu thereof ''the Substance Abuse and Mental Health Services Administration''; and

(C) in section 402(b) (42 U.S.C. 3030bb(b)), by striking out ''the Alcohol, Drug Abuse, and Mental Health Administration'' and inserting in lieu thereof ''the Substance Abuse and Mental Health Services Administration''.

(3) The Protection and Advocacy for Mentally Ill Individuals Act of 1986 is amended—

(A) in section 111(c) (42 U.S.C. 10821(c)), by striking out ''3-year'' each place that such appears and inserting in lieu thereof ''4-year''; and

(B) in section 116 (42 U.S.C. 10826), by striking out ''the Alcohol, Drug Abuse, and Mental Health Administration'' and inserting in lieu thereof ''the Substance Abuse and Mental Health Services Administration''.

Subtitle F—Employee Assistance Programs

SEC. 171. PROGRAM OF GRANTS UNDER CENTER FOR SUBSTANCE ABUSE PREVENTION.

Title V of the Public Health Service Act (as amended by section 114 and 120) is amended by adding at the end of subpart 2 of part B the following new section:

''SEC. 518. EMPLOYEE ASSISTANCE PROGRAMS.

''(a) IN GENERAL.—The Director of the Prevention Center may make grants to public and nonprofit private entities for the purpose of assisting business organizations in establishing employee assistance programs to provide appropriate services for employees of the organizations regarding substance abuse, including education and prevention services and referrals for treatment.

''(b) CERTAIN REQUIREMENTS.—A business organization may not be assisted under subsection (a) if the organization has an employee assistance program in operation. The organization may receive such assistance only if the organization lacks the financial resources for operating such a program.

''(c) SPECIAL CONSIDERATION FOR CERTAIN SMALL BUSINESSES.—In making grants under subsection (a), the Director of the Prevention Office shall give special consideration to business organizations with 50 or fewer employers.

''(d) CONSULTATION AND TECHNICAL ASSISTANCE.—In the case of small businsses being assisted under subsection (a), the Secretary shall consult with the entities and organizations involved and provide technical assistance and training with respect to establishing and operating employee assistance programs in accordance with this subtitle. Such assistance shall include technical assistance in establishing workplace substance abuse programs.

''(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $3,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.''.

TITLE II—BLOCK GRANTS TO STATES REGARDING MENTAL HEALTH AND SUBSTANCE ABUSE

SEC. 201. ESTABLISHMENT OF SEPARATE BLOCK GRANT REGARDING MENTAL HEALTH.

Part B of title XIX of the Public Health Service Act (42 U.S.C. 300x et seq.) is amended—

(1) by amending the heading for the part to read as follows:

''PART B—BLOCK GRANTS REGARDING MENTAL HEALTH AND SUBSTANCE ABUSE''; and

(2) by striking subparts 1 and 2 and inserting the following:

''Subpart I—Block Grants for Community Mental Health Services

''SEC. 1911. FORMULA GRANTS TO STATES.

''(a) IN GENERAL.—For the purpose described in subsection (b), the Secretary, acting through the Director of the Center for Mental Health Services, shall make an allotment each fiscal year for each State in an amount determined in accordance with section 1918. The Secretary shall make a grant to the State of the allotment made for the State for the fiscal year if the State submits to the Secretary an application in accordance with section 1917.

''(b) PURPOSE OF GRANTS.—A funding agreement for a grant under subsection (a) is that, subject to section 1916, the State involved will expend the grant only for the purpose of—

''(1) carrying out the plan submitted under section 1912(a) by the State for the fiscal year involved;

''(2) evaluating programs and services carried out under the plan; and

''(3) planning, administration, and educational activities related to providing services under the plan.

''SEC. 1912. STATE PLAN FOR COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CERTAIN INDIVIDUALS.

''(a) IN GENERAL.—The Secretary may make a grant under section 1911 only if—

''(1) the State involved submits to the Secretary a plan for providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance;

''(2) the plan meets the criteria specified in subsection (b); and

''(3) the plan is approved by the Secretary.

''(b) CRITERIA FOR PLAN.—With respect to the provision of comprehensive community mental health services to individuals who are either adults with a serious mental illness or children with a serious emotional disturbance, the criteria referred to in subsection (a) regarding a plan are as follows:

''(1) The plan provides for the establishment and implementation of an organized community-based system of care for such individuals.

''(2) The plan contains quantitative targets to be achieved in the implementation of such system, including the numbers of such individuals residing in the areas to be served under such system.

''(3) The plan describes available services, available treatment options, and available resources (including Federal, State and local public services and resources, and to the extent practicable, private services and resources) to be provided such individuals.

''(4) The plan describes health and mental health services, rehabilitation services, employment services, housing services, educational services, medical and dental care, and other support services to be provided to such individuals with Federal, State and local public and private resources to enable such individuals to function outside of inpatient or residential institutions to the maximum extent of their capabilities, including services to be provided by local school systems under the Individuals with Disabilities Education Act.

''(5) The plan describes the financial resources and staffing necessary to implement the requirements of such plan, including programs to train individuals as providers of mental health services, and the plan emphasizes training of providers of emergency health services regarding mental health.

''(6) The plan provides for activities to reduce the rate of hospitalization of such individuals.

''(7)(A) Subject to subparagraph (B), the plan requires the provision of case management services to each such individual in the State who receives substantial amounts of public funds or services.

''(B) The plan may provide that the requirement of subparagraph (A) will not be substantially completed until the end of fiscal year 1993.

''(8) The plan provides for the establishment and implementation of a program of outreach to, and services for, such individuals who are homeless.

''(9) In the case of children with a serious emotional disturbance, the plan—

''(A) subject to subparagraph (B), provides for a system of integrated social services, educational services, juvenile services, and substance abuse services that, together with health and mental health services, will be provided in order for such children to receive care appropriate for their multiple needs (which system includes services provided under the Individuals with Disabilities Education Act);

''(B) provides that the grant under section 1911 for the fiscal year involved will not be expended to provide any service of such system other than comprehensive community mental health services; and

''(C) provides for the establishment of a defined geographic area for the provision of the services of such system.

''(10) The plan describes the manner in which mental health services will be provided to individuals residing in rural areas.

''(11) The plan contains an estimate of the incidence and prevalence in the State of serious mental illness among adults and serious emotional disturbance among children.

''(12) The plan contains a description of the manner in which the State intends to expend the grant under section 1911 for the fiscal year involved to carry out the provisions of the plan required in paragraphs (1) through (11).

''(c) DEFINITIONS REGARDING MENTAL ILLNESS AND EMOTIONAL DISTURBANCE; METHODS FOR ESTIMATE OF INCIDENCE AND PREVALENCE.—

''(1) ESTABLISHMENT BY SECRETARY OF DEFINITIONS; DISSEMINATION.—For purposes of this subpart, the Secretary shall establish definitions for the terms 'adults with a serious mental illness' and 'children with a serious emotional disturbance'. The Secretary shall disseminate the definitions to the States.

''(2) STANDARDIZED METHODS.—The Secretary shall establish standardized methods for making the estimates required in subsection (b)(11) with respect to a State. A funding agreement for a grant under section 1911 for the State is that the State will utilize such methods in making the estimates.

''(3) DATE CERTAIN FOR COMPLIANCE BY SECRETARY.—Not later than 90 days after the date of the enactment of the ADAMHA Reorganization Act, the Secretary shall establish the definitions described in paragraph (1), shall begin dissemination of the definitions to the States, and shall establish the standardized methods described in paragraph (2).

''(d) REQUIREMENT OF IMPLEMENTATION OF PLAN.—

''(1) COMPLETE IMPLEMENTATION.—Except as provided in paragraph (2), in making a grant under section 1911 to a State for a fiscal year, the Secretary shall make a determination of the extent to which the State has implemented the plan required in subsection (a). If the Secretary determines that a State has not completely implemented the plan, the Secretary shall reduce the amount of the allotment under section 1911 for the State for the fiscal year involved by an amount equal to 10 percent of the amount determined under section 1918 for the State for the fiscal year.

''(2) SUBSTANTIAL IMPLEMENTATION AND GOOD FAITH EFFORT REGARDING FISCAL YEAR 1993.—

''(A) In making a grant under section 1911 to a State for fiscal year 1993, the Secretary shall make a determination of the extent to which the State has implemented the plan required in subsection (a). If the Secretary determines that the State has not substantially implemented the plan, the Secretary shall, subject to subparagraph (B), reduce the amount of the allotment under section 1911 for the State for such fiscal year by an amount equal to 10 percent of the amount determined under section 1918 for the State for the fiscal year.

''(B) In carrying out subparagraph (A), if the Secretary determines that the State is making a good faith effort to implement the plan required in subsection (a), the Secretary may make a reduction under such subparagraph in an amount that is less than the amount specified in such subparagraph, except that the reduction may not be made in an amount that is less than 5 percent of the amount determined under section 1918 for the State for fiscal year 1993.

''SEC. 1913. CERTAIN AGREEMENTS.

''(a) ALLOCATION FOR SYSTEMS OF INTEGRATED SERVICES FOR CHILDREN.—With respect to children with a serious emotional disturbance, a funding agreement for a grant under section 1911 is that—

''(1) in the case of a grant for fiscal year 1993, the State involved will expend not less than 10 percent of the grant to increase (relative to fiscal year 1992) funding for the system of integrated services described in section 1912(b)(9);

''(2) in the case of a grant for fiscal year 1994, the State will expend not less than 10 percent of the grant to increase (relative to fiscal year 1993) funding for such system; and

''(3) in the case of a grant for any subsequent fiscal year, the State will expend for such system not less than an amount equal to the amount expended by the State for fiscal year 1994.

''(b) PROVIDERS OF SERVICES.—A funding agreement for a grant under section 1911 for a State is that, with respect to the plan submitted under section 1912(a) for the fiscal year involved—

''(1) services under the plan will be provided only through appropriate, qualified community programs (which may include community mental health centers, child mental-health programs, psychosocial rehabilitation programs, mental health peer-support programs, and mental-health primary consumer-directed programs); and

''(2) services under the plan will be provided through community mental health centers only if the centers meet the criteria specified in subsection (c).

''(c) CRITERIA FOR MENTAL HEALTH CENTERS.—The criteria referred to in subsection (b)(2) regarding community mental health centers are as follows:

''(1) With respect to mental health services, the centers provide services as follows:

''(A) Services principally to individuals residing in a defined geographic area (hereafter in this subsection referred to as a 'service area').

''(B) Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service areas of the centers who have been discharged from inpatient treatment at a mental health facility.

''(C) 24-hour-a-day emergency care services.

''(D) Day treatment or other partial hospitalization services, or psychosocial rehabilitation services

''(E) screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission;

''(2) The mental health services of the centers are provided, within the limits of the capacities of the centers, to any individual residing or employed in the service area of the center regardless of ability to pay for such services.

''(3) The mental health services of the centers are available and accessible promptly, as appropriate and in a manner which preserves human dignity and assures continuity and high quality care.

''SEC. 1914. STATE MENTAL HEALTH PLANNING COUNCIL.

''(a) IN GENERAL.—A funding agreement for a grant under section 1911 is that the State involved will establish and maintain a State mental health planning council in accordance with the conditions described in this section.

''(b) DUTIES.—A condition under subsection (a) for a Council is that the duties of the Council are—

''(1) to review plans provided to the Council pursuant to section 1915(a) by the State involved and to submit to the State any recommendations of the Council for modifications to the plans;

''(2) to serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems; and

''(3) to monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

''(c) MEMBERSHIP.—

''(1) IN GENERAL.—A condition under subsection (a) for a Council is that the Council be composed of residents of the State, including representatives of—

''(A) the principal State agencies with respect to—

''(i) mental health, education, vocational rehabilitation, criminal justice, housing, and social services; and

''(ii) the development of the plan submitted pursuant to title XIX of the Social Security Act;

''(B) public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;

''(C) adults with serious mental illnesses who are receiving (or have received) mental health services; and

''(D) the families of such adults or families of children with emotional disturbance.

''(2) CERTAIN REQUIREMENTS.—A condition under subsection (a) for a Council is that—

''(A) with respect to the membership of the Council, the ratio of parents of children with a serious emotional disturbance to other members of the Council is sufficient to provide adequate representation of such children in the deliberations of the Council; and

''(B) not less than 50 percent of the members of the Council are individuals who are not State employees or providers of mental health services.

''(d) DEFINITION.—For purposes of this section, the term 'Council' means a State mental health planning council.

''SEC. 1915. ADDITIONAL PROVISIONS.

''(a) REVIEW OF STATE PLAN BY MENTAL HEALTH PLANNING COUNCIL.—The Secretary may make a grant under section 1911 to a State only if—

''(1) the plan submitted under section 1912(a) with respect to the grant has been reviewed by the State mental health planning council under section 1914; and

''(2) the State submits to the Secretary any recommendations received by the State from such council for modifications to the plan (without regard to whether the State has made the recommended modifications).

''(b) MAINTENANCE OF EFFORT REGARDING STATE EXPENDITURES FOR MENTAL HEALTH.—

''(1) IN GENERAL.—A funding agreement for a grant under section 1911 is that the State involved will maintain State expenditures for community mental health services at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant.

''(2) WAIVER.—The Secretary may, upon the request of a State, waive the requirement established in paragraph (1) if the Secretary determines that extraordinary economic conditions in the State justify the waiver.

''(3) NONCOMPLIANCE BY STATE.—

''(A) In making a grant under section 1911 to a State for a fiscal year, the Secretary shall make a determination of whether, for the previous fiscal year, the State maintained material compliance with the agreement made under paragraph (1). If the Secretary determines that a State has failed to maintained such compliance, the Secretary shall reduce the amount of the allotment under section 1911 for the State for the fiscal year for which the grant is being made by an amount equal to the amount constituting such failure for the previous fiscal year.

''(B) The Secretary may make a grant under section 1911 for a fiscal year only if the State involved submits to the Secretary information sufficient for the Secretary to make the determination required in subparagraph (A).

''SEC. 1916. RESTRICTIONS ON USE OF PAYMENTS.

''(a) IN GENERAL.—A funding agreement for a grant under section 1911 is that the State involved will not expend the grant—

''(1) to provide inpatient services;

''(2) to make cash payments to intended recipients of health services;

''(3) to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;

''(4) to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or

''(5) to provide financial assistance to any entity other than a public or nonprofit private entity.

''(b) LIMITATION ON ADMINISTRATIVE EXPENSES.—A funding agreement for a grant under section 1911 is that the State involved will not expend more than 5 percent of the grant for administrative expenses with respect to the grant.

''SEC. 1917. APPLICATION FOR GRANT.

''(a) IN GENERAL.—For purposes of section 1911, an application for a grant under such

section for a fiscal year in accordance with this section if, subject to subsection (b)—

''(1) the State involved submits the application not later than the date specified by the Secretary as being the date after which applications for such a grant will not be considered (in any case in which the Secretary specifies such a date);

''(2) the application contains each funding agreement that is described in this subpart or subpart III for such a grant (other than any such agreement that is not applicable to the State);

''(3) the agreements are made through certification from the chief executive officer of the State;

''(4) with respect to such agreements, the application provides assurances of compliance satisfactory to the Secretary;

''(5) the application contains the plan required in section 1912(a), the information required in section 1915(b)(3)(B), and the report required in section 1942(a);

''(6) the application contains recommendations in compliance with section 1915(a), or if no such recommendations are received by the State, the application otherwise demonstrates compliance with such section; and

''(7) the application (including the plan under section 1912(a)) is otherwise in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this subpart.

''(b) WAIVERS REGARDING CERTAIN TERRITORIES.—In the case of any territory of the United States whose allotment under section 1911 for the fiscal year is the amount specified in section 1918(c)(2)(B), the Secretary may waive such provisions of this subpart and subpart III as the Secretary determines to be appropriate, other than the provisions of section 1916.

''SEC. 1918. DETERMINATION OF AMOUNT OF ALLOTMENT.

''(a) STATES.—

''(1) DETERMINATION UNDER FORMULA.—Subject to subsection (b), the Secretary shall determine the amount of the allotment required in section 1911 for a State for a fiscal year in accordance with the following formula:

$$A\left(\frac{X}{U}\right)$$

''(2) DETERMINATION OF TERM 'A'.—For purposes of paragraph (1), the term 'A' means the difference between—

''(A) the amount appropriated under section 1920(a) for allotments under section 1911 for the fiscal year involved; and

''(B) an amount equal to 1.5 percent of the amount referred to in subparagraph (A).

''(3) DETERMINATION OF TERM 'U'.—For purposes of paragraph (1), the term 'U' means the sum of the respective terms 'X' determined for the States under paragraph (4).

''(4) DETERMINATION OF TERM 'X'.—For purposes of paragraph (1), the term 'X' means the product of—

''(A) an amount equal to the product of—

''(i) the term 'P', as determined for the State involved under paragraph (5); and

''(ii) the factor determined under paragraph (8) for the State; and

''(B) the greater of—

''(i) 0.4; and

''(ii) an amount equal to an amount determined for the State in accordance with the following formula:

$$1-.35\left(\frac{R\%}{P\%}\right)$$

''(5) DETERMINATION OF TERM 'P'.—

''(A) For purposes of paragraph (4), the term 'P' means the sum of—

''(i) an amount equal to the product of 0.107 and the number of individuals in the State who are between 18 and 24 years of age (inclusive);

''(ii) an amount equal to the product of 0.166 and the number of individuals in the State who are between 25 and 44 years of age (inclusive);

''(iii) an amount equal to the product of 0.099 and the number of individuals in the State who are between 25 and 64 years of age (inclusive); and

''(iv) an amount equal to the product of 0.082 and the number of individuals in the State who are 65 years of age or older.

''(B) With respect to data on population that is necessary for purposes of making a determination under subparagraph (A), the Secretary shall use the most recent data that is available from the Secretary of Commerce pursuant to the decennial census and pursuant to reasonable estimates by such Secretary of changes occurring in the data in the ensuing period.

''(6) DETERMINATION OF TERM 'R%'.—

''(A) For purposes of paragraph (4), the term 'R%', except as provided in subparagraph (D), means the percentage constituted by the ratio of the amount determined under subparagraph (B) for the State involved to the amount determined under subparagraph (C).

''(B) The amount determined under this subparagraph for the State involved is the quotient of—

''(i) the most recent 3-year arithmetic mean of the total taxable resources of the State, as determined by the Secretary of the Treasury; divided by

''(ii) the factor determined under paragraph (8) for the State.

''(C) The amount determined under this subparagraph is the sum of the respective amounts determined for the States under subparagraph (B) (including the District of Columbia).

''(D)(i) In the case of the District of Columbia, for purposes of paragraph (4), the term 'R%' means the percentage constituted by the ratio of the amount determined under clause (ii) for such District to the amount determined under clause (iii).

''(ii) The amount determined under this clause for the District of Columbia is the quotient of—

''(I) the most recent 3-year arithmetic mean of total personal income in such District, as determined by the Secretary of Commerce; divided by

''(II) the factor determined under paragraph (8) for the District.

''(iii) The amount determined under this clause is the sum of the respective amounts determined for the States (including the District of Columbia) by making, for each State, the same determination as is described in clause (ii) for the District of Columbia.

''(7) DETERMINATION OF TERM 'P%'.—For purposes of paragraph (4), the term 'P%' means the percentage constituted by the ratio of the term 'P' determined under paragraph (5) for the State involved to the sum of the respective terms 'P' determined for the States.

''(8) DETERMINATION OF CERTAIN FACTOR.—

''(A) The factor determined under this paragraph for the State involved is a factor whose purpose is to adjust the amount determined under clause (i) of paragraph (4)(A), and the amounts determined under each of subparagraphs (B)(i) and (D)(ii)(I) of paragraph (6), to reflect the differences that exist between the State and other States in the costs of providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance.

''(B) Subject to subparagraph (C), the factor determined under this paragraph and in effect for the fiscal year involved shall be determined according to the methodology described in the report entitled 'Adjusting the Alcohol, Drug Abuse and Mental Health Services Block Grant Allocations for Poverty Populations and Cost of Service', dated March 30, 1990, and prepared by Health Economics Research, a corporation, pursuant to a contract with the National Institute on Drug Abuse.

''(C) The factor determined under this paragraph for the State involved may not for any fiscal year be greater than 1.1 or less than 0.9.

''(D)(i) Not later than October 1, 1992, the Secretary, after consultation with the Comptroller General, shall in accordance with this section make a determination for each State of the factor that is to be in effect for the State under this paragraph. The factor so determined shall remain in effect through fiscal year 1994, and shall be recalculated every third fiscal year thereafter.

''(ii) After consultation with the Comptroller General, the Secretary shall, through publication in the Federal Register, periodically make such refinements in the methodology referred to in subparagraph (B) as are consistent with the purpose described in subparagraph (A).

''(b) MINIMUM ALLOTMENTS FOR STATES.—For each of the fiscal years 1993 and 1994, the amount of the allotment required in section 1911 for a State for the fiscal year involved shall be the greater of—

''(1) the amount determined under subsection (a) for the State for the fiscal year; and

''(2) an amount equal to 20.6 percent of the amount received by the State from allotments made pursuant to this part for fiscal year 1992 (including reallotments under section 205(a) of the ADAMHA Reorganization Act).

''(c) TERRITORIES.—

''(1) DETERMINATION UNDER FORMULA.—Subject to paragraphs (2) and (4), the amount of an allotment under section 1911 for a territory of the United States for a fiscal year shall be the product of—

''(A) an amount equal to the amounts reserved under paragraph (3) for the fiscal year; and

''(B) a percentage equal to the quotient of—

''(i) the civilian population of the territory, as indicated by the most recently available data; divided by

''(ii) the aggregate civilian population of the territories of the United States, as indicated by such data.

''(2) MINIMUM ALLOTMENT FOR TERRITORIES.—The amount of an allotment under section 1911 for a territory of the United States for a fiscal year shall be the greater of—

''(A) the amount determined under paragraph (1) for the territory for the fiscal year; and

''(B) $50,000.

''(3) RESERVATION OF AMOUNTS.—The Secretary shall each fiscal year reserve for the territories of the United States 1.5 percent of the amounts appropriated under section 1920(a) for allotments under section 1911 for the fiscal year.

''(4) AVAILABILITY OF DATA ON POPULATION.—With respect to data on the civilian population of the territories of the United States, if the Secretary determines for a fiscal year that recent such data for purposes

of paragraph (1)(B) do not exist regarding a territory, the Secretary shall for such purposes estimate the civilian population of the territory by modifying the data on the territory to reflect the average extent of change occurring during the ensuing period in the population of all territories with respect to which recent such data do exist.

''(5) APPLICABILITY OF CERTAIN PROVISIONS.—For purposes of subsection (a), the term 'State' does not include the territories of the United States.

"SEC. 1919. DEFINITIONS.

''For purposes of this subpart:

''(1) The terms 'adults with a serious mental illness' and 'children with a serious emotional disturbance' have the meanings given such terms under section 1912(c)(1).

''(2) The term 'funding agreement', with respect to a grant under section 1911 to a State, means that the Secretary may make such a grant only if the State makes the agreement involved.

"SEC. 1920. FUNDING.

''(a) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subpart, and subpart III and section 505 with respect to mental health, there are authorized to be appropriated $450,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

''(b) ALLOCATIONS FOR TECHNICAL ASSISTANCE, DATA COLLECTION, AND PROGRAM EVALUATION.—

''(1) IN GENERAL.—For the purpose of carrying out section 1948(a) with respect to mental health and the purposes specified in paragraphs (2) and (3), the Secretary shall obligate 5 percent of the amounts appropriated under subsection (a) for a fiscal year.

''(2) DATA COLLECTION.—The purpose specified in this paragraph is carrying out section 505 with respect to mental health.

''(3) PROGRAM EVALUATION.—The purpose specified in this paragraph is the conduct of evaluations of prevention and treatment programs and services with respect to mental health to determine methods for improving the availability and quality of such programs and services.''.

SEC. 202. ESTABLISHMENT OF SEPARATE BLOCK GRANT REGARDING SUBSTANCE ABUSE.

Part B of title XIX of the Public Health Service Act, as amended by section 101 of this Act, is amended by adding at the end the following:

''Subpart II—Block Grants for Prevention and Treatment of Substance Abuse

"SEC. 1921. FORMULA GRANTS TO STATES.

''(a) IN GENERAL.—For the purpose described in subsection (b), the Secretary, acting through the Center for Substance Abuse Treatment, shall make an allotment each fiscal year for each State in an amount determined in accordance with section 1933. The Secretary shall make a grant to the State of the allotment made for the State for the fiscal year if the State submits to the Secretary an application in accordance with section 1932.

''(b) AUTHORIZED ACTIVITIES.—A funding agreement for a grant under subsection (a) is that, subject to section 1931, the State involved will expend the grant only for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related activities authorized in section 1924.

"SEC. 1922. CERTAIN ALLOCATIONS.

''(a) ALLOCATIONS REGARDING ALCOHOL AND OTHER DRUGS.—A funding agreement for a grant under section 1921 is that, in expending the grant, the State involved will expend—

''(1) not less than 35 percent for prevention and treatment activities regarding alcohol; and

''(2) not less than 35 percent for prevention and treatment activities regarding other drugs.

''(b) ALLOCATION REGARDING PRIMARY PREVENTION PROGRAMS.—A funding agreement for a grant under section 1921 is that, in expending the grant, the State involved—

''(1) will expend not less than 20 percent for programs for individuals who do not require treatment for substance abuse, which programs—

''(A) educate and counsel the individuals on such abuse; and

''(B) provide for activities to reduce the risk of such abuse by the individuals;

''(2) will, in carrying out paragraph (1)—

''(A) give priority to programs for populations that are at risk of developing a pattern of such abuse; and

''(B) ensure that programs receiving priority under subparagraph (A) develop community-based strategies for the prevention of such abuse, including strategies to discourage the use of alcoholic beverages and tobacco products by individuals to whom it is unlawful to sell or distribute such beverages or products.

''(c) ALLOCATIONS REGARDING WOMEN.—

''(1) IN GENERAL.—Subject to paragraph (2), a funding agreement for a grant under section 1921 for a fiscal year is that—

''(A) in the case of a grant for fiscal year 1993, the State involved will expend not less than 5 percent of the grant to increase (relative to fiscal year 1992) the availability of treatment services designed for pregnant women and women with dependent children (either by establishing new programs or expanding the capacity of existing programs);

''(B) in the case of a grant for fiscal year 1994, the State will expend not less than 5 percent of the grant to so increase (relative to fiscal year 1993) the availability of such services for such women; and

''(C) in the case of a grant for any subsequent fiscal year, the State will expend for such services for such women not less than an amount equal to the amount expended by the State for fiscal year 1994.

''(2) WAIVER.—

''(A) Upon the request of a State, the Secretary may provide to the State a waiver of all or part of the requirement established in paragraph (1) if the Secretary determines that the State is providing an adequate level of treatments services for women described in such paragraph, as indicated by a comparison of the number of such women seeking the services with the availability in the State of the services.

''(B) The Secretary shall approve or deny a request for a waiver under subparagraph (A) not later than 120 days after the date on which the request is made.

''(C) Any waiver provided by the Secretary under subparagraph (A) shall be applicable only to the fiscal year involved.

''(3) CHILDCARE AND PRENATAL CARE.—A funding agreement for a grant under section 1921 for a State is that each entity providing treatment services with amounts reserved under paragraph (1) by the State will, directly or through arrangements with other public or nonprofit private entities, make available prenatal care to women receiving such services and, while the women are receiving the services, childcare.

"SEC. 1923. INTRAVENOUS SUBSTANCE ABUSE.

''(a) CAPACITY OF TREATMENT PROGRAMS.—

''(1) NOTIFICATION OF REACHING CAPACITY.—A funding agreement for a grant under section 1921 is that the State involved will, in the case of programs of treatment for intravenous drug abuse, require that any such program receiving amounts from the grant, upon reaching 90 percent of its capacity to admit individuals to the program, provide to the State a notification of such fact.

''(2) PROVISION OF TREATMENT.—A funding agreement for a grant under section 1921 is that the State involved will, with respect to notifications under paragraph (1), ensure that each individual who requests and is in need of treatment for intravenous drug abuse is admitted to a program of such treatment not later than—

''(A) 14 days after making the request for admission to such a program; or

''(B) 120 days after the date of such request, if no such program has the capacity to admit the individual on the date of such request and if interim services are made available to the individual not later than 48 hours after such request.

''(b) OUTREACH REGARDING INTRAVENOUS SUBSTANCE ABUSE.—A funding agreement for a grant under section 1921 is that the State involved, in providing amounts from the grant to any entity for treatment services for intravenous drug abuse, will require the entity to carry out activities to encourage individuals in need of such treatment to undergo treatment.

"SEC. 1924. REQUIREMENTS REGARDING TUBERCULOSIS AND HUMAN IMMUNODEFICIENCY VIRUS.

''(a) TUBERCULOSIS.—

''(1) IN GENERAL.—A funding agreement for a grant under section 1921 is that the State involved will require that any entity receiving amounts from the grant for operating a program of treatment for substance abuse—

''(A) will, directly or through arrangements with other public or nonprofit private entities, routinely make available tuberculosis services to each individual receiving treatment for such abuse; and

''(B) in the case of an individual in need of such treatment who is denied admission to the program on the basis of the lack of the capacity of the program to admit the individual, will refer the individual to another provider of tuberculosis services.

''(2) TUBERCULOSIS SERVICES.—For purposes of paragraph (1), the term 'tuberculosis services', with respect to an individual, means—

''(A) counseling the individual with respect to tuberculosis;

''(B) testing to determine whether the individual has contracted such disease and testing to determine the form of treatment for the disease that is appropriate for the individual; and

''(C) providing such treatment to the individual.

''(b) HUMAN IMMUNODEFICIENCY VIRUS.—

''(1) REQUIREMENT FOR CERTAIN STATES.—In the case of a State described in paragraph (2), a funding agreement for a grant under section 1921 is that—

''(A) with respect to individuals undergoing treatment for substance abuse, the State will, subject to paragraph (3), carry out 1 or more projects to make available to the individuals early intervention services for HIV disease at the sites at which the individuals are undergoing such treatment;

''(B) for the purpose of providing such early intervention services through such projects, the State will make available from the grant the percentage that is applicable for the State under paragraph (4); and

''(C) the State will, subject to paragraph (5), carry out such projects only in geographic areas of the State that have the greatest need for the projects.

''(2) DESIGNATED STATES.—For purposes of this subsection, a State described in this paragraph is any State whose rate of cases of acquired immune deficiency syndrome is 10 or more such cases per 100,000 individuals (as indicated by the number of such cases reported to and confirmed by the Director of the Centers for Disease Control for the most recent calendar year for which such data are available).

''(3) USE OF EXISTING PROGRAMS REGARDING SUBSTANCE ABUSE.—With respect to programs that provide treatment services for substance abuse, a funding agreement for a grant under section 1921 for a designated State is that each such program participating in a project under paragraph (1) will be a program that began operation prior to the fiscal year for which the State is applying to receive the grant. A program that so began operation may participate in a project under paragraph (1) without regard to whether the program has been providing early intervention services for HIV disease.

''(4) APPLICABLE PERCENTAGE REGARDING EXPENDITURES FOR SERVICES.—

''(A)(i) For purposes of paragraph (1)(B), the percentage that is applicable under this paragraph for a designated State is, subject to subparagraph (B), the percentage by which the amount of the grant under section 1921 for the State for the fiscal year involved is an increase over the amount specified in clause (ii).

''(ii) The amount specified in this clause is the amount that was reserved by the designated State involved from the allotment of the State under section 1912A for fiscal year 1991 in compliance with section 1916(c)(6)(A)(ii) (as such sections were in effect for such fiscal year).

''(B) If the percentage determined under subparagraph (A) for a designated State for a fiscal year is less than 2 percent (including a negative percentage, in the case of a State for which there is no increase for purposes of such subparagraph), the percentage applicable under this paragraph for the State is 2 percent. If the percentage so determined is 2 percent or more, the percentage applicable under this paragraph for the State is the percentage determined under subparagraph (A), subject to not exceeding 5 percent.

''(5) REQUIREMENT REGARDING RURAL AREAS.—

''(A) A funding agreement for a grant under section 1921 for a designated State is that, if the State will carry out 2 or more projects under paragraph (1), the State will carry out 1 such project in a rural area of the State, subject to subparagraph (B).

''(B) The Secretary shall waive the requirement established in subparagraph (A) if the State involved certifies to the Secretary that—

''(i) there is insufficient demand in the State to carry out a project under paragraph (1) in any rural area of the State; or

''(ii) there are no rural areas in the State.

''(6) MANNER OF PROVIDING SERVICES.—With respect to the provision of early intervention services for HIV disease to an individual, a funding agreement for a grant under section 1921 for a designated State is that—

''(A) such services will be undertaken voluntarily by, and with the informed consent of, the individual; and

''(B) undergoing such services will not be required as a condition of receiving treatment services for substance abuse or any other services.

''(7) DEFINITIONS.—For purposes of this subsection:

''(A) The term 'designated State' means a State described in paragraph (2).

''(B) The term 'early intervention services', with respect to HIV disease, means—

''(i) appropriate pretest counseling;

''(ii) testing individuals with respect to such disease, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease;

''(iii) appropriate post-test counseling; and

''(iv) providing the therapeutic measures described in clause (ii).

''(C) The term 'HIV disease' means infection with the etiologic agent for acquired immune deficiency syndrome.

''(c) EXPENDITURE OF GRANT FOR COMPLIANCE WITH AGREEMENTS.—

''(1) IN GENERAL.—A grant under section 1921 may be expended for purposes of compliance with the agreements required in this section, subject to paragraph (2).

''(2) LIMITATION.—A funding agreement for a grant under section 1921 for a State is that the grant will not be expended to make payment for any service provided for purposes of compliance with this section to the extent that payment has been made, or can reasonably be expected to be made, with respect to such service—

''(A) under any State compensation program, under any insurance policy, or under any Federal or State health benefits program (including the program established in title XVIII of the Social Security Act and the program established in title XIX of such Act); or

''(B) by an entity that provides health services on a prepaid basis.

''(d) MAINTENANCE OF EFFORT.—With respect to services provided for by a State for purposes of compliance with this section, a funding agreement for a grant under section 1921 is that the State will maintain expenditures of non-Federal amounts for such services at a level that is not less than average level of such expenditures maintained by the State for 2-year period preceding the first fiscal year for which the State receives such a grant.

''(e) APPLICABILITY OF CERTAIN PROVISION.—Section 1931 applies to this section (and to each other provision of this subpart).

''SEC. 1925. GROUP HOMES FOR RECOVERING SUBSTANCE ABUSERS.

''(a) STATE REVOLVING FUNDS FOR ESTABLISHMENT OF HOMES.—For fiscal year 1993 and subsequent fiscal years, the Secretary may make a grant under section 1921 only if the State involved has established, and is providing for the ongoing operation of, a revolving fund as follows:

''(1) The purpose of the fund is to make loans for the costs of establishing programs for the provision of housing in which individuals recovering from alcohol or drug abuse may reside in groups of not less than 6 individuals. The fund is established directly by the State or through the provision of a grant or contract to a nonprofit private entity.

''(2) The programs are carried out in accordance with guidelines issued under subsection (b).

''(3) Not less than $100,000 is available for the fund.

''(4) Loans made from the revolving fund do not exceed $4,000 and each such loan is repaid to the revolving fund by the residents of the housing involved not later than 2 years after the date on which the loan is made.

''(5) Each such loan is repaid by such residents through monthly installments, and a reasonable penalty is assessed for each failure to pay such periodic installments by the date specified in the loan agreement involved.

''(6) Such loans are made only to nonprofit private entities agreeing that, in the operation of the program established pursuant to the loan—

''(A) the use of alcohol or any illegal drug in the housing provided by the program will be prohibited;

''(B) any resident of the housing who violates such prohibition will be expelled from the housing;

''(C) the costs of the housing, including fees for rent and utilities, will be paid by the residents of the housing; and

''(D) the residents of the housing will, through a majority vote of the residents, otherwise establish policies governing residence in the housing, including the manner in which applications for residence in the housing are approved.

''(b) ISSUANCE BY SECRETARY OF GUIDELINES.—The Secretary shall ensure that there are in effect guidelines under this subpart for the operation of programs described in subsection (a).

''(c) APPLICABILITY TO TERRITORIES.—The requirements established in subsection (a) shall not apply to any territory of the United States other than the Commonwealth of Puerto Rico.

''SEC. 1926. STATE LAW REGARDING SALE OF TOBACCO PRODUCTS TO INDIVIDUALS UNDER AGE OF 18.

''(a) RELEVANT LAW.—

''(1) IN GENERAL.—Subject to paragraph (2), for fiscal year 1994 and subsequent fiscal years, the Secretary may make a grant under section 1921 only if the State involved has in effect a law providing that it is unlawful for any manufacturer, retailer, or distributor of tobacco products to sell or distribute any such product to any individual under the age of 18.

''(2) DELAYED APPLICABILITY FOR CERTAIN STATES.—In the case of a State whose legislature does not convene a regular session in fiscal year 1993, and in the case of a State whose legislature does not convene a regular session in fiscal year 1994, the requirement described in paragraph (1) as a condition of a receipt of a grant under section 1921 shall apply only for fiscal year 1995 and subsequent fiscal years.

''(b) ENFORCEMENT.—

''(1) IN GENERAL.—For the first applicable fiscal year and for subsequent fiscal years, a funding agreement for a grant under section 1921 is that the State involved will enforce the law described in subsection (a) in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18.

''(2) ACTIVITIES AND REPORTS REGARDING ENFORCEMENT.—For the first applicable fiscal year and for subsequent fiscal years, a funding agreement for a grant under section 1921 is that the State involved will—

''(A) annually conduct random, unannounced inspections to ensure compliance with the law described in subsection (a); and

''(B) annually submit to the Secretary a report describing—

''(i) the activities carried out by the State to enforce such law during the fiscal year preceding the fiscal year for which the State is seeking the grant;

''(ii) the extent of success the State has achieved in reducing the availability of tobacco products to individuals under the age of 18; and

''(iii) the strategies to be utilized by the State for enforcing such law during the fiscal year for which the grant is sought.

''(c) NONCOMPLIANCE OF STATE.—Before making a grant under section 1921 to a State for the first applicable fiscal year or any subsequent fiscal year, the Secretary shall make a determination of whether the State has maintained compliance with subsections (a) and (b). If, after notice to the State and an opportunity for a hearing, the Secretary determines that the State is not in compliance with such subsections, the Secretary shall reduce the amount of the allotment under such section for the State for the fiscal year involved by an amount equal to—

''(1) in the case of the first applicable fiscal year, 10 percent of the amount determined under section 1933 for the State for the fiscal year;

''(2) in the case of the first fiscal year following such applicable fiscal year, 20 percent

of the amount determined under section 1933 for the State for the fiscal year;

''(3) in the case of the second such fiscal year, 30 percent of the amount determined under section 1933 for the State for the fiscal year; and

''(4) in the case of the third such fiscal year or any subsequent fiscal year, 40 percent of the amount determined under section 1933 for the State for the fiscal year.

''(d) DEFINITION.—For purposes of this section, the term 'first applicable fiscal year' means—

''(1) fiscal year 1995, in the case of any State described in subsection (a)(2); and

''(2) fiscal year 1994, in the case of any other State.

"SEC. 1927. TREATMENT SERVICES FOR PREGNANT WOMEN.

''(a) IN GENERAL.—A funding agreement for a grant under section 1921 is that the State involved—

''(1) will ensure that each pregnant woman in the State who seeks or is referred for and would benefit from such services is given preference in admissions to treatment facilities receiving funds pursuant to the grant; and

''(2) will, in carrying out paragraph (1), publicize the availability to such women of services from the facilities and the fact that the women receive such preference.

''(b) REFERRALS REGARDING STATES.—A funding agreement for a grant under section 1921 is that, in carrying out subsection (a)(1)—

''(1) the State involved will require that, in the event that a treatment facility has insufficient capacity to provide treatment services to any woman described in such subsection who seeks the services from the facility, the facility refer the woman to the State; and

''(2) the State, in the case of each woman for whom a referral under paragraph (1) is made to the State—

''(A) will refer the woman to a treatment facility that has the capacity to provide treatment services to the woman; or

''(B) will, if no treatment facility has the capacity to admit the woman, make available interim services available to the woman not later than 48 hours after the women seeks the treatment services.

"SEC. 1928. ADDITIONAL AGREEMENTS.

''(a) IMPROVEMENT OF PROCESS FOR APPROPRIATE REFERRALS FOR TREATMENT.—With respect to individuals seeking treatment services, a funding agreement for a grant under section 1921 is that the State involved will improve (relative to fiscal year 1992) the process in the State for referring the individuals to treatment facilities that can provide to the individuals the treatment modality that is most appropriate for the individuals.

''(b) CONTINUING EDUCATION.—With respect to any facility for treatment services or prevention actitivities that is receiving amounts from a grant under section 1921, a funding agreement for a State for a grant under such section is that continuing education in such services or activities (or both, as the case may be) will be made available to employees of the facility who provide the services or activities.

''(c) COORDINATION OF VARIOUS ACTIVITIES AND SERVICES.—A funding agreement for a grant under section 1921 is that the State involved will coordinate prevention and treatment activities with the provision of other appropriate services (including health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services).

''(d) WAIVER OF REQUIREMENT.—

''(1) IN GENERAL.—Upon the request of a State, the Secretary may provide to a State a waiver of any or all of the requirements established in this section if the Secretary determines that, with respect to services for the prevention and treatment of substance abuse, the requirement involved is unnecessary for maintaining quality in the provision of such services in the State.

''(2) DATE CERTAIN FOR ACTING UPON REQUEST.—The Secretary shall approve or deny a request for a waiver under paragraph (1) not later than 120 days after the date on which the request is made.

''(3) APPLICABILITY OF WAIVER.—Any waiver provided by the Secretary under paragraph (1) shall be applicable only to the fiscal year involved.

"SEC. 1929. SUBMISSION TO SECRETARY OF STATEWIDE ASSESSMENT OF NEEDS.

''The Secretary may make a grant under section 1921 only if the State submits to the Secretary an assessment of the need in the State for authorized activities (which assessment is conducted in accordance with criteria issued by the Secretary), both by locality and by the State in general, which assessment includes a description of—

''(1) the incidence and prevalence in the State of drug abuse and the incidence and prevalence in the State of alcohol abuse and alcoholism;

''(2) current prevention and treatment activities in the State;

''(3) the need of the State for technical assistance to carry out such activities;

''(4) efforts by the State to improve such activities; and

''(5) the extent to which the availability of such activities is insufficient to meet the need for the activities, the interim services to be made available under sections 1923(a) and 1927(b), and the manner in which such services are to be so available.

"SEC. 1930. MAINTENANCE OF EFFORT REGARDING STATE EXPENDITURES.

''(a) IN GENERAL.—With respect to the principal agency of a State for carrying out authorized activities, a funding agreement for a grant under section 1921 for the State for a fiscal year is that such agency will for such year maintain aggregate State expenditures for authorized activities at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant.

''(b) WAIVER.—

''(1) IN GENERAL.—Upon the request of a State, the Secretary may waive all or part of the requirement established in subsection (a) if the Secretary determines that extraordinary economic conditions in the State justify the waiver.

''(2) DATE CERTAIN FOR ACTING UPON REQUEST.—The Secretary shall approve or deny a request for a waiver under paragraph (1) not later than 120 days after the date on which the request is made.

''(3) APPLICABILITY OF WAIVER.—Any waiver provided by the Secretary under paragraph (1) shall be applicable only to the fiscal year involved.

''(c) NONCOMPLIANCE BY STATE.—

''(1) IN GENERAL.—In making a grant under section 1921 to a State for a fiscal year, the Secretary shall make a determination of whether, for the previous fiscal year, the State maintained material compliance with any agreement made under subsection (a). If the Secretary determines that a State has failed to maintain such compliance, the Secretary shall reduce the amount of the allotment under section 1921 for the State for the fiscal year for which the grant is being made by an amount equal to the amount constituting such failure for the previous fiscal year.

''(2) SUBMISSION OF INFORMATION TO SECRETARY.—The Secretary may make a grant under section 1921 for a fiscal year only if the State involved submits to the Secretary information sufficient for the Secretary to make the determination required in paragraph (1).

"SEC. 1931. RESTRICTIONS ON EXPENDITURE OF GRANT.

''(a) IN GENERAL.—

''(1) CERTAIN RESTRICTIONS.—A funding agreement for a grant under section 1921 is that the State involved will not expend the grant—

''(A) to provide inpatient hospital services, except as provided in subsection (b);

''(B) to make cash payments to intended recipients of health services;

''(C) to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;

''(D) to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or

''(E) to provide financial assistance to any entity other than a public or nonprofit private entity.

''(2) LIMITATION ON ADMINISTRATIVE EXPENSES.—A funding agreement for a grant under section 1921 is that the State involved will not expend more than 5 percent of the grant to pay the costs of administering the grant.

''(3) LIMITATION REGARDING PENAL AND CORRECTIONAL INSTITUTIONS.—A funding agreement for a State for a grant under section 1921 is that, in expending the grant for the purpose of providing treatment services in penal or correctional institutions of the State, the State will not expend more than an amount equal to the amount expended for such purpose by the State from the grant made under section 1912A to the State for fiscal year 1991 (as section 1912A was in effect for such fiscal year).

''(b) EXCEPTION REGARDING INPATIENT HOSPITAL SERVICES.—

''(1) MEDICAL NECESSITY AS PRECONDITION.—With respect to compliance with the agreement made under subsection (a), a State may expend a grant under section 1921 to provide inpatient hospital services as treatment for substance abuse only if it has been determined, in accordance with guidelines issued by the Secretary, that such treatment is a medical necessity for the individual involved, and that the individual cannot be effectively treated in a community-based, nonhospital, residential program of treatment.

''(2) RATE OF PAYMENT.—In the case of an individual for whom a grant under section 1921 is expended to provide inpatient hospital services described in paragraph (1), a funding agreement for the grant for the State involved is that the daily rate of payment provided to the hospital for providing the services to the individual will not exceed the comparable daily rate provided for community-based, nonhospital, residential programs of treatment for substance abuse.

''(c) WAIVER REGARDING CONSTRUCTION OF FACILITIES.—

''(1) IN GENERAL.—The Secretary may provide to any State a waiver of the restriction established in subsection (a)(1)(C) for the purpose of authorizing the State to expend a grant under section 1921 for the construction of a new facility or rehabilitation of an existing facility, but not for land acquisition.

''(2) STANDARD REGARDING NEED FOR WAIVER.—The Secretary may approve a waiver under paragraph (1) only if the State demonstrates to the Secretary that adequate treatment cannot be provided through the use of existing facilities and that alternative facilities in existing suitable buildings are not available.

''(3) AMOUNT.—In granting a waiver under paragraph (1), the Secretary shall allow the

use of a specified amount of funds to construct or rehabilitate a specified number of beds for residential treatment and a specified number of slots for outpatient treatment, based on reasonable estimates by the State of the costs of construction or rehabilitation. In considering waiver applications, the Secretary shall ensure that the State has carefully designed a program that will minimize the costs of additional beds.

''(4) MATCHING FUNDS.—The Secretary may grant a waiver under paragraph (1) only if the State agrees, with respect to the costs to be incurred by the State in carrying out the purpose of the waiver, to make available non-Federal contributions in cash toward such costs in an amount equal to not less than $1 for each $1 of Federal funds provided under section 1921.

''(5) DATE CERTAIN FOR ACTING UPON REQUEST.—The Secretary shall act upon a request for a waiver under paragraph (1) not later than 120 days after the date on which the request is made.

"SEC. 1932. APPLICATION FOR GRANT; APPROVAL OF STATE PLAN.

''(a) IN GENERAL.—For purposes of section 1921, an application for a grant under such section for a fiscal year is in accordance with this section if, subject to subsections (c) and (d)(2)—

''(1) the State involved submits the application not later than the date specified by the Secretary;

''(2) the application contains each funding agreement that is described in this subpart or subpart III for such a grant (other than any such agreement that is not applicable to the State);

''(3) the agreements are made through certification from the chief executive officer of the State;

''(4) with respect to such agreements, the application provides assurances of compliance satisfactory to the Secretary;

''(5) the application contains the information required in section 1929, the information required in section 1930(c)(2), and the report required in section 1942(a);

''(6)(A) the application contains a plan in accordance with subsection (b) and the plan is approved by the Secretary; and

''((B) the State provides assurances satisfactory to the Secretary that the State complied with the provisions of the plan under subparagraph (A) that was approved by the Secretary for the most recent fiscal year for which the State received a grant under section 1921; and

''(7) the application (including the plan under paragraph (6)) is otherwise in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this subpart.

''(b) STATE PLAN.—

''(1) IN GENERAL.—A plan submitted by a State under subsection (a)(6) is in accordance with this subsection if the plan contains detailed provisions for complying with each funding agreement for a grant under section 1921 that is applicable to the State, including a description of the manner in which the State intends to expend the grant.

''(2) AUTHORITY OF SECRETARY REGARDING MODIFICATIONS.—As a condition of making a grant under section 1921 to a State for a fiscal year, the Secretary may require that the State modify any provision of the plan submitted by the State under subsection (a)(6) (including provisions on priorities in carrying out authorized activities). If the Secretary approves the plan and makes the grant to the State for the fiscal year, the Secretary may not during such year require the State to modify the plan.

''(3) AUTHORITY OF CENTER FOR SUBSTANCE ABUSE PREVENTION.—With respect to plans submitted by the States under subsection (a)(6), the Secretary, acting through the Director of the Center for Substance Abuse Prevention, shall review and approve or disapprove the provisions of the plans that relate to prevention activities.

''(c) WAIVERS REGARDING CERTAIN TERRITORIES.—In the case of any territory of the United States whose allotment under section 1921 for the fiscal year is the amount specified in section 1933(c)(2)(B), the Secretary may waive such provisions of this subpart and subpart III as the Secretary determines to be appropriate, other than the provisions of section 1931.

''(d) ISSUANCE OF REGULATIONS; PRECONDITION TO MAKING GRANTS.—

''(1) REGULATIONS.—Not later than August 25, 1992, the Secretary, acting as appropriate through the Director of the Center for Treatment Improvement or the Director of the Center for Substance Abuse Prevention, shall by regulation establish standards specifying the circumstances in which the Secretary will consider an application for a grant under section 1921 to be in accordance with this section.

''(2) ISSUANCE AS PRECONDITION TO MAKING GRANTS.—The Secretary may not make payments under any grant under section 1921 for fiscal year 1993 on or after January 1, 1993, unless the Secretary has issued standards under paragraph (1).

"SEC. 1933. DETERMINATION OF AMOUNT OF ALLOTMENT.

''(a) STATES.—

''(1) IN GENERAL.—Subject to subsection (b), the Secretary shall determine the amount of the allotment required in section 1921 for a State for a fiscal year as follows:

''(A) The formula established in paragraph (1) of section 1918(a) shall apply to this subsection to the same extent and in the same manner as the formula applies for purposes of section 1918(a), except that, in the application of such formula for purposes of this subsection, the modifications described in subparagraph (B) shall apply.

''(B) For purposes of subparagraph (A), the modifications described in this subparagraph are as follows:

''(i) The amount specified in paragraph (2)(A) of section 1918(a) is deemed to be the amount appropriated under section 1935(a) for allotments under section 1921 for the fiscal year involved.

''(ii) The term 'P' is deemed to have the meaning given in paragraph (2) of this subsection. Section 1918(a)(5)(B) applies to the data used in determining such term for the States.

''(iii) The factor determined under paragraph (8) of section 1918(a) is deemed to have the purpose of reflecting the differences that exist between the State involved and other States in the costs of providing authorized services.

''(2) DETERMINATION OF TERM 'P'.—For purposes of this subsection, the term 'P' means the percentage that is the arithmetic mean of the percentage determined under subparagraph (A) and the percentage determined under subparagraph (B), as follows:

''(A) The percentage constituted by the ratio of—

''(i) an amount equal to the sum of the total number of individuals who reside in the State involved and are between 18 and 24 years of age (inclusive) and the number of individuals in the State who reside in urbanized areas of the State and are between such years of age; to

''(ii) an amount equal to the total of the respective sums determined for the States under clause (i).

''(B) The percentage constituted by the ratio of—

''(i) the total number of individuals in the State who are between 25 and 64 years of age (inclusive); to

''(ii) an amount equal to the sum of the respective amounts determined for the States under clause (i).

''(b) MINIMUM ALLOTMENTS FOR STATES.—For each of the fiscal years 1993 and 1994, the amount of the allotment required in section 1921 for a State for the fiscal year involved shall be the greater of—

''(1) the amount determined under subsection (a) for the State for the fiscal year; and

''(2) an amount equal to 79.4 percent of the amount received by the State from allotments made pursuant to this part for fiscal year 1992 (including reallotments under section 205(a) of the ADAMHA Reorganization Act).

''(c) TERRITORIES.—

''(1) DETERMINATION UNDER FORMULA.—Subject to paragraphs (2) and (4), the amount of an allotment under section 1921 for a territory of the United States for a fiscal year shall be the product of—

''(A) an amount equal to the amounts reserved under paragraph (3) for the fiscal year; and

''(B) a percentage equal to the quotient of—

''(i) the civilian population of the territory, as indicated by the most recently available data; divided by

''(ii) the aggregate civilian population of the territories of the United States, as indicated by such data.

''(2) MINIMUM ALLOTMENT FOR TERRITORIES.—The amount of an allotment under section 1921 for a territory of the United States for a fiscal year shall be the greater of—

''(A) the amount determined under paragraph (1) for the territory for the fiscal year; and

''(B) $50,000.

''(3) RESERVATION OF AMOUNTS.—The Secretary shall each fiscal year reserve for the territories of the United States 1.5 percent of the amounts appropriated under section 1935(a) for allotments under section 1921 for the fiscal year.

''(4) AVAILABILITY OF DATA ON POPULATION.—With respect to data on the civilian population of the territories of the United States, if the Secretary determines for a fiscal year that recent such data for purposes of paragraph (1)(B) do not exist regarding a territory, the Secretary shall for such purposes estimate the civilian population of the territory by modifying the data on the territory to reflect the average extent of change occurring during the ensuing period in the population of all territories with respect to which recent such data do exist.

''(5) APPLICABILITY OF CERTAIN PROVISIONS.—For purposes of subsections (a) and (b), the term 'State' does not include the territories of the United States.

''(d) INDIAN TRIBES AND TRIBAL ORGANIZATIONS.—

''(1) IN GENERAL.—If the Secretary—

''(A) receives a request from the governing body of an Indian tribe or tribal organization within any State that funds under this subpart be provided directly by the Secretary to such tribe or organization; and

''(B) makes a determination that the members of such tribe or tribal organization would be better served by means of grants made directly by the Secretary under this;

the Secretary shall reserve from the allotment under section 1921 for the State for the fiscal year involved an amount that bears the same ratio to the allotment as the amount provided under this subpart to the tribe or tribal organization for fiscal year 1991 for activities relating to the prevention

and treatment of the abuse of alcohol and other drugs bore to the amount of the portion of the allotment under this subpart for the State for such fiscal year that was expended for such activities.

''(2) TRIBE OR TRIBAL ORGANIZATION AS GRANTEE.—The amount reserved by the Secretary on the basis of a determination under this paragraph shall be granted to the Indian tribe or tribal organization serving the individuals for whom such a determination has been made.

''(3) APPLICATION.—In order for an Indian tribe or tribal organization to be eligible for a grant for a fiscal year under this paragraph, it shall submit to the Secretary a plan for such fiscal year that meets such criteria as the Secretary may prescribe.

''(4) DEFINITION.—The terms 'Indian tribe' and 'tribal organization' have the same meaning given such terms in subsections (b) and (c) of section 4 of the Indian Self-Determination and Education Assistance Act.

"SEC. 1934. DEFINITIONS.

''For purposes of this subpart:

''(1) The term 'authorized activities', subject to section 1931, means the activities described in section 1921(b).

''(2) The term 'funding agreement', with respect to a grant under section 1921 to a State, means that the Secretary may make such a grant only if the State makes the agreement involved.

''(3) The term 'prevention activities', subject to section 1931, means activities to prevent substance abuse.

''(4) The term 'substance abuse' means the abuse of alcohol or other drugs.

''(5) The term 'treatment activities' means treatment services and, subject to section 1931, authorized activities that are related to treatment services.

''(6) The term 'treatment facility' means an entity that provides treatment services.

''(7) The term 'treatment services', subject to section 1931, means treatment for substance abuse.

"SEC. 1935. FUNDING.

''(a) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subpart, subpart III and section 505 with respect to substance abuse, and section 515(d), there are authorized to be appropriated $1,500,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

''(b) ALLOCATIONS FOR TECHNICAL ASSISTANCE, NATIONAL DATA BASE, DATA COLLECTION, AND PROGRAM EVALUATIONS.—

''(1) IN GENERAL.—

''(A) For the purpose of carrying out section 1948(a) with respect to substance abuse, section 515(d), and the purposes specified in subparagraphs (B) and (C), the Secretary shall obligate 5 percent of the amounts appropriated under subsection (a) each fiscal year.

''(B) The purpose specified in this subparagraph is the collection of data in this paragraph is carrying out section 505 with respect to substance abuse.

''(C) The purpose specified in this subparagraph is the conduct of evaluations of authorized activities to determine methods for improving the availability and quality of such activities.

''(2) ACTIVITIES OF CENTER FOR SUBSTANCE ABUSE PREVENTION.—Of the amounts reserved under paragraph (1) for a fiscal year, the Secretary, acting through the Director of the Center for Substance Abuse Prevention, shall obligate 20 percent for carrying out paragraph (1)(C), section 1949(a) with respect to prevention activities, and section 515(d).''.

SEC. 203. GENERAL PROVISIONS REGARDING BLOCK GRANTS.

(a) IN GENERAL.—Part B of title XIX of the Public Health Service Act, as amended by section 102 of this Act, is amended by adding at the end the following:

''Subpart III—General Provisions

"SEC. 1941. OPPORTUNITY FOR PUBLIC COMMENT ON STATE PLANS.

''A funding agreement for a grant under section 1911 or 1921 is that the State involved will make the plan required in section 1912, and the plan required in section 1932, respectively, public within the State in such manner as to facilitate comment from any person (including any Federal or other public agency) during the development of the plan (including any revisions) and after the submission of the plan to the Secretary.

"SEC. 1942. REQUIREMENT OF REPORTS AND AUDITS BY STATES.

''(a) REPORT.—A funding agreement for a grant under section 1911 or 1921 is that the State involved will submit to the Secretary a report in such form and containing such information as the Secretary determines (after consultation with the States and the Comptroller General) to be necessary for securing a record and a description of—

''(1) the purposes for which the grant received by the State for the preceding fiscal year under the program involved were expended and a description of the activities of the State under the program; and

''(2) the recipients of amounts provided in the grant.

''(b) AUDITS.—A funding agreement for a grant under section 1911 or 1921 is that the State will, with respect to the grant, comply with chapter 75 of title 31, United States Code.

''(c) AVAILABILITY TO PUBLIC.—A funding agreement for a grant under section 1911 or 1921 is that the State involved will —

''(1) make copies of the reports and audits described in this section available for public inspection within the State; and

''(2) provide copies of the report under subsection (a), upon request, to any interested person (including any public agency).

"SEC. 1943. ADDITIONAL REQUIREMENTS.

''(a) IN GENERAL.—A funding agreement for a grant under section 1911 or 1921 is that the State involved will—

''(1)(A) for the fiscal year for which the grant involved is provided, provide for independent peer review to assess the quality, appropriateness, and efficacy of treatment services provided in the State to individuals under the program involved; and

''(B) ensure that, in the conduct of such peer review, not fewer than 5 percent of the entities providing services in the State under such program are reviewed (which 5 percent is representative of the total population of such entities);

''(2) permit and cooperate with Federal investigations undertaken in accordance with section 1945; and

''(3) provide to the Secretary any data required by the Secretary pursuant to section 515 and will cooperate with the Secretary in the development of uniform criteria for the collection of data pursuant to such section.

''(b) PATIENT RECORDS.—The Secretary may make a grant under section 1911 or 1921 only if the State involved has in effect a system to protect from inappropriate disclosure patient records maintained by the State in connection with an activity funded under the program involved or by any entity which is receiving amounts from the grant.

"SEC. 1944. DISPOSITION OF CERTAIN FUNDS APPROPRIATED FOR ALLOTMENTS.

''(a) IN GENERAL.—Amounts described in subsection (b) and available for a fiscal year pursuant to section 1911 or 1921, as the case may be, shall be allotted by the Secretary and paid to the States receiving a grant under the program involved, other than any State referred to in subsection (b) with respect to such program. Such amounts shall be allotted in a manner equivalent to the manner in which the allotment under the program involved was determined.

''(b) SPECIFICATION OF AMOUNTS.—The amounts referred to in subsection (a) are any amounts that—

''(1) are not paid to States under the program involved as a result of—

''(A) the failure of any State to submit an application in accordance with the program;

''(B) the failure of any State to prepare such application in compliance with the program; or

''(C) any State informing the Secretary that the State does not intend to expend the full amount of the allotment made to the State under the program;

''(2) are terminated, repaid, or offset under section 1945;

''(3) in the case of the program established in section 1911, are available as a result of reductions in allotments under such section pursuant to section 1912(d) or 1915(b); or

''(4) in the case of the program established in section 1921, are available as a result of reductions in allotments under such section pursuant to section 1926 or 1930.

"SEC. 1945. FAILURE TO COMPLY WITH AGREEMENTS.

''(a) SUSPENSION OR TERMINATION OF PAYMENTS.—Subject to subsection (e), if the Secretary determines that a State has materially failed to comply with the agreements or other conditions required for the receipt of a grant under the program involved, the Secretary may in whole or in part suspend payments under the grant, terminate the grant for cause, or employ such other remedies (including the remedies provided for in subsections (b) and (c)) as may be legally available and appropriate in the circumstances involved.

''(b) REPAYMENT OF PAYMENTS.—

''(1) IN GENERAL.—Subject to subsection (e), the Secretary may require a State to repay with interest any payments received by the State under section 1911 or 1921 that the Secretary determines were not expended by the State in accordance with the agreements required under the program involved.

''(2) OFFSET AGAINST PAYMENTS.—If a State fails to make a repayment required in paragraph (1), the Secretary may offset the amount of the repayment against the amount of any payment due to be paid to the State under the program involved.

''(c) WITHHOLDING OF PAYMENTS.—

''(1) IN GENERAL.—Subject to subsections (e) and (g)(3), the Secretary may withhold payments due under section 1911 or 1921 if the Secretary determines that the State involved is not expending amounts received under the program involved in accordance with the agreements required under the program.

''(2) TERMINATION OF WITHHOLDING.—The Secretary shall cease withholding payments from a State under paragraph (1) if the Secretary determines that there are reasonable assurances that the State will expend amounts received under the program involved in accordance with the agreements required under the program.

''(d) APPLICABILITY OF REMEDIES TO CERTAIN VIOLATIONS.—

''(1) IN GENERAL.—With respect to agreements or other conditions for receiving a grant under the program involved, in the case of the failure of a State to maintain material compliance with a condition referred to in paragraph (2), the provisions for noncompliance with the condition that are provided in the section establishing the condition shall apply in lieu of subsections (a) through (c) of this section.

''(2) RELEVANT CONDITIONS.—For purposes of paragraph (1):

''(A) In the case of the program established in section 1911, a condition referred to in this paragraph is the condition established in section 1912(d) and the condition established in section 1915(b).

''(B) In the case of the program established in section 1921, a condition referred to in this paragraph is the condition established in section 1926 and the condition established in section 1930.

''(e) OPPORTUNITY FOR HEARING.—Before taking action against a State under any of subsections (a) through (c) (or under a section referred to in subsection (d)(2), as the case may be), the Secretary shall provide to the State involved adequate notice and an opportunity for a hearing.

''(f) REQUIREMENT OF HEARING IN CERTAIN CIRCUMSTANCES.—

''(1) IN GENERAL.—If the Secretary receives a complaint that a State has failed to maintain material compliance with the agreements or other conditions required for receiving a grant under the program involved (including any condition referred to for purposes of subsection (d), and there appears to be reasonable evidence to support the complaint, the Secretary shall promptly conduct a hearing with respect to the complaint.

''(2) ADEQUATE NOTICE; OPPORTUNITY TO PARTICIPATE.—In any case in which a hearing is required under paragraph (1) with respect to a State, the Secretary shall provide adequate notice to the State, and to the non-Federal entity submitting the complaint involved, that the hearing is to be held and shall permit the State and such entity to participate in the hearing.

''(3) FINDING OF MATERIAL NONCOMPLIANCE.—If in a hearing under paragraph (1) the Secretary finds that the State involved has failed to maintain material compliance with the agreement or other condition involved, the Secretary shall take such action under this section as may be appropriate to ensure that material compliance is so maintained, or such action as may be required in a section referred to in subsection (d)(2), as the case may be.

''(g) CERTAIN INVESTIGATIONS.—

''(1) REQUIREMENT REGARDING SECRETARY.—The Secretary shall in fiscal year 1994 and each subsequent fiscal year conduct in not less than 10 States investigations of the expenditure of grants received by the States under section 1911 or 1921 in order to evaluate compliance with the agreements required under in the program involved.

''(2) PROVISION OF RECORDS ETC. UPON REQUEST.—Each State receiving a grant under section 1911 or 1921, and each entity receiving funds from the grant, shall make appropriate books, documents, papers, and records available to the Secretary or the Comptroller General, or any of their duly authorized representatives, for examination, copying, or mechanical reproduction on or off the premises of the appropriate entity upon a reasonable request therefor.

''(3) LIMITATIONS ON AUTHORITY.—The Secretary may not institute proceedings under subsection (c) unless the Secretary has conducted an investigation concerning whether the State has expended payments under the program involved in accordance with the agreements required under the program. Any such investigation shall be conducted within the State by qualified investigators.

''SEC. 1946. PROHIBITIONS REGARDING RECEIPT OF FUNDS.

''(a) ESTABLISHMENT.—

''(1) CERTAIN FALSE STATEMENTS AND REPRESENTATIONS.—A person shall not knowingly and willfully make or cause to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which payments may be made by a State from a grant made to the State under section 1911 or 1921.

''(2) CONCEALING OR FAILING TO DISCLOSE CERTAIN EVENTS.—A person with knowledge of the occurrence of any event affecting the initial or continued right of the person to receive any payments from a grant made to a State under section 1911 or 1921 shall not conceal or fail to disclose any such event with an intent fraudulently to secure such payment either in a greater amount than is due or when no such amount is due.

''(b) CRIMINAL PENALTY FOR VIOLATION OF PROHIBITION.—Any person who violates any prohibition established in subsection (a) shall for each violation be fined in accordance with title 18, United States Code, or imprisoned for not more than 5 years, or both.

''SEC. 1947. NONDISCRIMINATION.

''(a) IN GENERAL.—

''(1) RULE OF CONSTRUCTION REGARDING CERTAIN CIVIL RIGHTS LAWS.—For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under section 504 of the Rehabilitation Act of 1973, on the basis of sex under title IX of the Education Amendments of 1972, or on the basis of race, color, or national origin under title VI of the Civil Rights Act of 1964, programs and activities funded in whole or in part with funds made available under section 1911 or 1921 shall be considered to be programs and activities receiving Federal financial assistance.

''(2) PROHIBITION.—No person shall on the ground of sex (including, in the case of a woman, on the ground that the woman is pregnant), or on the ground of religion, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds made available under section 1911 or 1921.

''(b) ENFORCEMENT.—

''(1) REFERRALS TO ATTORNEY GENERAL AFTER NOTICE.—Whenever the Secretary finds that a State, or an entity that has received a payment pursuant to section 1911 or 1921, has failed to comply with a provision of law referred to in subsection (a)(1), with subsection (a)(2), or with an applicable regulation (including one prescribed to carry out subsection (a)(2)), the Secretary shall notify the chief executive officer of the State and shall request the chief executive officer to secure compliance. If within a reasonable period of time, not to exceed 60 days, the chief executive officer fails or refuses to secure compliance, the Secretary may—

''(A) refer the matter to the Attorney General with a recommendation that an appropriate civil action be instituted;

''(B) exercise the powers and functions provided by the Age Discrimination Act of 1975, section 504 of the Rehabilitation Act of 1973, title IX of the Education Amendments of 1972, or title VI of the Civil Rights Act of 1964, as may be applicable; or

''(C) take such other actions as may be authorized by law.

''(2) AUTHORITY OF ATTORNEY GENERAL.—When a matter is referred to the Attorney General pursuant to paragraph (1)(A), or whenever the Attorney General has reason to believe that a State or an entity is engaged in a pattern or practice in violation of a provision of law referred to in subsection (a)(1) or in violation of subsection (a)(2), the Attorney General may bring a civil action in any appropriate district court of the United States for such relief as may be appropriate, including injunctive relief.

''SEC. 1948. TECHNICAL ASSISTANCE AND PROVISION OF SUPPLIES AND SERVICES IN LIEU OF GRANT FUNDS.

''(a) TECHNICAL ASSISTANCE.—The Secretary shall, without charge to a State receiving a grant under section 1911 or 1921, provide to the State (or to any public or nonprofit private entity within the State) technical assistance with respect to the planning, development, and operation of any program or service carried out pursuant to the program involved. The Secretary may provide such technical assistance directly, through contract, or through grants.

''(b) PROVISION OF SUPPLIES AND SERVICES IN LIEU OF GRANT FUNDS.—

''(1) IN GENERAL.—Upon the request of a State receiving a grant under section 1911 or 1921, the Secretary may, subject to paragraph (2), provide supplies, equipment, and services for the purpose of aiding the State in carrying out the program involved and, for such purpose, may detail to the State any officer or employee of the Department of Health and Human Services.

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

''SEC. 1949. REPORT BY SECRETARY.

''Not later than January 24, 1994, the Secretary shall 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 on the activities of the States carried out pursuant to the programs established in sections 1911 and 1921. Such report may include any recommendations of the Secretary for appropriate changes in legislation.

''SEC. 1950. RULE OF CONSTRUCTION REGARDING DELEGATION OF AUTHORITY TO STATES.

''With respect to States receiving grants under section 1911 or 1921, this part may not be construed to authorize the Secretary to delegate to the States the primary responsibility for interpreting the governing provisions of this part.

''SEC. 1951. SOLICITATION OF VIEWS OF CERTAIN ENTITIES.

''In carrying out this part, the Secretary, as appropriate, shall solicit the views of the States and other appropriate entities.

''SEC. 1952. AVAILABILITY TO STATES OF GRANT PAYMENTS.

''(c) IN GENERAL.—Subject to subsection (b), any amounts paid to a State under the program involved shall be available for obligation until the end of the fiscal year for which the amounts were paid, and if obligated by the end of such year, shall remain available for expenditure until the end of the succeeding fiscal year.

''(b) EXCEPTION REGARDING NONCOMPLIANCE OF SUBGRANTEES.—If a State has in accordance with subsection (a) obligated amounts paid to the State under the program involved, in any case in which the Secretary determines that the obligation consists of a grant or contract awarded by the State, and that the State has terminated or reduced the amount of such financial assistance on the basis of the failure of the recipient of the assistance to comply with the terms upon which the assistance was conditioned—

''(1) the amounts involved shall be available for reobligation by the State through September 30 of the fiscal year following the fiscal year for which the amounts were paid to the State; and

''(2) any of such amounts that are obligated by the State in accordance with paragraph (1) shall be available for expenditure through such date.

''SEC. 1953. CONTINUATION OF CERTAIN PROGRAMS.

''(a) IN GENERAL.—Of the amount allotted to the State of Hawaii under section 1911, and the amount allotted to such State under section 1921, an amount equal to the proportion of Native Hawaiians residing in the

State to the total population of the State shall be available, respectively, for carrying out the program involved for Native Hawaiians.

''(b) EXPENDITURE OF AMOUNTS.—The amount made available under subsection (a) may be expended only through contracts entered into by the State of Hawaii with public and private nonprofit organizations to enable such organizations to plan, conduct, and administer comprehensive substance abuse and treatment programs for the benefit of Native Hawaiians. In entering into contracts under this section, the State of Hawaii shall give preference to Native Hawaiian organizations and Native Hawaiian health centers.

''(c) DEFINITIONS.—For the purposes of this subsection, the terms 'Native Hawaiian', 'Native Hawaiian organization', and 'Native Hawaiian health center' have the meaning given such terms in section 2308 of subtitle D of title II of the Anti-Drug Abuse Act of 1988.

"SEC. 1954. DEFINITIONS.

''(a) DEFINITIONS FOR SUBPART III.—For purposes of this subpart:

''(1) The term 'program involved' means the program of grants established in section 1911 or 1921, or both, as indicated by whether the State involved is receiving or is applying to receive a grant under section 1911 or 1921, or both.

''(2)(A) The term 'funding agreement', with respect to a grant under section 1911, has the meaning given such term in section 1919.

''(B) The term 'funding agreement', with respect to a grant under section 1921, has the meaning given such term in section 1934.

''(b) DEFINITIONS FOR PART B.—For purposes of this part:

''(1) The term 'Comptroller General' means the Comptroller General of the United States.

''(2) The term 'State', except as provided in sections 1918(c)(5) and 1933(c)(5), means each of the several States, the District of Columbia, and each of the territories of the United States.

''(3) The term 'territories of the United States' means each of the Commonwealth of Puerto Rico, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, Palau, the Marshall Islands, and Micronesia.

''(4) The term 'interim services', in the case of an individual in need of treatment for substance abuse who has been denied admission to a program of such treatment on the basis of the lack of the capacity of the program to admit the individual, means services for reducing the adverse health effects of such abuse, for promoting the health of the individual, and for reducing the risk of transmission of disease, which services are provided until the individual is admitted to such a program.''.

(b) FEDERAL ACCOUNTABILITY.—Any rule or regulation of the Department of Health and Human Services that is inconsistent with the amendments made by this Act shall not have any legal effect, including section 50(e) of part 96 of title 45, Code of Federal Regulations (45 CFR 96.50(e)).

SEC. 204. RELATED PROGRAMS.

Title XIX of the Public Health Service Act (42 U.S.C. 300w et seq.) is amended by adding at the end the following new part:

''PART C—CERTAIN PROGRAMS REGARDING SUBSTANCE ABUSE

''Subpart I—Expansion of Capacity for Providing Treatment

"SEC. 1971. CATEGORICAL GRANTS TO STATES.

''(a) GRANTS FOR STATES WITH INSUFFICIENT CAPACITY.—

''(1) IN GENERAL.—The Secretary, acting through the Director of the Center for Substance Abuse Treatment, may make grants to States for the purpose of increasing the maximum number of individuals to whom public and nonprofit private entities in the States are capable of providing effective treatment for substance abuse.

''(2) ELIGIBLE STATES.—The Director may not make a grant under subsection (a) to a State unless the number of individuals seeking treatment services in the State significantly exceeds the maximum number described in paragraph (1) that is applicable to the State.

''(b) PRIORITY IN MAKING GRANTS.—

''(1) RESIDENTIAL TREATMENT SERVICES FOR PREGNANT WOMEN.—In making grants under subsection (a), the Director shall give priority to States that agree to give priority in the expenditure of the grant to carrying out the purpose described in such subsection as the purpose relates to the provision of residential treatment services to pregnant women.

''(2) ADDITIONAL PRIORITY REGARDING MATCHING FUNDS.—In the case of any application for a grant under subsection (a) that is receiving priority under paragraph (1), the Director shall give further priority to the application if the State involved agrees as a condition of receiving the grant to provide non-Federal contributions under subsection (c) in a greater amount than the amount required under such subsection for the applicable fiscal year.

''(c) REQUIREMENT OF MATCHING FUNDS.—

''(1) IN GENERAL.—Subject to paragraph (3), the Director may not make a grant under subsection (a) unless the State agrees, with respect to the costs of the program to be carried out by the State pursuant to such subsection, to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is—

''(A) for the first fiscal year for which the State receives such a grant, not less than $1 for each $9 of Federal funds provided in the grant;

''(B) for any second or third such fiscal year, not less than $1 for each $9 of Federal funds provided in the grant; and

''(C) for any subsequent such fiscal year, not less than $1 for each $3 of Federal funds provided in the grant.

''(2) DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTION.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

''(3) WAIVER.—The Director may waive the requirement established in paragraph (1) if the Director determines that extraordinary economic conditions in the State justify the waiver.

''(d) LIMITATION REGARDING DIRECT TREATMENT SERVICES.—The Director may not make a grant under subsection (a) unless the State involved agrees that the grant will be expended only for the direct provision of treatment services. The preceding sentence may not be construed to authorize the expenditure of such a grant for the planning or evaluation of treatment services.

''(e) REQUIREMENT OF APPLICATION.—The Secretary may not make a grant under subsection (a) unless an application for the grant 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 Secretary determines to be necessary to carry out this section.

''(f) DURATION OF GRANT.—The period during which payments are made to a State from a grant under subsection (a) may not exceed 5 years. The provision of such payments shall be subject to annual approval by the Director of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments.

''(g) MAINTENANCE OF EFFORT.—The Director may not make a grant under subsection (a) unless the State involved agrees to maintain State expenditures for treatment services at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the first fiscal year for which the State receives such a grant.

''(h) RESTRICTIONS ON USE OF GRANT.—The Director may not make a grant under subsection (a) unless the State involved agrees that the grant will not be expended—

''(1) to provide inpatient hospital services;

''(2) to make cash payments to intended recipients of health services;

''(3) to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;

''(4) to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or

''(5) to provide financial assistance to any entity other than a public or nonprofit private entity.

''(i) DEFINITIONS.—For purposes of this section—

''(1) The term 'Director' means the Director of the Center for Substance Abuse Treatment.

''(2) The term 'substance abuse' means the abuse of alcohol or other drugs.

''(j) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $86,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

''Subpart II—Interim Maintenance Treatment of Narcotics Dependence

"SEC. 1976. INTERIM MAINTENANCE TREATMENT.

''(a) REQUIREMENT REGARDING SECRETARY.—Subject to the following subsections of this section, for the purpose of reducing the incidence of the transmission of HIV disease pursuant to the intravenous abuse of heroin or other morphine-like drugs, the Secretary, in establishing conditions for the use of methadone in public or nonprofit private programs of treatment for dependence on such drugs, shall authorize such programs—

''(1) to dispense methadone for treatment purposes to individuals who—

''(A) meet the conditions for admission to such programs that dispense methadone as part of comprehensive treatment for such dependence; and

''(B) are seeking admission to such programs that so dispense methadone, but as a result of the limited capacity of the programs, will not gain such admission until 14 or more days after seeking admission to the programs; and

''(2) in dispensing methadone to such individuals, to provide only minimum ancillary services during the period in which the individuals are waiting for admission to programs of comprehensive treatment.

''(b) INAPPLICABILITY OF REQUIREMENT IN CERTAIN CIRCUMSTANCES.—

''(1) IN GENERAL.—The requirement established in subsection (a) for the Secretary does not apply if any or all of the following conditions are met:

''(A) The preponderance of scientific research indicates that the risk of the transmission of HIV disease pursuant to the intravenous abuse of drugs is minimal.

''(B) The preponderance of scientific research indicates that the medically supervised dispensing of methadone is not an effective method of reducing the extent of de-

pendence on heroin and other morphine-like drugs.

''(C) The preponderance of available data indicates that, of treatment programs that dispense methadone as part of comprehensive treatment, a substantial majority admit all individuals seeking services to the programs not later than 14 days after the individuals seek admission to the programs.

''(2) EVALUATION BY SECRETARY.—In evaluating whether any or all of the conditions described in paragraph (1) have been met, the Secretary shall consult with the National Commission on Acquired Immune Deficiency Syndrome.

''(c) CONDITIONS FOR OBTAINING AUTHORIZATION FROM SECRETARY.—

''(1) IN GENERAL.—In carrying out the requirement established in subsection (a), the Secretary shall, after consultation with the National Commission on Acquired Immune Deficiency Syndrome, by regulation issue such conditions for treatment programs to obtain authorization from the Secretary to provide interim maintenance treatment as may be necessary to carry out the purpose described in such subsection. Such conditions shall include conditions for preventing the unauthorized use of methadone.

''(2) COUNSELING ON HIV DISEASE.—The regulations issued under paragraph (1) shall provide that an authorization described in such paragraph may not be issued to a treatment program unless the program provides to recipients of the treatment counseling on preventing exposure to and the transmission of HIV disease.

''(3) PERMISSION OF RELEVANT STATE AS CONDITION OF AUTHORIZATION.—The regulations issued under paragraph (1) shall provide that the Secretary may not provide an authorization described in such paragraph to any treatment program in a State unless the chief public health officer of the State has certified to the Secretary that—

''(A) such officer does not object to the provision of such authorizations to treatment programs in the State; and

''(B) the provision of interim maintenance services in the State will not reduce the capacity of comprehensive treatment programs in the State to admit individuals to the programs (relative to the date on which such officer so certifies).

''(4) DATE CERTAIN FOR ISSUANCE OF REGULATIONS; FAILURE OF SECRETARY.—The Secretary shall issue the final rule for purposes of the regulations required in paragraph (1), and such rule shall be effective, not later than the expiration of the 180-day period beginning on the date of the enactment of the ADAMHA Reorganization Act. If the Secretary fails to meet the requirement of the preceding sentence, the proposed rule issued on March 2, 1989, with respect to part 291 of title 21, Code of Federal Regulations (docket numbered 88N-0444; 54 Fed. Reg. 8973 et seq.) is deemed to take effect as a final rule upon the expiration of such period, and the provisions of paragraph (3) of this subsection are deemed to be incorporated into such rule.

''(d) DEFINITIONS.—For purposes of this section:

''(1) The term 'interim maintenance services' means the provision of methadone in a treatment program under the circumstances described in paragraphs (1) and (2) of subsection (a).

''(2) The term 'HIV disease' means infection with the etiologic agent for acquired immune deficiency syndrome.

''(3) The term 'treatment program' means a public or nonprofit private program of treatment for dependence on heroin or other morphine-like drugs.''.

SEC. 205. TEMPORARY PROVISIONS REGARDING FUNDING.

(a) REALLOTMENT OF UNPAID PORTION OF ALLOTMENT FOR FISCAL YEAR 1992.—

(1) IN GENERAL.—With respect to allotments made for fiscal year 1992 under part B of title XIX of the Public Health Service Act (as in effect on the day before the date of the enactment of this Act), any portion of the total of such allotments that has not been paid to the States as of the first day of the fourth quarter of such fiscal year shall be reallotted with the result that, subject to paragraph (2), the total allotment made for a State for fiscal year 1992 pursuant to such part (including reallotments under this paragraph) is the amount indicated for the State in the following table:

State	Amount
Alabama	$18,751,646
Alaska	$2,734,000
Arizona	$19,352,828
Arkansas	$8,927,066
California	$186,245,891
Colorado	$17,873,097
Connecticut	$16,576,000
Delaware	$3,329,654
District of Columbia	$4,896,000
Florida	$63,093,000
Georgia	$28,383,202
Hawaii	$6,279,545
Idaho	$3,422,626
Illinois	$62,631,938
Indiana	$28,563,000
Iowa	$10,017,948
Kansas	$8,929,313
Kentucky	$14,691,461
Louisiana	$19,625,929
Maine	$5,466,524
Maryland	$24,896,906
Massachusetts	$36,009,000
Michigan	$47,968,489
Minnesota	$19,061,274
Mississippi	$10,215,502
Missouri	$22,952,468
Montana	$3,523,100
Nebraska	$6,019,775
Nevada	$6,975,991
New Hampshire	$5,290,704
New Jersey	$47,170,000
New Mexico	$7,079,374
New York	$103,643,000
North Carolina	$27,237,938
North Dakota	$2,456,891
Ohio	$56,647,000
Oklahoma	$13,801,384
Oregon	$13,824,013
Pennsylvania	$61,799,000
Rhode Island	$7,336,000
South Carolina	$15,403,164
South Dakota	$3,759,000
Tennessee	$20,490,809
Texas	$80,194,508
Utah	$10,705,633
Vermont	$3,918,000
Virginia	$27,883,059
Washington	$27,284,210
West Virginia	$7,475,330
Wisconsin	$20,222,918
Wyoming	$1,584,892

(2) GRANTS FROM ALLOTMENTS; CERTAIN CONDITIONS REGARDING ALL PAYMENTS PURSUANT TO PART B FOR FISCAL YEAR 1992.—The Secretary shall make a grant to a State of the reallotment made for the State under paragraph (1) if the State agrees that the grant is subject to all conditions upon which allotments and payments under part B of title XIX of the Public Health Service Act are made for fiscal year 1992 (as in effect on the day before the date of the enactment of this Act), except as follows:

(A) Notwithstanding section 1916(c)(6)(A) such part—

(i) the percentage of the total allotment referred to in paragraph (1) that is expended for mental health activities will be not less than the percentage determined under clause (i) of such section 1916(c)(6)(A) for fiscal year 1991; and

(ii) the percentage of such total allotment that is expended for alcohol and drug abuse activities will be not less than the percentage determined under clause (ii) of such section 1916(c)(6)(A) for fiscal year 1991.

(B)(i) In the case of such a grant to the State of California: With respect to any entity that received a grant under section 509E of the Public Health Service Act for fiscal year 1991 (as such section was in effect for such year) to carry out a program of services in such State—

(I) the State will expend the grant to provide financial assistance to the entity for the purpose of continuing the program in such State, subject to clause (ii); and

(II) the amount of such assistance for the fiscal year will be an amount equal to the amount the entity received under such section 509E for fiscal year 1991.

(ii) The Secretary shall waive the requirement established in clause (i) with respect to a program described in such clause if the State of California certifies to the Secretary that the level of services provided by the program is not needed, or that the program has not provided services in an effective manner (as determined under State quality standards).

(3) INAPPLICABILITY TO TERRITORIES.—For purposes of this subsection, the term ''State'' means each of the several States and the District of Columbia.

(b) CONTINGENT AUTHORITY FOR TRANSFERS BETWEEN ALLOTMENTS.—

(1) SUBPART II TO SUBPART I.—In the case of any State for which an allotment for fiscal year 1993 or 1994 under section 1911 is made in an amount that is less than the mental health portion of the allotment under former section 1912A for fiscal year 1991, the Secretary shall, upon the request of the chief executive officer of the State, transfer from the allotment under section 1921 for the fiscal year involved to the allotment under section 1911 for the fiscal year such amounts as the State may direct, subject to the allotment under section 1911 not exceeding the amount of such mental health portion.

(2) SUBPART I TO SUBPART II.—In the case of any State for which an allotment for fiscal year 1993 or 1994 under section 1921 is made in an amount that is less than the substance-abuse portion of the allotment under former section 1912A for fiscal year 1991, the Secretary shall, upon the request of the chief executive officer of the State, transfer from the allotment under section 1911 for the fiscal year involved to the allotment under section 1921 for the fiscal year such amounts as the State may direct, subject to the allotment under section 1921 not exceeding the amount of such substance-abuse portion.

(3) DEFINITIONS.—For purposes of this subsection:

(A) The term ''section 1911'' means section 1911 of the Public Health Service Act.

(B) The term ''section 1921'' means section 1921 of the Public Health Service Act.

(C) The term ''former section 1912A'' means section 1912A of the Public Health Service Act, as such section was in effect for fiscal year 1991.

(D) The term ''former section 1916(c)(6)(A)'' means section 1916(c)(6)(A) of the Public Health Service Act, as such section was in effect for fiscal year 1991.

(E) The term ''mental health portion'', with respect to an allotment under former section 1912A for fiscal year 1991, means the amount of such allotment that was reserved by the State for such year in compliance with clause (i) of former section 1916(c)(6)(A).

(F) The term ''substance-abuse portion'', with respect to an allotment under former section 1912A for fiscal year 1991, means the amount of such allotment that was reserved by the State for such year in compliance with clause (ii) of former section 1916(c)(6)(A).

(c) PROGRAM FOR PREGNANT AND POSTPARTUM WOMEN.—

(1) IN GENERAL.—Subject to paragraph (2), for the purpose of carrying out section 508 of the Public Health Service Act for fiscal year 1993, the Secretary shall obligate 40 percent of the amounts made available pursuant to section 1935(b) of such Act for such fiscal year.

(2) LIMITATION.—Paragraph (1) shall apply only to the extent necessary to ensure that $80,000,000 is available for fiscal year 1993 to carry out section 508 of the Public Health Service Act.

(d) DEFINITION OF SECRETARY.—For purposes of this section, the term ''Secretary''' means the Secretary of Health and Human Services.

TITLE III—MODEL COMPREHENSIVE PROGRAM FOR TREATMENT OF SUBSTANCE ABUSE

SEC. 301. DEMONSTRATION PROGRAM IN NATIONAL CAPITAL AREA.

Title V of the Public Health Service Act, as amended by section 119 of this Act, is amended by adding at the end the following part:

''PART F—MODEL COMPREHENSIVE PROGRAM FOR TREATMENT OF SUBSTANCE ABUSE

''DEMONSTRATION PROGRAM IN NATIONAL CAPITAL AREA

''SEC. 571. (a) IN GENERAL.—The Secretary, in collaboration with the Director of the Treatment Center, shall make a demonstration grant for the establishment, within the national capital area, of a model program for providing comprehensive treatment services for substance abuse.

''(b) PURPOSES.—The Secretary may not make a grant under subsection (a) unless, with respect to the comprehensive treatment services to be offered by the program under such subsection, the applicant for the grant agrees—

''(1) to ensure, to the extent practicable, that the program has the capacity to provide the services to all individuals who seek and could benefit from the services;

''(2) as appropriate, to provide education on obtaining employment and other matters with respect to assisting the individuals in preventing any relapse into substance abuse, including education on the appropriate involvement of parents and others in preventing such a relapse;

''(3) to provide services in locations accessible to substance abusers and, to the extent practicable, to provide services through mobile facilities;

''(4) to give priority to providing services to individuals who are intravenous drug abusers, to pregnant women, to homeless individuals, and to residents of publicly-assisted housing;

''(5) with respect to women with dependent children, to provide child care to such women seeking treatment services for substance abuse;

''(6) to conduct outreach activities to inform individuals of the availability of the services of the program;

''(7) to provide case management services, including services to determine eligibility for assistance under Federal, State, and local programs providing health services, mental health services, or social services;

''(8) to ensure the establishment of one or more offices to oversee the coordination of the activities of the program, to ensure that treatment is available to those seeking it, to ensure that the program is administered efficiently, and to ensure that the public is informed that the offices are the locations at which individuals may make inquires concerning the program, including the location of available treatment services within the national capital area; and

''(9) to develop and utilize standards for certifying the knowledge and training of individuals, and the quality of programs, to provide treatment services for substance abuse.

''(c) CERTAIN REQUIREMENTS.—

''(1) REGARDING ELIGIBILITY FOR GRANT.—

''(A) The Secretary may not make the grant under subsection (a) unless the applicant involved is an organization of the general-purpose local governments within the national capital area, or another public or nonprofit private entity, and the applicant submits to the Secretary assurances satisfactory to the Secretary that, with respect to the communities in which services will be offered, the local governments of the communities will participate in the program.

''(B) The Secretary may not make the grant under subsection (a) unless—

''(i) an application for the grant is submitted to the Secretary;

''(ii) with respect to carrying out the purpose for which the grant is to be made, the application provides assurances of compliance satisfactory to the Secretary; and

''(iii) the application otherwise is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

''(2) AUTHORITY FOR COOPERATIVE AGREEMENTS.—The grantee under subsection (a) may provide the services required by such subsection directly or through arrangements with public and nonprofit private entities.

''(d) REQUIREMENT OF NON-FEDERAL CONTRIBUTIONS.—

''(1) IN GENERAL.—The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees, with respect to the costs to be incurred by the applicant in carrying out the purpose described in such subsection, to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount not less than $1 for each $2 of Federal funds provided under the grant.

''(2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

''(e) EVALUATIONS.—

''(1) BY SECRETARY.—The Secretary shall independently evaluate the effectiveness of the program carried out under subsection (a) and determine its suitability as a model for the United States, particularly regarding the provision of high quality, patient-oriented, coordinated and accessible drug treatment services across jurisdictional lines. The Secretary shall consider the extent to which the program has improved patient retention, accessibility of services, staff retention and quality, reduced patient relapse, and provided a full range of drug treatment and related health and human services. The Secretary shall evaluate the extent to which the program has effectively utilized innovative methods for overcoming the resistance of the residents of communities to the establishment of treatment facilities within the communities.

''(2) BY GRANTEE.—The Secretary may require the grantee under subsection (a) to evaluate any aspect of the program carried out under such subsection, and such evaluation shall, to the extent appropriate, be coordinated with the independent evaluation required in paragraph (1).

''(3) LIMITATION.—Funds made available under subsection (h) may not be utilized to conduct the independent evaluation required in paragraph (1).

''(f) REPORTS.—

''(1) INITIAL CRITERIA.—The Secretary shall make a determination of the appropriate criteria for carrying out the program required in subsection (a), including the anticipated need for, and range of, services under the program in the communities involved and the anticipated costs of the program. Not later than 90 days after the date of the enactment of the ADAMHA Reorganization Act, the Secretary shall submit to the Congress a report describing the findings made as a result of the determination.

''(2) ANNUAL REPORTS.—Not later than 2 years after the date on which the grant is made under subsection (a), and annually thereafter, the Secretary shall submit to the Congress a report describing the extent to which the program carried out under such subsection has been effective in carrying out the purposes of the program.

''(g) DEFINITION.—For purposes of this section, the term 'national capital area' means the metropolitan Washington area, including the District of Columbia, the cities of Alexandria, Falls Church, and Fairfax in the State of Virginia, the counties of Arlington and Fairfax in such State (and the political subdivisions located in such counties), and the counties of Montgomery and Prince George's in the State of Maryland (and the political subdivisions located in such counties).

''(h) OBLIGATION OF FUNDS.—Of the amounts appropriated for each of the fiscal years 1993 and 1994 for the programs of the Department of Health and Human Services, the Secretary shall make available $10,000,000 for carrying out this section. Of the amounts appropriated for fiscal year 1995 for the programs of such Department, the Secretary shall make available $5,000,000 for carrying out this section.''.

TITLE IV—CHILDREN OF SUBSTANCE ABUSERS

SEC. 401. ESTABLISHMENT OF PROGRAM OF SERVICES.

(a) IN GENERAL.—Title III of the Public Health Service Act (42 U.S.C. 301 et seq.) is amended by adding at the end the following new part:

''PART M—SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS

"SEC. 399D. GRANTS FOR SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS.

''(a) ESTABLISHMENT.—

''(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall make grants to public and nonprofit private entities for the purpose of carrying out programs—

''(A) to provide the services described in subsection (b) to children of substance abusers;

''(B) to provide the applicable services described in subsection (c) to families in which a member is a substance abuser; and

''(C) to identify such children and such families.

''(2) ADMINISTRATIVE CONSULTATIONS.—The Administrator of the Administration for Children, Youth, and Families and the Administrator of the Substance Abuse and Mental Health Services Administration shall be consulted regarding the promulgation of program guidelines and funding priorities under this section.

''(3) REQUIREMENT OF STATUS AS MEDICAID PROVIDER.—

''(A) Subject to subparagraph (B), the Secretary may make a grant under paragraph (1) only if, in the case of any service under such paragraph that is covered in the State plan approved under title XIX of the Social Security Act for the State involved—

''(i) the entity involved will provide the service directly, and the entity has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

''(ii) the entity will enter into an agreement with an organization under which the organization will provide the service, and the organization has entered into such a participation agreement and is qualified to receive such payments.

''(B)(i) In the case of an organization making an agreement under subparagraph (A)(ii) regarding the provision of services under paragraph (1), the requirement established in such subparagraph regarding a participation agreement shall be waived by the Secretary if the organization does not, in providing health or mental health services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits program.

''(ii) A determination by the Secretary of whether an organization referred to in clause (i) meets the criteria for a waiver under such clause shall be made without regard to whether the organization accepts voluntary donations regarding the provision of services to the public.

''(b) SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees to make available (directly or through agreements with other entities) to children of substance abusers each of the following services:

''(1) Periodic evaluation of children for developmental, psychological, and medical problems.

''(2) Primary pediatric care.

''(3) Other necessary health and mental health services.

''(4) Therapeutic intervention services for children, including provision of therapeutic child care.

''(5) Preventive counseling services.

''(6) Counseling related to the witnessing of chronic violence.

''(7) Referrals for, and assistance in establishing eligibility for, services provided under—

''(A) education and special education programs;

''(B) Head Start programs established under the Head Start Act;

''(C) other early childhood programs;

''(D) employment and training programs;

''(E) public assistance programs provided by Federal, State, or local governments; and

''(F) programs offered by vocational rehabilitation agencies, recreation departments, and housing agencies.

''(8) Additional developmental services that are consistent with the provision of early intervention services, as such term is defined in part H of the Individuals with Disabilities Education Act.

''(c) SERVICES FOR AFFECTED FAMILIES.—The Secretary may make a grant under subsection (a) only if, in the case of families in which a member is a substance abuser, the applicant involved agrees to make available (directly or through agreements with other entities) each of the following services, as applicable to the family member involved:

''(1) Services as follows, to be provided by a public health nurse, social worker, or similar professional, or by a trained worker from the community who is supervised by a professional:

''(A) Counseling to substance abusers on the benefits and availability of substance abuse treatment services and services for children of substance abusers.

''(B) Assistance to substance abusers in obtaining and using substance abuse treatment services and in obtaining the services described in subsection (b) for their children.

''(C) Visiting and providing support to substance abusers, especially pregnant women, who are receiving substance abuse treatment services or whose children are receiving services under subsection (b).

''(2) In the case of substance abusers:

''(A) Encouragement and, where necessary, referrals to participate in appropriate substance abuse treatment.

''(B) Primary health care and mental health services, including prenatal and post partum care for pregnant women.

''(C) Consultation and referral regarding subsequent pregnancies and life options, including education and career planning.

''(D) Where appropriate, counseling regarding family conflict and violence.

''(E) Remedial education services.

''(F) Referrals for, and assistance in establishing eligibility for, services described in subsection (b)(7).

''(3) In the case of substance abusers, spouses of substance abusers, extended family members of substance abusers, caretakers of children of substance abusers, and other people significantly involved in the lives of substance abusers or the children of substance abusers:

''(A) An assessment of the strengths and service needs of the family and the assignment of a case manager who will coordinate services for the family.

''(B) Therapeutic intervention services, such as parental counseling, joint counseling sessions for families and children, and family therapy.

''(C) Child care or other care for the child to enable the parent to attend treatment or other activities and respite care services.

''(D) Parenting education services and parent support groups.

''(E) Support services, including, where appropriate, transportation services.

''(F) Where appropriate, referral of other family members to related services such as job training.

''(G) Aftercare services, including continued support through parent groups and home visits.

''(d) CONSIDERATIONS IN MAKING GRANTS.—In making grants under subsection (a), the Secretary shall ensure that the grants are reasonably distributed among the following types of entities:

''(1) Alcohol and drug treatment programs, especially those providing treatment to pregnant women and mothers and their children.

''(2) Public or nonprofit private entities that provide health or social services to disadvantaged populations, and that have—

''(A) expertise in applying the services to the particular problems of substance abusers and the children of substance abusers; and

''(B) an affiliation or contractual relationship with one or more substance abuse treatment programs.

''(3) Consortia of public or nonprofit private entities that include at least one substance abuse treatment program.

''(4) Indian tribes.

''(e) FEDERAL SHARE.—The Federal share of a program carried out under subsection (a) shall be 90 percent. The Secretary shall accept the value of in-kind contributions, including facilities and personnel, made by the grant recipient as a part or all of the non-Federal share of grants.

''(f) COORDINATION WITH OTHER PROVIDERS.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees to coordinate its activities with those of the State lead agency, and the State Interagency Coordinating Council, under part H of the Individuals with Disabilities Education Act.

''(g) RESTRICTIONS ON USE OF GRANT.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees that the grant will not be expended—

''(1) to provide inpatient hospital services;

''(2) to make cash payments to intended recipients of services;

''(3) to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;

''(4) to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or

''(5) to provide financial assistance to any entity other than a public or nonprofit private entity.

''(h) SUBMISSION TO SECRETARY OF CERTAIN INFORMATION.—The Secretary may make a grant under subsection (a) only if the applicant involved submits to the Secretary—

''(1) a description of the population that is to receive services under this section and a description of such services that are to be provided and measurable goals and objectives;

''(2) a description of the mechanism that will be used to involve the local public agencies responsible for health, mental health, child welfare, education, juvenile justice, developmental disabilities, and substance abuse treatment programs in planning and providing services under this section, as well as evidence that the proposal has been coordinated with the State agencies responsible for administering those programs and the State agency responsible for administering public maternal and child health services;

''(3) information demonstrating that the applicant has established a collaborative relationship with child welfare agencies and child protective services that will enable the applicant, where appropriate, to—

''(A) provide advocacy on behalf of substance abusers and the children of substance abusers in child protective services cases;

''(B) provide services to help prevent the unnecessary placement of children in substitute care; and

''(C) promote reunification of families or permanent plans for the placement of the child; and

''(4) such other information as the Secretary determines to be appropriate.

''(i) REPORTS TO SECRETARY.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees that for each fiscal year for which the applicant receives such a grant the applicant, in accordance with uniform standards developed by the Secretary, will submit to the Secretary a report containing—

''(1) a description of specific services and activities provided under the grant;

''(2) information regarding progress toward meeting the program's stated goals and objectives;

''(3) information concerning the extent of use of services provided under the grant, including the number of referrals to related services and information on other programs or services accessed by children, parents, and other caretakers;

''(4) information concerning the extent to which parents were able to access and receive treatment for alcohol and drug abuse and sustain participation in treatment over time until the provider and the individual receiving treatment agree to end such treatment, and the extent to which parents reenter treatment after the successful or unsuccessful termination of treatment;

''(5) information concerning the costs of the services provided and the source of financing for health care services;

''(6) information concerning—

''(A) the number and characteristics of families, parents, and children served, including a description of the type and severity of childhood disabilities, and an analysis of the number of children served by age;

''(B) the number of children served who remained with their parents during the period in which entities provided services under this section;

''(C) the number of children served who were placed in out-of-home care during the period in which entities provided services under this section;

''(D) the number of children described in subparagraph (C) who were reunited with their families; and

''(E) the number of children described in subparagraph (C) for whom a permanent plan has not been made or for whom the permanent plan is other than family reunification;

''(7) information on hospitalization or emergency room use by the family members participating in the program; and

''(8) such other information as the Secretary determines to be appropriate.

''(j) REQUIREMENT OF APPLICATION.—The Secretary may make any grant under subsection (a) only if—

''(1) an application for the grant is submitted to the Secretary;

''(2) the application contains the agreements required in this section and the information required in subsection (h); and

''(3) the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

''(k) PEER REVIEW.—

''(1) REQUIREMENT.—In making determinations for awarding grants under subsection (a), the Secretary shall rely on the recommendations of the peer review panel established under paragraph (2).

''(2) COMPOSITION.—The Secretary shall establish a review panel to make recommendations under paragraph (1) that shall be composed of—

''(A) national experts in the fields of maternal and child health, substance abuse treatment, and child welfare; and

''(B) representatives of relevant Federal agencies, including the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, and the Administration for Children, Youth, and Families.

''(l) EVALUATIONS.—The Secretary shall periodically conduct evaluations to determine the effectiveness of programs supported under subsection (a)—

''(1) in reducing the incidence of alcohol and drug abuse among substance abusers participating in the programs;

''(2) in preventing adverse health conditions in children of substance abusers;

''(3) in promoting better utilization of health and developmental services and improving the health, developmental, and psychological status of children receiving services under the program;

''(4) in improving parental and family functioning;

''(5) in reducing the incidence of out-of-home placement for children whose parents receive services under the program; and

''(6) in facilitating the reunification of families after children have been placed in out-of-home care.

''(m) REPORT TO CONGRESS.—Not later than 2 years after the date on which amounts are first appropriated under subjection (o), the Secretary shall prepare and 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 that contains a description of programs carried out under this section. At a minimum, the report shall contain—

''(1) information concerning the number and type of programs receiving grants;

''(2) information concerning the type and use of services offered;

''(3) information concerning—

''(A) the number and characteristics of families, parents, and children served;

''(B) the number of children served who remained with their parents during or after the period in which entities provided services under this section;

''(C) the number of children served who were placed in out-of-home care during the period in which entities provided services under this section;

''(D) the number of children described in subparagraph (C) who were reunited with their families; and

''(E) the number of children described in subparagraph (C) who were permanently placed in out-of-home care;

analyzed by the type of entity described in subsection (d) that provided services;

''(4) an analysis of the access provided to, and use of, related services and alcohol and drug treatment through programs carried out under this section; and

''(5) a comparison of the costs of providing services through each of the types of entities described in subsection (d).

''(n) DATA COLLECTION.—The Secretary shall periodically collect and report on information concerning the numbers of children in substance abusing families, including information on the age, gender and ethnicity of the children, the composition and income of the family, and the source of health care finances.

''(o) DEFINITIONS.—For purposes of this section:

''(1) The term 'caretaker', with respect to a child of a substance abuser, means any individual acting in a parental role regarding the child (including any birth parent, foster parent, adoptive parent, relative of such a child, or other individual acting in such a role).

''(2) The term 'children of substance abusers' means—

''(A) children who have lived or are living in a household with a substance abuser who is acting in a parental role regarding the children; and

''(B) children who have been prenatally exposed to alcohol or other dangerous drugs.

''(3) The term 'Indian tribe' means any tribe, band, nation, or other organized group or community of Indians, including any Alaska Native village (as defined in, or established pursuant to, the Alaska Native Claims Settlement Act), that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

''(4) The term 'public or nonprofit private entities that provide health or social services to disadvantaged populations' includes community-based organizations, local public health departments, community action agencies, hospitals, community health centers, child welfare agencies, developmental disabilities service providers, and family resource and support programs.

''(5) The term 'substance abuse' means the abuse of alcohol or other drugs.

''(p) FUNDING.—

''(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $50,000,000 for fiscal years 1993, and such sums as may be necessary for fiscal year 1994.

''(2) CONTINGENT AUTHORITY REGARDING TRAINING OF CERTAIN INDIVIDUALS.—Of the amounts appropriated under paragraph (1) for a fiscal year in excess of $25,000,000, the Secretary may make available not more than 15 percent for the training of health care professionals and other personnel (including child welfare providers) who provide services to children and families of substance abusers.

(b) RULE OF CONSTRUCTION.—With respect to the program established in section 399D of the Public Health Service Act (as added by subsection (a) of this section), nothing in such section 399D may be construed as establishing for any other Federal program any requirement, authority, or prohibition, including with respect to recipients of funds under such other Federal programs.

TITLE V—HOME VISITING SERVICES FOR AT-RISK FAMILIES

SEC. 501. STATEMENT OF PURPOSE.

The purpose of this title is—

(1) to increase the use of, and to provide information on the availability of early, continuous and comprehensive prenatal care;

(2) to reduce the incidence of infant mortality and of infants born prematurely, with low birthweight, or with other impairments including those associated with maternal substance abuse;

(3) for pregnant women and mothers of children below the age of 3 whose children have experienced or are at risk of experiencing a health or developmental complication, to provide assistance in obtaining health and related social services necessary to meet the special needs of the women and their children;

(4) to assist, when requested, women who are pregnant and at-risk for poor birth outcomes, or who have young children and are abusing alcohol or other drugs, in obtaining appropriate treatment; and

(5) to reduce the incidence of child abuse and neglect.

SEC. 502. ESTABLISHMENT OF PROGRAM OF GRANTS.

Part L of title III of the Public Health Service Act (42 U.S.C. 280c et seq.) is amended—

(1) by redesignating sections 399 and 399A as sections 398A and 398B, respectively; and

(2) by adding at the end the following subpart:

''Subpart III—Grants for Home Visiting Services for At-Risk Families

"SEC. 399. PROJECTS TO IMPROVE MATERNAL, INFANT, AND CHILD HEALTH.

''(a) IN GENERAL.—

''(1) ESTABLISHMENT OF PROGRAM.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall make grants to eligible entities to pay the Federal share of the cost of providing the services specified in subsection (b) to families in which a member is—

''(A) a pregnant woman at risk of delivering an infant with a health or developmental complication; or

''(B) a child less than 3 years of age—

''(i) who is experiencing or is at risk of a health or developmental complication, or of child abuse or neglect; or

''(ii) who has been prenatally exposed to maternal substance abuse.

''(2) MINIMUM PERIOD OF AWARDS; ADMINISTRATIVE CONSULTATIONS.—

''(A) The Secretary shall award grants under paragraph (1) for periods of at least three years.

''(B) The Administrator of the Administration for Children, Youth, and Families and the Director of the National Commission to Prevent Infant Mortality shall be consulted regarding the promulgation of program guidelines and funding priorities under this section.

''(3) REQUIREMENT OF STATUS AS MEDICAID PROVIDER.—

''(A) Subject to subparagraph (B), the Secretary may make a grant under paragraph (1) only if, in the case of any service under such paragraph that is covered in the State plan approved under title XIX of the Social Security Act for the State involved—

''(i) the entity involved will provide the service directly, and the entity has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

''(ii) the entity will enter into an agreement with an organization under which the organization will provide the service, and the organization has entered into such a participation agreement and is qualified to receive such payments.

''(B)(i) In the case of an organization making an agreement under subparagraph (A)(ii) regarding the provision of services under paragraph (1), the requirement established in such subparagraph regarding a participation agreement shall be waived by the Secretary if the organization does not, in providing health or mental health services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits program.

''(ii) A determination by the Secretary of whether an organization referred to in clause (i) meets the criteria for a waiver under such clause shall be made without regard to whether the organization accepts voluntary donations regarding the provision of services to the public.

''(b) HOME VISITING SERVICES FOR ELIGIBLE FAMILIES.—With respect to an eligible family, each of the following services shall, directly or through arrangement with other public or nonprofit private entities, be available (as applicable to the family member involved) in each project operated with a grant under subsection (a):

''(1) Prenatal and postnatal health care.

''(2) Primary health care for the children, including developmental assessments.

''(3) Education for the parents concerning infant care and child development, including the development and utilization of parent and teacher resource networks and other family resource and support networks where such networks are available.

''(4) Upon the request of a parent, providing the education described in paragraph (3) to other individuals who have responsibility for caring for the children.

''(5) Education for the parents concerning behaviors that adversely affect health.

''(6) Assistance in obtaining necessary health, mental health, developmental, social, housing, and nutrition services and other assistance, including services and other assistance under maternal and child health programs; the special supplemental food program for women, infants, and children; section 17 of the Child Nutrition Act of 1966; title V of the Social Security Act; title XIX of such Act (including the program for early and periodic screening, diagnostic, and treatment services described in section 1905(r) of such Act); titles IV and XIX of the Social Security Act; housing programs; other food assistance programs; and appropriate alcohol and drug dependency treatment programs, according to need.

''(c) CONSIDERATIONS IN MAKING GRANTS.—In awarding grants under subsection (a), the Secretary shall take into consideration—

''(1) the ability of the entity involved to provide, either directly or through linkages, a broad range of preventive and primary health care services and related social, family support, and developmental services;

''(2) different combinations of professional and lay home visitors utilized within programs that are reflective of the identified service needs and characteristics of target populations;

''(3) the extent to which the population to be targeted has limited access to health care, and related social, family support, and developmental services; and

''(4) whether such grants are equitably distributed among urban and rural settings and whether entities serving Native American communities are represented among the grantees.

''(d) FEDERAL SHARE.—With respect to the costs of carrying out a project under subsection (a), a grant under such subsection for the project may not exceed 90 percent of such costs. To be eligible to receive such a grant, an applicant must provide assurances that the applicant will obtain at least 10 percent of such costs from non-Federal funds (and such contributions to such costs may be in cash or in-kind, including facilities and personnel).

''(e) RULE OF CONSTRUCTION REGARDING AT-RISK BIRTHS.—For purposes of subsection (a)(1), a pregnant woman shall be considered to be at risk of delivering an infant with a health or developmental complication if during the pregnancy the woman—

''(1) lacks appropriate access to, or information concerning, early and routine prenatal care;

''(2) lacks the transportation necessary to gain access to the services described in subsection (b);

''(3) lacks appropriate child care assistance, which results in impeding the ability of such woman to utilize health and related social services;

''(4) is fearful of accessing substance abuse services or child and family support services; or

''(5) is a minor with a low income.

''(f) DELIVERY OF SERVICES AND CASE MANAGEMENT.—

''(1) CASE MANAGEMENT MODEL.—Home visiting services provided under this section shall be delivered according to a case management model, and a registered nurse, licensed social worker, or other licensed health care professional with experience and expertise in providing health and related social services in home and community settings shall be assigned as the case manager for individual cases under such model.

''(2) CASE MANAGER.—A case manager assigned under paragraph (1) shall have primary responsibility for coordinating and overseeing the development of a plan for each family that is to receive home visiting services under this section, and for coordinating the delivery of such services provided through appropriate personnel.

''(3) APPROPRIATE PERSONNEL.—In determining which personnel shall be utilized in the delivery of services, the case manager shall consider—

''(A) the stated objective of the project to be operated with the grant, as determined after considering identified gaps in the current service delivery system; and

''(B) the nature of the needs of the family to be served, as determined at the initial assessment of the family that is conducted by the case manager, and through follow-up contacts by other providers of home visiting services.

''(4) FAMILY SERVICE PLAN.—A case manager, in consultation with a team established in accordance with paragraph (5) for the family involved, shall develop a plan for the family following the initial visit to the home of the family. Such plan shall reflect—

''(A) an assessment of the health and related social service needs of the family;

''(B) a structured plan for the delivery of home visiting services to meet the identified needs of the family;

''(C) the frequency with which such services are to be provided to the family;

''(D) ongoing revisions made as the needs of family members change; and

''(E) the continuing voluntary participation of the family in the plan.

''(5) HOME VISITING SERVICES TEAM.—The team to be consulted under paragraph (4) on behalf of a family shall include, as appropriate, other nursing professionals, physician assistants, social workers, child welfare professionals, infant and early childhood specialists, nutritionists, and laypersons trained as home visitors. The case manager shall ensure that the plan is coordinated with those physician services that may be required by the mother or child.

''(g) OUTREACH.—Each grantee under subsection (a) shall provide outreach and casefinding services to inform eligible families of the availability of home visiting services from the project.

''(h) CONFIDENTIALITY.—In accordance with applicable State law, an entity receiving a grant under subsection (a) shall maintain confidentiality with respect to services provided to families under this section.

''(i) CERTAIN ASSURANCES.—The Secretary may award a grant under subsection (a) only if the entity involved provides assurances satisfactory to the Secretary that—

''(1) the entity will provide home visiting services with reasonable frequency—

''(A) to families with pregnant women, as early in the pregnancy as is practicable, and until the infant reaches at least 2 years of age; and

''(B) to other eligible families, for at least 2 years; and

''(2) the entity will coordinate with public health and related social service agencies to prevent duplication of effort and improve the delivery of comprehensive health and related social services.

''(j) SUBMISSION TO SECRETARY OF CERTAIN INFORMATION.—The Secretary may award a grant under subsection (a) only if the entity involved submits to the Secretary—

''(1) a description of the population to be targeted for home visiting services and methods of outreach and casefinding for identifying eligible families, including the use of lay home visitors where appropriate;

''(2) a description of the types and qualifications of home visitors used by the entity and the process by which the entity will provide continuing training and sufficient support to the home visitors; and

''(3) such other information as the Secretary determines to be appropriate.

''(k) LIMITATION REGARDING ADMINISTRATIVE EXPENSES.—Not more than 10 percent of a grant under subsection (a) may be expended for administrative expenses with respect to the grant. The costs of training individuals to serve in the project involved are not subject to the preceding sentence.

''(l) RESTRICTIONS ON USE OF GRANT.—To be eligible to receive a grant under this section, an entity must agree that the grant will not be expended—

''(1) to provide inpatient hospital services;

''(2) to make cash payments to intended recipients of services;

''(3) to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;

''(4) to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or

''(5) to provide financial assistance to any entity other than a public or nonprofit private entity.

''(m) REPORTS TO SECRETARY.—To be eligible to receive a grant under this section, an entity must agree to submit an annual report on the services provided under this section to the Secretary in such manner and containing such information as the Secretary by regulation requires. At a minimum, the entity shall report information concerning eligible families, including—

''(1) the characteristics of the families and children receiving services under this section;

''(2) the usage, nature, and location of the provider, of preventive health services, including prenatal, primary infant, and child health care;

''(3) the incidence of low birthweight and premature infants;

''(4) the length of hospital stays for pre- and post-partum women and their children;

''(5) the incidence of substantiated child abuse and neglect for all children within participating families;

''(6) the number of emergency room visits for routine health care;

''(7) the source of payment for health care services and the extent to which the utilization of health care services, other than routine screening and medical care, available to the individuals under the program established under title XIX of the Social Security Act, and under other Federal, State, and local programs, is reduced;

''(8) the number and type of referrals made for health and related social services, including alcohol and drug treatment services, and the utilization of such services provided by the grantee; and

''(9) the incidence of developmental disabilities.

''(n) REQUIREMENT OF APPLICATION.—The Secretary may make a grant under subsection (a) only if—

''(1) an application for the grant is submitted to the Secretary;

''(2) the application contains the agreements and assurances required in this section, and the information required in subsection (j);

''(3) the application contains evidence that the preparation of the application has been coordinated with the State agencies responsible for maternal and child health and child welfare, and coordinated with services provided under part H of the Individuals with Disabilities Education Act; and

''(4) the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

''(o) PEER REVIEW.—

''(1) REQUIREMENT.—In making determinations for awarding grants under subsection (a), the Secretary shall rely on the recommendations of the peer review panel established under paragraph (2).

''(2) COMPOSITION.—The Secretary shall establish a review panel to make recommendations under paragraph (1) that shall be composed of—

''(A) national experts in the fields of maternal and child health, child abuse and neglect, and the provision of community-based primary health services; and

''(B) representatives of relevant Federal agencies, including the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, the Administration for Children, Youth, and Families, the U.S. Advisory Board on Child Abuse and Neglect, and the National Commission to Prevent Infant Mortality.

''(p) EVALUATIONS.—

''(1) IN GENERAL.—The Secretary shall, directly or through contracts with public or private entities—

''(A) conduct evaluations to determine the effectiveness of projects under subsection (a) in reducing the incidence of children born with health or developmental complications, the incidence among children less than 3 years of age of such complications, and the incidence of child abuse and neglect; and

''(B) not less than once during each 3-year period, prepare and submit to the appropriate committees of Congress a report concerning the results of such evaluations.

''(2) CONTENTS.—The evaluations conducted under paragraph (1) shall—

''(A) include a summary of the data contained in the annual reports submitted under subsection (m);

''(B) assess the relative effectiveness of projects under subsection (a) in urban and rural areas, and among programs utilizing differing combinations of professionals and trained home visitors recruited from the community to meet the needs of defined target service populations; and

''(C) make further recommendations necessary or desirable to increase the effectiveness of such projects.

''(q) DEFINITIONS.—For purposes of this section:

''(1) The term 'eligible entity' includes public and nonprofit private entities that provide health or related social services, including community-based organizations, visiting nurse organizations, hospitals, local health departments, community health centers, Native Hawaiian health centers, nurse managed clinics, family service agencies, child welfare agencies, developmental service providers, family resource and support programs, and resource mothers projects.

''(2) The term 'eligible family' means a family described in subsection (a).

''(3) The term 'health or developmental complication', with respect to a child, means—

''(A) being born in an unhealthy or potentially unhealthy condition, including premature birth, low birthweight, and prenatal exposure to maternal substance abuse;

''(B) a condition arising from a condition described in subparagraph (A);

''(C) a physical disability or delay; and

''(D) a developmental disability or delay.

''(4) The term 'home visiting services' means the services specified in subsection (b), provided at the residence of the eligible family involved or provided pursuant to arrangements made for the family (including arrangements for services in community settings).

''(5) The term 'home visitors' means providers of home visiting services.

''(r) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $30,000,000 for each of the fiscal years 1993 and 1994.''.

TITLE VI—TRAUMA CENTERS AND DRUG-RELATED VIOLENCE

SEC. 601. ESTABLISHMENT OF PROGRAM OF GRANTS.

Title XII of the Public Health Service Act (42 U.S.C. 300d et seq.), as added by section 3 of Public Law 101–590 (104 Stat. 2915), is amended by adding at the end the following new part:

''PART D—TRAUMA CENTERS OPERATING IN AREAS SEVERELY AFFECTED BY DRUG-RELATED VIOLENCE

''SEC. 1241. GRANTS FOR CERTAIN TRAUMA CENTERS.

''(a) IN GENERAL.—The Secretary may make grants for the purpose of providing for the operating expenses of trauma centers that have incurred substantial uncompensated costs in providing trauma care in geographic areas with a significant incidence of violence arising directly or indirectly from illicit trafficking in drugs. Grants under this subsection may be made only to such trauma centers.

''(b) MINIMUM QUALIFICATIONS OF CENTERS.—

''(1) SIGNIFICANT INCIDENCE OF TREATING CERTAIN PATIENTS.—

''(A) The Secretary may not make a grant under subsection (a) to a trauma center unless the population of patients that has been served by the center for the period specified in subparagraph (B) includes a significant number of patients who were treated for—

''(i) trauma resulting from the penetration of the skin by knives, bullets, or any other implement that can be used as a weapon; or

''(ii) trauma that the center reasonably believes results from violence arising directly or indirectly from illicit trafficking in drugs.

''(B) The period specified in this subparagraph is the 2-year period preceding the fiscal year for which the trauma center involved is applying to receive a grant under subsection (a).

''(2) PARTICIPATION IN TRAUMA CARE SYSTEM OPERATING UNDER CERTAIN PROFESSIONAL GUIDELINES.—The Secretary may not make a grant under subsection (a) unless the trauma center involved is a participant in a system that—

''(A) provides comprehensive medical care to victims of trauma in the geographic area in which the trauma center is located;

''(B) is established by the State or political subdivision in which such center is located; and

''(C)(i) has adopted guidelines for the designation of trauma centers, and for triage, transfer, and transportation policies, equivalent to (or more protective than) the applicable guidelines developed by the American College of Surgeons or utilized in the model plan established under section 1213(c); or

''(ii) agrees that such guidelines will be adopted by the system not later than 6 months after the date on which the trauma center submits to the Secretary the application for the grant.

''(3) SUBMISSION AND APPROVAL OF LONG-TERM PLAN.—The Secretary may not make a grant under subsection (a) unless the trauma center involved—

''(A) submits to the Secretary a plan satisfactory to the Secretary that—

''(i) is developed on the assumption that the center will continue to incur substantial uncompensated costs in providing trauma care; and

''(ii) provides for the long-term continued operation of the center with an acceptable standard of medical care, notwithstanding such uncompensated costs; and

''(B) agrees to implement the plan according to a schedule approved by the Secretary.

''SEC. 1242. PREFERENCES IN MAKING GRANTS.

''(a) IN GENERAL.—In making grants under section 1241(a), the Secretary shall give preference to any application—

''(1) made by a trauma center that, for the purpose specified in such section, will receive financial assistance from the State or political subdivision involved for each fiscal year during which payments are made to the center from the grant, which financial assistance is exclusive of any assistance provided by the State or political subdivision as a non-Federal contribution under any Federal program requiring such a contribution; or

''(2) made by a trauma center that, with respect to the system described in section 1241(b)(2) in which the center is a participant—

''(A) is providing trauma care in a geographic area in which the availability of trauma care has significantly decreased as a result of a trauma center in the area permanently ceasing participation in such system as of a date occurring during the 2-year period specified in section 1241(b)(1)(B); or

''(B) will, in providing trauma care during the 1-year period beginning on the date on which the application for the grant is submitted, incur uncompensated costs in an amount rendering the center unable to continue participation in such system, resulting in a significant decrease in the availability of trauma care in the geographic area.

''(b) FURTHER PREFERENCE FOR CERTAIN APPLICATIONS.—With respect to applications for grants under section 1241 that are receiving

preference for purposes of subsection (a), the Secretary shall give further preference to any such application made by a trauma center for which a disproportionate percentage of the uncompensated costs of the center result from the provision of trauma care to individuals who neither are citizens nor aliens lawfully admitted to the United States for permanent residence.

"SEC. 1243. CERTAIN AGREEMENTS.

''(a) COMMITMENT REGARDING CONTINUED PARTICIPATION IN TRAUMA CARE SYSTEM.—The Secretary may not make a grant under subsection (a) of section 1241 unless the trauma center involved agrees that—

''(1) the center will continue participation in the system described in subsection (b) of such section throughout the 3-year period beginning on the date that the center first receives payments under the grant; and

''(2) if the agreement made pursuant to paragraph (1) is violated by the center, the center will be liable to the United States for an amount equal to the sum of—

''(A) the amount of assistance provided to the center under subsection (a) of such section; and

''(B) an amount representing interest on the amount specified in subparagraph (A).

''(b) MAINTENANCE OF FINANCIAL SUPPORT.—With respect to activities for which a grant under section 1241 is authorized to be expended, the Secretary may not make such a grant unless the trauma center involved agrees that, during the period in which the center is receiving payments under the grant, the center will maintain expenditures for such activities at a level that is not less than the level maintained by the center during the fiscal year preceding the first fiscal year for which the center receives such payments.

''(c) TRAUMA CARE REGISTRY.—The Secretary may not make a grant under section 1241(a) unless the trauma center involved agrees that—

''(1) the center will operate a registry of trauma cases in accordance with the applicable guidelines described in section 1241(b)(2)(C), and will begin operation of the registry not later than 6 months after the date on which the center submits to the Secretary the application for the grant; and

''(2) in carrying out paragraph (1), the center will maintain information on the number of trauma cases treated by the center and, for each such case, the extent to which the center incurs uncompensated costs in providing trauma care.

"SEC. 1244. GENERAL PROVISIONS.

''(a) APPLICATION.—The Secretary may not make a grant under section 1241(a) unless an application for the grant 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 Secretary determines to be necessary to carry out this part.

''(b) LIMITATION ON DURATION OF SUPPORT.—The period during which a trauma center receives payments under section 1241(a) may not exceed 3 fiscal years, except that the Secretary may waive such requirement for the center and authorize the center to receive such payments for 1 additional fiscal year.

''(c) LIMITATION ON AMOUNT OF GRANT.—A grant under section 1241 may not be made in amount exceeding $2,000,000.

"SEC. 1245. AUTHORIZATION OF APPROPRIATIONS.

''For the purpose of carrying out this part, there are authorized to be appropriated $100,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994. Such authorization of appropriations is in addition to any other authorization of appropriations or amounts that are available for such purpose.''.

SEC. 602. CONFORMING AMENDMENTS.

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

(1) in the heading for part C, by inserting ''REGARDING PARTS A AND B'' after ''PROVISIONS'';

(2) in section 1231, in the matter preceding paragraph (1), by striking ''this title'' and inserting ''this part and parts A and B''; and

(3) in section 1232(a), by striking ''this title'' and inserting ''parts A and B''.

TITLE VII—STUDIES

SEC. 701. REPORT BY THE INSTITUTE ON MEDICINE.

(a) STUDY.—The Secretary of Health and Human Services shall enter into a contract with a public or nonprofit private entity to conduct a study concerning—

(1) the role of the private sector in the development of anti-addiction medications, including legislative proposals designed to encourage private sector development of such medications;

(2) the process by which anti-addiction medications receive marketing approval from the Food and Drug Administration, including an assessment of the feasibility of expediting the marketing approval process in a manner consistent with maintaining the safety and effectiveness of such medications;

(3) with respect to pharmacotherapeutic treatments for drug addiction—

(A) recommendations with respect to a national strategy for developing such treatments and improvements in such strategy;

(B) the state of the scientific knowledge concerning such treatments; and

(C) an assessment of the progress toward the development of safe, effective pharmacological treatments for drug addiction; and

(4) other related information determined appropriate by the authors of the study.

(b) NATIONAL ACADEMY OF SCIENCES.—The Secretary of Health and Human Services shall request the Institute of Medicine of the National Academy of Sciences to enter into the contract under subsection (a) to conduct the study described in such subsection. If such Academy declines to conduct the study, the Secretary shall carry out such subsection through another public or nonprofit private entity.

(c) REPORT.—The Secretary of Health and Human Services shall ensure that, not later than 18 months after the date of enactment of this Act, the study required in subsection (a) is completed and a report describing the findings made as a result of the study is submitted to the Committee on Energy and Commerce of the House of Representatives and to the Committee on Labor and Human Resources of the Senate.

(d) AVAILABILITY.—The report prepared under subsection (c) shall be made available for use by the general public.

SEC. 702. SENSE OF THE SENATE.

It is the sense of the Senate that the Medications Development Division of the National Institute on Drug Abuse shall devote special attention and adequate resources to achieve the following urgent goals—

(1) the development of medications in addition to methadone;

(2) the development of a long-acting narcotic antagonist;

(3) the development of agents for the treatment of cocaine abuse and dependency, including those that act as a narcotic antagonist;

(4) the development of medications to treat addiction to drugs that are becoming increasingly prevalent, such as methamphetamine;

(5) the development of additional medications to treat safely pregnant addicts and their fetuses; and

(6) the development of medications to treat the offspring of addicted mothers.

SEC. 703. PROVISION OF MENTAL HEALTH SERVICES TO INDIVIDUALS IN CORRECTIONAL FACILITIES.

Not later than 18 months after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Director of the Center for Mental Health Services, shall prepare and submit to the appropriate committees of Congress a report concerning the most effective methods for providing mental health services to individuals who come into contact with the criminal justice system, including those individuals incarcerated in correctional facilities (including local jails and detention facilities), and the obstacles to providing such services. Such study shall be carried out in consultation with the National Institute of Mental Health, the Department of Justice, and other appropriate public and private entities.

SEC. 704. STUDY OF BARRIERS TO INSURANCE COVERAGE OF TREATMENT FOR MENTAL ILLNESS AND SUBSTANCE ABUSE.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the National Institute of Mental Health and in consultation with the Administrator of the Health Care Financing Administration, shall conduct a study of the barriers to insurance coverage for the treatment of mental illness and substance abuse. The study shall include—

(1) an assessment of the effect of managed care on the quality and financing of such treatment;

(2) an assessment of the appropriateness and cost effectiveness of treatment provided in non-profit, non-hospital settings; and

(3) an assessment of the need for equitable coverage of severe mental illnesses as part of national health care reform.

(b) ASSESSMENT REGARDING MENTAL ILLNESS.—In making an assessment under paragraph (3) of subsection (a), the study required in such subsection shall provide for the following:

(1) The clarification of what is meant by mental health coverage differentiating between the need of individuals with severe, long-term mental illnesses and individuals with mental health problems of situational nature.

(2) Identification of the particular treatments and services required by persons with severe mental illnesses to maintain optimum functioning in the community.

(3) Evaluation of various approaches to providing equitable coverage of severe mental illnesses in private insurance and public health care financing programs. These approaches should include the following:

(A) The diagnostic approach as exemplified by certain State legislation (e.g., California State Code, section 101123.15; Texas Employers Uniform Group Insurance Benefits Act, section 11.106–11.113 (Insurance for Serious Mental Illnesses); and Maine, H.P. 1064: An Act to provide equitable insurance coverage for mental illnesses).

(B) The Service-Based Approach, as exemplified in the Model Mental Health Benefit developed the auspices of NIMH Grant MH43703.

(C) The Functional (Severity of Disability) Approach.

(4) Evaluation of the cost benefit to insurers and the Federal Government of providing equal coverage for severe mental illness.

(5) Financing mechanisms for coverage of the rehabilitative and long-term care needs of persons with severe mental illnesses.

(c) REPORT TO CONGRESS.—Not later than October 1, 1993, the Secretary shall complete the study required in subsection (a) and submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Re-

sources of the Senate, a report describing the findings made as a result of the study.

SEC. 705. STUDY ON FETAL ALCOHOL EFFECT AND FETAL ALCOHOL SYNDROME.

(a) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall enter into a contract with a public or nonprofit private entity to conduct a study on the prevalence of fetal alcohol effect and fetal alcohol syndrome in the general population of the United States and on the adequacy of Federal efforts to reduce the incidence of such conditions (including efforts regarding appropriate training for health care providers in identifying such effect or syndrome). The Secretary shall ensure that the study—

(1) describes diagnostic tools for identifying such conditions;

(2) compares the rate of each of such conditions with the rates of other drug-related congenital conditions;

(3) evaluates the effectiveness and availability of treatment for such conditions; and

(4) evaluates the plans of Federal agencies to conduct research on such conditions and determines the adequacy of such plans in relation to the impact on public health of the conditions.

(b) NATIONAL ACADEMY OF SCIENCES.—The Secretary shall request the National Academy of Sciences to enter into the contract under subsection (a) to conduct the study described in such subsection. If such Academy declines to conduct the study, the Secretary shall carry out such subsection through another public or nonprofit private entity.

(c) REPORT.—The Secretary shall ensure that, not later than 18 months after the date of the enactment of this Act, the study required in subsection (a) is completed and a report describing the findings made as a result of the study is submitted to the Committee on Energy and Commerce of the House of Representatives and to the Committee on Labor and Human Resources of the Senate.

SEC. 706. STUDY BY NATIONAL ACADEMY OF SCIENCES.

(a) IN GENERAL.—In the case of programs in the United States that provide both sterile hypodermic needles and bleach to individuals in order to provide for a reduction in the risk of the individuals contracting acquired immune deficiency syndrome or related conditions, the Secretary of Health and Human Services (in this section referred to as the ''Secretary''), acting through the Director of the National Institute on Drug Abuse, shall enter into a contract with a public or nonprofit private entity, subject to subsection (b), for the purpose of conducting a study or studies to make determinations of the following:

(1) The extent to which the programs promote, directly or indirectly, the abuse of drugs through providing information or devices (or both) regarding the manner in which the adverse health consequences of such abuse can be minimized.

(2) In the case of individuals participating in the programs, the number of individuals who have engaged in the abuse of drugs prior to admission to the programs and the number of individuals who have not engaged in such abuse prior to such admission.

(3) The extent to which participation in the programs has altered any behaviors constituting a substantial risk of contracting acquired immune deficiency syndrome or hepatitis, or of transmitting either of the diseases.

(4) The number of programs that provide referrals for the treatment of such abuse and the number of programs that do not provide such referrals.

(5) The extent to which programs safely dispose of used hypodermic syringes and needles.

(b) NATIONAL ACADEMY OF SCIENCES.—The Secretary shall request the National Academy of Sciences to enter into the contract under subsection (a) to conduct the study or studies described in such subsection. If such Academy declines to conduct the study, the Secretary shall carry out such subsection through other public or nonprofit private entities.

(c) LIMITATION REGARDING EXISTING PROGRAMS.—The study required in subsection (a) may not be conducted with respect to programs established after the date of the enactment of this Act.

(d) DATE FOR COMPLETION.—The Secretary shall ensure that, not later than 18 months after the date of the enactment of this Act, the study required in subsection (a) is completed and a report describing the findings made as a result of the study is submitted to the Committee on Energy and Commerce of the House of Representatives and to the Committee on Labor and Human Resources of the Senate.

(e) FUNDING.—Of the aggregate amounts appropriated under the Public Health Service Act for fiscal years 1993 and 1994 for research on drug abuse, the Secretary shall make available $5,000,000 for conducting the study required in subsection (a).

SEC. 707. REPORT ON ALLOTMENT FORMULA.

(a) STUDY.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall enter into a contract with a public or nonprofit private entity, subject to subsection (b), for the purpose of conducting a study or studies concerning the statutory formulae under which funds made available under sections 1911 and 1921 of the Public Health Service Act are allocated among the States and territories. Such study or studies shall include—

(1) an assessment of the degree to which the formula allocates funds according to the respective needs of the States and territories;

(2) a review of relevant epidemiological research regarding the incidence of substance abuse and mental illness among various age groups and geographic regions of the country;

(3) the identification of factors not included in the formula that are reliable predictors of the incidence of substance abuse and mental illness;

(4) an assessment of the validity and relevance of factors currently included in the formula, such as age, urban population and cost; and

(5) any other information that would contribute to a thorough assessment of the appropriateness of the current formula.

(b) NATIONAL ACADEMY OF SCIENCES.—The Secretary shall request the National Academy of Sciences to enter into the contract under subsection (a) to conduct the study described in such subsection. If such Academy declines to conduct the study, the Secretary shall carry out such subsection through another public or nonprofit private entity.

(c) REPORT.—The Secretary shall ensure that not later than 6 months after the date of enactment of this Act, the study required under subsection (a) is completed and a report describing the findings made as a result of such study is submitted to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate.

(d) CONSULTATION.—The entity preparing the report required under subsection (c), shall consult with the Comptroller General of the United States. The Comptroller General shall review the study after its transmittal to the committees described in subsection (c) and within three months make appropriate recommendations concerning such report to such committees.

SEC. 708. REPORT BY SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION.

(a) INTERIM REPORT.—Not later than 6 months after the date of the enactment of this Act, the Administrator of the Substance Abuse and Mental Health Services Administration shall compile and directly transmit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate an interim report that includes the following information:

(1) A compilation and summary of the scientific literature and research concerning the provision of health insurance, by both public and private entities, for substance abuse (including alcohol abuse) and mental health services.

(2) A review of the scientific literature evaluating the medical effectiveness of substance abuse (including alcohol abuse) and mental health services.

(3) An examination of past practices and emerging trends of health insurance coverage for substance abuse (including alcohol abuse) and mental health services, including an examination of trends in copayments, lifetime coverage maximums, number of visits, and inclusion or exclusion of such services.

(4) An identification of issues attendant to and analysis of barriers to health insurance coverage for substance abuse (including alcohol abuse) and mental illness services. Such analysis shall include a discussion of how substance abuse (including alcohol abuse) and mental health services would be affected by the various health care reform under consideration in Congress.

(5) An examination of the issues attendant to limitations placed on the use of Medicaid program funds for adults receiving substance abuse (including alcoholism services) and mental health services in intermediate care residential settings.

(b) FINAL REPORT.—Not later than October 1, 1993, such Administrator shall compile and transmit directly to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate a report that identifies the relevant policy issues and research questions that need to be answered to address current barriers to the provision of substance abuse and mental health services. The Administrator shall design a research and demonstration strategy that examines such barriers and tests alternative solutions to the problems of providing health insurance and treatment services for substance abuse and mental health services. As soon as practicable but not later than January 1, 1994, the Secretary shall initiate research and demonstration projects that, consistent with the information contained in the reports required under this section, will study the issues identified with, and possible alternative mechanisms of, providing health insurance and treatment services for substance abuse (including alcohol abuse) and mental illness.

TITLE VIII—GENERAL PROVISIONS

SEC. 801. EFFECTIVE DATES.

(a) IN GENERAL.—This Act takes effect on the date of the enactment of this Act, subject to subsections (b) through (d).

(b) AMENDMENTS.—The amendments described in this Act are made on the date of the enactment of this Act and take effect on such date, except as provided in subsections (c) and (d).

(c) REORGANIZATION UNDER TITLE I.—Title I takes effect on October 1, 1992. The amendments described in such title are made on such date and take effect on such date.

(d) PROGRAMS PROVIDING FINANCIAL ASSISTANCE.—

(1) FISCAL YEAR 1993 AND SUBSEQUENT YEARS.—In the case of any program making awards of grants, cooperative agreements, or contracts, the amendments made by this Act are effective for awards made on or after October 1, 1992.

(2) PRIOR FISCAL YEARS.—

(A) Except as provided in subparagraph (B), in the case of any program making awards of grants, cooperative agreements, or contracts, if the program began operation prior to the date of the enactment of this Act and the program is amended by this Act, awards made prior to October 1, 1992, shall continue to be subject to the terms and conditions upon which such awards were made, notwithstanding the amendments made by this Act.

(B) Subparagraph (A) does not apply with respect to the amendments made by this Act to part B of title XIX of the Public Health Service Act. Section 205(a) applies with respect to the program established in such part.

And the House agree to the same.

That the Senate recede from its disagreement to the amendment of the House to the title of the bill and agree to the same with an amendment as follows:

In lieu of the matter proposed to be inserted by the House amendment to the title of the bill insert the following: ''An Act to amend the Public Health Service Act to restructure the Alcohol, Drug Abuse, and Mental Health Administration and the authorities of such Administration, including establishing separate block grants to enhance the delivery of services regarding substance abuse and mental health, and for other purposes.''

And the House agree to the same.

JOHN D. DINGELL,
HENRY A. WAXMAN,
ROY J. ROWLAND,
NORMAN F. LENT,
THOMAS J. BLILEY,
Managers on the Part of the House

EDWARD M. KENNEDY,
CLAIBORNE PELL,
HOWARD M. METZENBAUM,
CHRISTOPHER J. DODD,
TOM HARKIN,
BROCK ADAMS,
ORRIN HATCH,
DAN COATS,
STROM THURMOND,
DAVE DURENBERGER,
Managers on the Part of the Senate.

Pending consideration of the conference report,

On demand of Mr. BILIRAKIS, pursuant to clause 2, rule XXVIII,

Ordered, That time for debate be equally divided among Messrs. WAXMAN, BLILEY, and BILIRAKIS.

When said conference report was considered.

After debate,

By unanimous consent, the previous question was ordered on the conference report to its adoption or rejection.

Mr. GINGRICH moved to recommit the conference report on the bill of the Senate (S. 1306) to amend title V of the Public Health Service Act to revise and extend certain programs, to restructure the Alcohol, Drug Abuse and Mental Health Administration, and for other purposes, to the committee of conference on the disagreeing votes of the two Houses on the amendments of the House to the bill with instructions to the managers on the part of the House to agree to section 205(f) of the Senate bill (relating to a prohibition against using funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs).

By unanimous consent, the previous question was ordered on the motion to recommit.

The question being put, viva voce,

Will the House recommit said conference report with instructions?

The SPEAKER pro tempore, Mrs. UNSOELD, announced that the nays had it.

Mr. GINGRICH objected to the vote on the ground that a quorum was not present and not voting.

A quorum not being present,

The roll was called under clause 4, rule XV, and the call was taken by electronic device.

When there appeared ....
Yeas 214
Nays 157
Answered present 1

¶61.18 [Roll No. 150]

YEAS—214

Allard
Allen
Andrews (TX)
Applegate
Archer
Armey
Bacchus
Baker
Ballenger
Barrett
Bateman
Bennett
Bentley
Bereuter
Bevill
Bilbray
Bilirakis
Bliley
Boehlert
Boehner
Boucher
Browder
Bryant
Burton
Bustamante
Callahan
Camp
Carper
Carr
Clement
Clinger
Coble
Coleman (MO)
Coleman (TX)
Combest
Condit
Coughlin
Cox (CA)
Crane
Cunningham
Davis
de la Garza
DeLay
Dooley
Doolittle
Dornan (CA)
Dreier
Duncan
Edwards (TX)
Emerson
English
Erdreich
Ewing
Fascell
Fawell
Fields
Fish
Franks (CT)
Frost
Gallegly
Gallo
Gekas
Geren
Gibbons
Gilchrest
Gillmor
Gilman
Gingrich
Glickman
Gonzalez
Goodling
Gordon
Goss
Gradison
Gunderson
Hall (TX)
Hamilton
Hammerschmidt
Hancock
Hansen
Harris
Hastert
Hayes (LA)
Henry
Herger
Hobson
Hochbrueckner
Holloway
Hopkins
Horton
Houghton
Hubbard
Huckaby
Hunter
Hutto
Hyde
Ireland
James
Johnson (CT)
Johnson (SD)
Johnson (TX)
Johnston
Jones (NC)
Kasich
Kleczka
Klug
Kyl
LaRocco
Laughlin
Lewis (FL)
Lightfoot
Lipinski
Lloyd
Lowery (CA)
Lowey (NY)
Luken
Machtley
Martin
Mazzoli
McCandless
McCollum
McCrery
McDade
McGrath
McMillan (NC)
McMillen (MD)
McNulty
Meyers
Miller (OH)
Miller (WA)
Molinari
Mollohan
Moorhead
Myers
Nichols
Nussle
Olin
Ortiz
Orton
Patterson
Paxon
Penny
Peterson (FL)
Petri
Pickett
Pickle
Porter
Poshard
Pursell
Quillen
Rahall
Ramstad
Rangel
Ravenel
Regula
Rhodes
Ridge
Riggs
Rinaldo
Ritter
Roberts
Roemer
Rogers
Rohrabacher
Ros-Lehtinen
Roth
Sangmeister
Santorum
Sarpalius
Saxton
Schiff
Schroeder
Sensenbrenner
Serrano
Shaw
Shays
Shuster
Sisisky
Skeen
Skelton
Slattery
Smith (FL)
Smith (NJ)
Smith (OR)
Smith (TX)
Snowe
Solomon
Spence
Spratt
Staggers
Stallings
Stearns
Stenholm
Stump
Sundquist
Swett
Tauzin
Taylor (NC)
Thomas (CA)
Thomas (WY)
Traficant
Upton
Visclosky
Volkmer
Vucanovich
Walker
Weber
Weldon
Wise
Wolf
Wylie
Young (FL)
Zeliff
Zimmer

NAYS—157

Abercrombie
Ackerman
Anderson
Andrews (ME)
Andrews (NJ)
Annunzio
Aspin
Atkins
AuCoin
Berman
Blackwell
Bonior
Borski
Brewster
Byron
Cardin
Conyers
Cooper
Costello
Cox (IL)
Coyne
Cramer
Darden
DeFazio
Dellums
Derrick
Dickinson
Dicks
Dorgan (ND)
Downey
Durbin
Eckart
Edwards (CA)
Engel
Espy
Evans
Fazio
Feighan
Flake
Foglietta
Ford (MI)
Ford (TN)
Frank (MA)
Gejdenson
Gephardt
Grandy
Green
Guarini
Hall (OH)
Hayes (IL)
Hefner
Hertel
Hoagland
Horn
Hoyer
Hughes
Jacobs
Jefferson
Jenkins
Jones (GA)
Jontz
Kanjorski
Kaptur
Kennedy
Kennelly
Kildee
Kolbe
Kopetski
Kostmayer
LaFalce
Lancaster
Lantos
Lehman (FL)
Lewis (GA)
Long
Markey
Martinez
Matsui
Mavroules
McCloskey
McCurdy
McDermott
McHugh
Mfume
Miller (CA)
Mineta
Mink
Moakley
Montgomery
Moody
Moran
Morella
Mrazek
Nagle
Natcher
Neal (MA)
Neal (NC)
Nowak
Oberstar
Obey
Olver
Owens (NY)
Owens (UT)
Oxley
Pallone
Panetta
Parker
Pastor
Payne (NJ)
Pease
Pelosi
Perkins
Peterson (MN)
Price
Reed
Richardson
Rose
Rostenkowski
Rowland
Roybal
Russo
Sabo
Sanders
Savage
Sawyer
Scheuer
Schumer
Sharp
Sikorski
Skaggs
Slaughter
Smith (IA)
Solarz
Stokes
Studds
Swift
Synar
Tallon
Tanner
Taylor (MS)
Thomas (GA)
Thornton
Torres
Towns
Unsoeld
Valentine
Vento
Washington
Waters
Waxman
Weiss
Wheat
Whitten
Williams
Wolpe
Wyden
Yates

ANSWERED ''PRESENT''—1

Levin (MI)

NOT VOTING—62

Alexander
Anthony
Barnard
Barton
Beilenson
Boxer
Brooks
Broomfield
Brown
Bruce
Bunning
Campbell (CA)
Campbell (CO)
Chandler
Chapman
Clay
Collins (IL)
Collins (MI)
Dannemeyer
DeLauro
Dingell
Dixon
Donnelly
Dwyer
Dymally
Early
Edwards (OK)
Gaydos
Hatcher
Hefley
Inhofe
Kolter
Lagomarsino
Leach
Lehman (CA)
Lent
Levine (CA)
Lewis (CA)
Livingston
Manton
Marlenee
McEwen
Michel
Morrison
Murphy
Murtha
Oakar
Packard
Payne (VA)
Ray
Roe
Roukema
Schaefer
Schulze
Stark
Torricelli
Traxler
Vander Jagt
Walsh
Wilson
Yatron
Young (AK)

So the motion to recommit said conference report with instructions was agreed to.

A motion to reconsider the vote whereby said conference report with instructions was recommitted was, by unanimous consent, laid on the table.

¶61.19 ADJOURNMENT OVER

On motion of Mr. GEPHARDT, by unanimous consent,

Ordered, That when the House adjourns today, it adjourn to meet on Monday, June 1, 1992.

¶61.20 HOURS OF MEETING

On motion of Mr. GEPHARDT, by unanimous consent,

Ordered, That when the House adjourns on Tuesday, June 2, 1992, it adjourn to meet at 12 o'clock noon on Wednesday, June 3, 1992; and that when the House adjourns on Wednesday, June 3, 1992, it adjourn to meet at 12 o'clock noon on Thursday, June 4, 1992.

¶61.21 CALENDAR WEDNESDAY BUSINESS DISPENSED WITH

On motion of Mr. GEPHARDT, by unanimous consent,

Ordered, That business in order for consideration on Wednesday, June 3, 1992, under clause 7, rule XXIV, the Calendar Wednesday rule, be dispensed with.

¶61.22 SISSETON-WAHPETON SIOUX TRIBE

On motion of Mr. JOHNSON of South Dakota, by unanimous consent, the Committee on Interior and Insular Affairs was discharged from further consideration of the bill of the Senate (S. 2342) to amend the Act entitled ''An Act to provide for the disposition of funds appropriated to pay judgment in favor of the Mississippi Sioux Indians in Indian Claims Commission dockets numbered 142, 359, 360, 361, 362, and 363, and for other purposes'', approved October 25, 1972 (86 Stat. 1168 et seq).

When said bill was considered, read twice, ordered to be read a third time, was read a third time by title, and passed.

Ordered, That the Clerk notify the Senate thereof.

¶61.23 ORDER OF BUSINESS—HOUSE POST OFFICE

On motion of Mr. ROSE, by unanimous consent,

Ordered, That the Committee on House Administration shall continue the investigation directed by House Resolution 340 and report its findings and recommendations back to the House as soon as may be practicable, but in no event later than July 6, 1992.

¶61.24 LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to Mr. CAMPBELL of Colorado, for today.

And then,

¶61.25 ADJOURNMENT

On motion of Mr. NAGLE, pursuant to the special order heretofore agreed to, at 7 o'clock and 29 minutes p.m., the House adjourned until 12 o'clock noon on Monday, June 1, 1992.

¶61.26 REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. BROWN: Committee on Science, Space, and Technology. H.R. 3614. A bill amending the Land Remote-Sensing Commercialization Act of 1984 to secure U.S. leadership in land remote-sensing by providing data continuity for the Landsat Program and by establishing a new national land remote-sensing policy, and for other purposes; with amendments (Rept. No. 102–539). Referred to the Committee of the Whole House on the State of the Union.

¶61.27 REPORTED BILLS SEQUENTIALLY REFERRED

Under clause 5 of rule X, bills and reports were delivered to the Clerk for printing, and bills referred as follows:

Mr. FORD of Michigan: Committee on Education and Labor. H.R. 3711. A bill to authorize grants to be made to State programs designed to provide resources to persons who are nutritionally at risk in the form of fresh nutritious unprepared foods, and for other purposes; with an amendment; referred to the Committee on Agriculture for a period ending not later than June 5, 1992, for consideration of such provisions of the bill and amendment as fall within the jurisdiction of that committee pursuant to clause 1(a)(7), rule X. (Rept. No. 102–540, Pt. 1). Ordered to be printed.

¶61.28 PUBLIC BILLS AND RESOLUTIONS

Under clause 5 of rule X and clause 4 of rule XXII, public bills and resolutions were introduced and severally referred as follows:

By Mr. TAUZIN (for himself, Mr. FIELDS, and Mr. SKELTON):

H.R. 5276. A bill to amend the Solid Waste Disposal Act to prohibit the Administrator of the Environmental Protection Agency from listing used oil and affiliated materials as a hazardous waste under that act, to require the Administrator to establish cost effective management standards for generators, transporters, and recyclers of used oil, to conserve a valuable resource, and to reduce the amount of lead in used oil fuels; to the Committee on Energy and Commerce.

By Mr. ACKERMAN:

H.R. 5277. A bill to amend the Public Health Service Act to establish programs to increase the supply of professional nurses and provide educational assistance to nurses, and for other purposes; jointly, to the Committees on Energy and Commerce and Ways and Means.

By Mr. ANDREWS of New Jersey:

H.R. 5278. A bill to amend the Internal Revenue Code of 1986 to increase the amount of gain which may be excluded from gross income on the sale of the principal residence of an individual who has attained age 55 to compensate for the 50 percent increase since 1981 in the median price of a home in the United States; to the Committee on Ways and Means.

H.R. 5279. A bill to provide for economic growth by reducing income taxes for most Americans, by encouraging the purchase of American-made products, and by accelerating transportation-related spending, and for other purposes; jointly, to the Committees on Ways and Means; Public Works and Transportation; Banking, Finance and Urban Affairs; Post Office and Civil Service; and Appropriations.

H.R. 5280. A bill to amend the Internal Revenue Code of 1986 and the Housing and Community Development Act of 1987 to provide tax incentives for investments in enterprise zone businesses and domestic businesses; jointly, to the Committee on Ways and Means and Banking, Finance and Urban Affairs.

By Mr. BAKER:

H.R. 5281. A bill to suspend until January 1, 1995, the duty on 2.2-Dichlorophenylacetic Acid Ethel Ester [DCPAE]; to the Committee on Ways and Means.

By Mr. DURBIN (for himself, Mr. FRANK of Massachusetts, Mrs. KENNELLY, Mr. HERTEL, Mr. TOWNS, Mr. SARPALIUS, Mr. TRAXLER, Mr. LEWIS of Florida, Mr. PENNY, and Mr. BORSKI):

H.R. 5282. A bill to restrict assistance for Russia until its Armed Forces are removed from the Baltic States; jointly, to the Committees on Banking, Finance and Urban Affairs and Foreign Affairs.

By Mr. DYMALLY:

H.R. 5283. A bill to preempt State and local sanction measures against Namibia; to the Committee on Foreign Affairs.

By Mr. EDWARDS of California:

H.R. 5284. A bill to amend the U.S. Commission on Civil Rights Act of 1983 to provide an authorization of appropriations; to the Committee on the Judiciary.

H.R. 5285. A bill to authorize appropriations to carry out the activities of the Federal Bureau of Investigation for fiscal year 1993, and for other purposes; to the Committee on the Judiciary.

By Mr. ESPY (for himself, Mr. WHITTEN, Mr. MONTGOMERY, Mr. PARKER, and Mr. TAYLOR of Mississippi):

H.R. 5286. A bill to provide for the establishment of the Lower Mississippi River Museum and Riverfront Interpretive Site, and for other purposes; jointly, to the Committee on Public Works and Transportation and Interior and Insular Affairs.

By Mr. GEREN of Texas:

H.R. 5287. A bill to amend title 10, United States Code, to provide for the grade of major general for the Chief of the Dental Service of the Air Force; to the Committee on Armed Services.

By Mr. GOODLING (for himself, Mr. MICHEL, and Mr. GUNDERSON):

H.R. 5288. A bill to revise the Federal vocational training system to meet the Nation's work force needs into the 21st century by establishing a network of local skill centers to serve as a common point of entry to vocational training, a certification system to ensure high quality programs, and a voucher system to enhance participant choice, and for other purposes; jointly, to the Committees on Education and Labor, Agriculture, Veterans' Affairs, Ways and Means, and the Judiciary.

By Mr. KILDEE (for himself, Mr. EMERSON, Mrs. SCHROEDER, Mr. HALL of Ohio, Mr. SOLARZ, Mr. NEAL of North Carolina, Mr. FOGLIETTA, Mr. LIPINSKI, Mr. EDWARDS of California, Mr. GLICKMAN, Mr. EVANS, Mr. BERMAN, Mr. COYNE, Mr. HERTEL, Mr. SCHEUER, Mr. FAZIO, Mr. CONYERS, Mr. JEFFERSON, Mr. CLAY, Mr. STAGGERS, Mr. MAVROULES, Mr. BOUCHER, Mr. VENTO, Mr. HUGHES, Mr. TRAXLER, Mr. MFUME, Ms. PELOSI, Mr. DELLUMS, Mr. ANDREWS of Maine, Mr. MRAZEK, Mr. RANGEL, Mr. BLACKWELL, Mr. JOHNSON of South Dakota, Mr. DOWNEY, Mr. MARKEY, Mr. GONZALEZ, Mr. OWENS of Utah, Mr. COLORADO, Mr. MCNULTY, Mr. REED, Mr. TOWNS, Mr. OBERSTAR, Mr. POSHARD, Mr. AUCOIN, Mr. WHEAT, Mr. MORAN, Mr. FISH, Mr. SIKORSKI, Mr. WAXMAN, Ms. SLAUGHTER, Ms. NORTON, Mr. RAHALL, Mr. STARK, Mr. DEFAZIO, Mr. HOCHBRUECKNER, Mr.

7 RICHARDSON, Mrs. UNSOELD, Mr. UPTON, and Mr. MILLER of California):

H.R. 5289. A bill making appropriations to begin a phase in toward full funding of the special supplemental food program for women, infants, and children [WIC] and of Head Start Programs, and to expand the Job Corps Program for the year ending September 30, 1993, and for other purposes; to the Committee on Appropriations.

By Mr. KOSTMAYER (for himself and Mr. BLACKWELL):

H.R. 5290. A bill to require the Secretary of Veterans Affairs to conduct a pilot program to demonstrate the feasibility of installing telephones in patient rooms in Department of Veterans Affairs medical facilities; to the Committee on Veterans' Affairs.

By Mr. MARTINEZ:

H.R. 5291. A bill to provide for the temporary use of certain lands in the city of South Gate, CA, for elementary school purposes; to the Committee on Interior and Insular Affairs.

By Mr. OBERSTAR (for himself, Mr. ROE, Mr. HAMMERSCHMIDT, and Mr. CLINGER):

H.R. 5292. A bill to provide for the appointment of Gen. Thomas C. Richards, U.S. Air Force (retired) as Administrator of the Federal Aviation Administration; to the Committee on Public Works and Transportation.

By Mr. OBERSTAR (for himself, Mr. MINETA, Ms. HORN, Mr. JONTZ, Mr. DAVIS, Mr. MCCLOSKEY, and Mr. VANDER JAGT):

H.R. 5293. A bill to amend the Federal Aviation Act of 1958 to enhance competition among air carriers by prohibiting an air carrier who operates a computer reservation system from discriminating against other air carriers participating in the system and among travel agents which subscribe to the system, and for other purposes; to the Committee on Public Works and Transportation.

By Mr. RAHALL:

H.R. 5294. A bill to provide assistance for environmental infrastructure facilities for economically distressed areas; to the Committee on Public Works and Transportation.

By Mr. RINALDO (for himself, Mr. ROE, Mr. GALLO, Mr. ZIMMER, Mr. SMITH of New Jersey, and Mr. HUGHES):

A bill to direct the Administrator of the Federal Aviation Administration and the Administrator of the National Aeronautics and Space Administration to jointly conduct a research program to develop new technologies for quieter jet aircraft engines and airframes; to the Committee on Science, Space, and Technology.

By Mr. STARK (for himself, Mr. DICKS, and Mr. MCCURDY):

H.R. 5296. A bill to require a report on nuclear safety in Eastern Europe and the states of the former Soviet Union; jointly, to the Committees on Foreign Affairs and Ways and Means.

By Mr. STENHOLM (for himself, Mr. ALLARD, Mr. BARTON of Texas, Mr. BOEHNER, Mr. BREWSTER, Mr. BROWN, Mr. CONDIT, Mr. CRAMER, Mr. DOOLEY, Mr. GLICKMAN, Mr. GOODLING, Mr. GRANDY, Mr. GREEN of New York, Mr. GUNDERSON, Mr. HASTERT, Mr. HATCHER, Mr. HERGER, Mr. HOPKINS, Mr. HUCKABY, Mr. JOHNSON of South Dakota, Mr. JONTZ, Mr. MONTGOMERY, Mr. MORRISON, Mr. MYERS of Indiana, Mr. NAGLE, Mr. NUSSLE, Mr. OXLEY, Mr. PENNY, Mr. PETERSON of Minnesota, Mr. REGULA, Mr. ROBERTS, Mr. SARPALIUS, Mr. SMITH of Oregon, Mr. STALLINGS, Mr. TOWNS, Mr. VOLKMER, and Mr. WALSH):

H.R. 5297. A bill entitled the ''Animal Medicinal Drug Use Clarification Act of 1992''; to the Committee on Energy and Commerce.

By Mr. STUDDS:

H.R. 5298. A bill to amend title XVIII of the Social Security Act to direct the Secretary of Health and Human Services to include a description of the medical assistance for Medicare cost sharing available under title XIX of such act in the annual notice of benefits provided to Medicare beneficiaries; jointly, to the Committee on Ways and Means and Energy and Commerce.

By Mr. TAYLOR of Mississippi (for himself, Mr. WHITTEN, Mr. ESPY, Mr. MAZZOLI, Mr. CHAPMAN, Mr. GUARINI, Mr. MONTGOMERY, Mr. PETERSON of Florida, Mr. WISE, Mr. PARKER, Mr. HOLLOWAY, Mr. CLINGER, Mr. LAUGHLIN, Mr. WALSH, Mr. SPRATT, Mr. DERRICK, Mrs. LLOYD, Mr. JONES of North Carolina, Mr. MACHTLEY, Mr. MARLENEE, Mr. BRYANT, Mrs. PATTERSON, Mr. SWETT, Mr. BROWDER, Mr. VALENTINE, Mr. SPENCE, Mr. HOCHBRUECKNER, Mr. HUCKABY, Mr. JEFFERSON, Mr. FRANK of Massachusetts, Mr. LIVINGSTON, Mr. ABERCROMBIE, Mr. BREWSTER, Ms. SLAUGHTER, Mr. SMITH of Texas, Mr. RAHALL, Mr. BEVILL, Mr. SAXTON, Ms. HORN, Mr. JOHNSON of South Dakota, Mr. ENGLISH, Mr. LAROCCO, Mrs. MINK, Mr. FRANKS of Connecticut, Mr. BRUCE, Mr. MCCRERY, Mr. BROOKS, Mr. ZELIFF, Mr. SMITH of Florida, Mr. BACCHUS, Mr. WELDON, Mr. ERDREICH, Mr. MORRISON, Mr. HOYER, and Mr. DORGAN of North Dakota):

H.R. 5299. A bill to prohibit the transfer of excess Department of Defense construction and fire equipment to foreign governments; to the Committee on Foreign Affairs.

By Mr. MFUME:

H.R. 5300. A bill to amend the Federal Transit Act to increase for 2 fiscal years the Federal share of the costs of establishing and operating a university transportation center; to the Committee on Public Works and Transportation.

H.R. 5301. A bill to provide for a temporary partial waiver of the requirement that the States match a portion of the Federal funds provided for the job opportunities and basic skills training program of the States; to the Committee on Ways and Means.

By Mr. BILIRAKIS (for himself, Mr. DORNAN of California, Mr. LIGHTFOOT, Mr. JEFFERSON, Mr. EVANS, Mr. MOAKLEY, Mr. WOLF, Mr. HARRIS, Mrs. VUCANOVICH, Mr. MCMILLEN of Maryland, Mr. GUARINI, Mr. KILDEE, Ms. HORN, Mr. LIPINSKI, Mr. HORTON, Mr. BOEHLERT, Mr. ESPY, Mr. FRANKS of Connecticut, Mr. BLILEY, Ms. OAKAR, Mr. SISISKY, Mr. SCHEUER, Mr. RAVENEL, Mrs. JOHNSON of Connecticut, Mr. PAXON, Mr. ACKERMAN, Mrs. LLOYD, Mr. LEHMAN of California, Mr. TOWNS, Mr. MONTGOMERY, Ms. SLAUGHTER, Mr. DE LA GARZA, Mr. MCNULTY, Mr. WAXMAN, Mr. MCGRATH, Mr. WALSH, Mr. BLAZ, Mr. DEFAZIO, Ms. MOLINARI, Mr. BENNETT, Mr. FISH, Mr. ERDREICH, Mr. RANGEL, and Mr. STUMP):

H.J. Res. 495. Joint resolution designating the week beginning November 8, 1992, as ''National Women Veterans Recognition Week''; to the Committee on Post Office and Civil Service.

By Mr. GEPHARDT (for himself, Mr. BONIOR, Mr. ROSTENKOWSKI, Mr. OBEY, Mr. MURTHA, Mr. TRAXLER, Mr. FAZIO, Mr. STARK, Mr. DURBIN, Mr. ECKART, Mr. EDWARDS of California, Mr. FROST, Ms. KAPTUR, Mr. SKAGGS, Mr. ABERCROMBIE, Mr. HOCHBRUECKNER, Ms. HORN, Mrs. SCHROEDER, Mr. TRAFICANT, and Mr. WYDEN):

H.J. Res. 496. Joint resolution proposing an amendment to the Constitution of the United States to provide for a balanced budget of the United States Government; to the Committee on the Judiciary.

By Mrs. LLOYD:

H.J. Res. 497. Joint resolution commemorating the 100th anniversary of Southern College of Seventh-Day Adventists; to the Committee on Post Office and Civil Service.

By Mr. OBERSTAR (for himself, Mr. CLINGER, and Mr. INHOFE):

H.J. Res. 498. Joint resolution designating the week commencing October 4, 1992, as ''National Aviation Education Week''; to the Committee on Post Office and Civil Service.

By Mr. PAYNE of New Jersey (for himself, Mr. BEVILL, Mr. ANNUNZIO, Mr. SAWYER, Mr. HEFNER, Mr. MCMILLEN of Maryland, Mr. HARRIS, Mr. BILBRAY, Ms. LONG, Mr. EVANS, Mr. GONZALEZ, Mr. HORTON, Mr. GUARINI, Mr. RICHARDSON, Mr. MFUME, Mr. TANNER, Ms. WATERS, Mr. SANDERS, Ms. HORN, Mr. FASCELL, Mr. CLAY, Ms. NORTON, Mrs. MINK, Mr. CHAPMAN, Mr. NAGLE, Mr. NEAL of Massachusetts, Mr. FALEOMAVAEGA, Mr. LEHMAN of California, Mr. SCHEUER, Mr. VANDER JAGT, Mr. STOKES, Mr. TALLON, Mrs. BOXER, Mr. BLILEY, Mr. SISISKY, Mrs. UNSOELD, Mr. MCNULTY, Mr. MAZZOLI, Mr. KASICH, Mr. RINALDO, Mr. POSHARD, Mr. EMERSON, Mr. BRUCE, Mr. STALLINGS, Mr. TOWNS, Mr. MONTGOMERY, Mrs. JOHNSON of Connecticut, Mrs. PATTERSON, Mr. STUDDS, Mr. GORDON, Ms. SLAUGHTER, Mr. PRICE, Mr. BERMAN, Mrs. LOWEY of New York, Mr. FORD of Michigan, Mr. ROE, Mr. HUBBARD, Mr. DE LUGO, Mr. SABO, Mr. BOUCHER, Mr. VENTO, Mr. WEISS, Mr. RANGEL, Mr. WALSH, Mr. PURSELL, Mr. WAXMAN, Mr. DARDEN, Mr. HUCKABY, Mr. BONIOR, and Mr. OWENS of New York);

H.J. Res. 499. Joint resolution designating July 2, 1992, as ''National Literacy Day''; to the Committee on Post Office and Civil Service.

By Mr. CARDIN (for himself, Mr. HOYER, Mrs. BENTLEY, Mr. MCMILLEN of Maryland, Mr. MFUME, Mr. GILCHREST, and Mrs. BYRON):

H. Con. Res. 327. Concurrent resolution expressing the sense of the Congress regarding visionary art as a national treasure and regarding the American Visionary Art Museum as a national repository and educational center for visionary art; to the Committee on Education and Labor.

By Mr. GEPHARDT (for himself and Mr. MICHEL):

H. Res. 471. Resolution directing the release of certain materials relating to the inquiry of the operation of the bank of the Sergeant at Arms pursuant to House Resolution 236; considered and agreed to.

By Mr. SENSENBRENNER:

H. Res. 472. Resolution amending the rules of the House of Representatives to require that the votes of individual Members be recorded in open session when choosing a President pursuant to the 12th amendment to the Constitution; to the Committee on Rules.

By Mr. SOLARZ (for himself and Mr. LEACH):

H. Res. 473. Resolution expressing the continuing concern of the House of Representatives about the situation in Burma and its implications for the region; to the Committee on Foreign Affairs.

¶61.29 MEMORIALS

Under clause 4 of rule XXII, memorials were presented and referred as follows:

454. By the SPEAKER: Memorial of the Senate of the State of Hawaii, relative to proposed legislation entitled ''The Earthquake Project''; to the Committee on Banking, Finance and Urban Affairs.

455. Also, memorial of the Senate of the State of Hawaii, relative to antiprogersterone steroid mifepistone, known as RU–486; to the Committee on Energy and Commerce.

456. Also, memorial of the Senate of the State of Hawaii, relative to the U.N. Conference on Environment and Development; to the Committee on Foreign Affairs.

457. Also, memorial of the House of Representatives of the State of Colorado, relative to global democracy; to the Committee on Interior and Insular Affairs.

458. Also, memorial of the Legislature of Guam, relative to support of H.R. 4901; to the Committee on Interior and Insular Affairs.

459. Also, memorial of the House of Representatives of the State of South Carolina, relative to the Older Americans Act; to the Committee on Ways and Means.

¶61.30 ADDITIONAL SPONSORS

Under clause 4 of rule XXII, sponsors were added to public bills and resolutions as follows:

H.R. 650: Mr. SABO.
H.R. 693: Mr. MCCLOSKEY.
H.R. 766: Mrs. SCHROEDER.
H.R. 961: Mr. TAYLOR of North Carolina.
H.R. 1200: Mr. BARNARD.
H.R. 1218: Mr. PANETTA and Mrs. COLLINS of Michigan.
H.R. 1335: Mr. LAGOMARSINO and Mr. TRAFICANT.
H.R. 1536: Mrs. BENTLEY and Ms. KAPTUR.
H.R. 1573: Mr. DARDEN.
H.R. 1624: Mr. WALSH.
H.R. 1703: Mr. BACCHUS.
H.R. 1753: Ms. HORN.
H.R. 1820: Mr. SWETT, Mr. MILLER of California, and Mr. FROST.
H.R. 2070: Mr. WHEAT and Mr. KOSTMAYER.
H.R. 2164: Mr. BROWDER, Mr. RICHARDSON, and Mr. LUKEN.
H.R. 2819: Mr. TRAXLER and Mr. JONES of Georgia.
H.R. 2966: Ms. HORN.
H.R. 3071: Mrs. BYRON and Mr. WHEAT.
H.R. 3137: Mr. BROWN and Mr. ZIMMER.
H.R. 3160: Mr. ATKINS, Mrs. COLLINS of Michigan, Ms. DELAURO, Mr. DOOLEY, Mr. GEJDENSON, Mr. MFUME, Mr. OBEY, Mr. PASTOR, Mr. ROYBAL, Mr. SOLARZ, and Mr. WOLPE.
H.R. 3277: Mr. KENNEDY, Mr. KILDEE, Mr. SANDERS, Ms. OAKAR, Mr. SANTORUM, Mr. SANGMEISTER, Mr. WELDON, Mr. TAYLOR of Mississippi, Mr. RAVENEL, Mr. CRAMER, Mr. SMITH of Florida, Mr. BILBRAY, Mr. MINETA, Mr. RAHALL, Mr. NEAL of Massachusetts, Mr. PETERSON of Minnesota, Mr. JONES of North Carolina, Mr. JOHNSON of South Dakota, and Mr. FISH.
H.R. 3373: Mr. WILSON, Mr. SHAW, Mr. FRANKS of Connecticut, and Mr. SWIFT.
H.R. 3463: Mr. COBLE.
H.R. 3486: Mr. DWYER of New Jersey.
H.R. 3516: Mr. OXLEY.
H.R. 3517: Mr. AUCOIN.
H.R. 3518: Ms. KAPTUR.
H.R. 3535: Mr. KENNEDY.
H.R. 3763: Mr. MORRISON.
H.R. 3878: Mr. ACKERMAN, Mr. ALEXANDER, Mr. CONYERS, Mr. OBERSTAR, Mr. OLVER, Ms. PELOSI, Mr. TORRES, and Mr. TRAFICANT.
H.R. 3927: Mr. SCHEUER, Mr. ECKART, and Mr. HARRIS.
H.R. 3938: Mr. FROST and Mr. FISH.
H.R. 3986: Mr. KOSTMAYER.
H.R. 4008: Mr. KOLTER and Mr. SANTORUM.
H.R. 4078: Mr. DEFAZIO.
H.R. 4174: Mr. ATKINS.
H.R. 4278: Mr. TORRES.
H.R. 4304: Mr. HALL of Ohio and Mr. VENTO.
H.R. 4315: Mr. ATKINS and Mr. SUNDQUIST.
H.R. 4338: Mr. CRAMER, Mr. TORRICELLI, Mr. LANCASTER, Mr. CARPER, Mr. SERRANO, Mr. GOSS, Mr. GALLEGLY, Mr. REED, Mr. ROSE, Mr. DURBIN, Mr. WISE, Mr. VALENTINE, Mr. JOHNSTON of Florida, Mr. SUNDQUIST, Mr. ECKART, Mr. WEISS, Mr. JONES of Georgia, Mr. RAY, Mr. TAYLOR of Mississippi, Mr. PRICE, Mr. SWETT, Mr. CARDIN, Mr. MOLLOHAN, Mr. PETERSON of Florida, Mr. BEREUTER, Mr. SHAYS, Mr. PARKER, Mr. OBEY, Mr. PORTER, Mr. ESPY, Mr. DELLUMS, Mr. THOMAS of Georgia, Mr. DORNAN of California, Mr. BROWDER, Mr. FRANKS of Connecticut, Mr. BACCHUS, and Mrs. COLLINS of Michigan.
H.R. 4427: Mr. GILCHREST and Mr. GUARINI.
H.R. 4432: Mr. CARPER.
H.R. 4481: Mr. UPTON.
H.R. 4502: Mr. HOPKINS, Mr. BACCHUS, Mr. WILSON, Mr. ABERCROMBIE, Ms. HORN, Mr. BLAZ, Mr. LIVINGSTON, Mr. SMITH of Texas, Mr. SLATTERY, Mr. POSHARD, Mr. OLIN, Mr. JEFFERSON, Mr. SAXTON, Mr. COBLE, Mr. BEVILL, Mr. LUKEN, Mr. LAGOMARSINO, Mr. RANGEL, and Mr. JONES of North Carolina.
H.R. 4550: Mr. HUGHES.
H.R. 4591: Mr. JOHNSON of South Dakota, Mr. SMITH of Florida, Mr. TOWNS, and Mrs. UNSOELD.
H.R. 4617: Mr. MCMILLAN of North Carolina.
H.R. 4618: Mr. MCMILLAN of North Carolina.
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H.R. 4683: Mr. MCMILLAN of North Carolina.
H.R. 4684: Mr. MCMILLAN of North Carolina.
H.R. 4724: Mr. JOHNSTON of Florida, Mrs. MEYERS of Kansas, Mr. NICHOLS, Mr. RICHARDSON, Mr. SWETT, and Mr. TRAFICANT.
H.R. 4725: Mr. KOSTMAYER and Mr. VENTO.
H.R. 4822: Mr. SOLARZ, Mr. WALSH, Mr. NEAL of North Carolina, Mr. FOGLIETTA, Mr. MAZZOLI, Mr. LIPINSKI, Mr. EDWARDS of California, Mr. GLICKMAN, Mr. EVANS, Mr. FASCELL, Mr. BERMAN, Mr. COYNE, Mr. HERTEL, Mr. SCHEUER, Mr. FAZIO, Mr. CONYERS, Mr. JEFFERSON, Mr. CLAY, Mr. STAGGERS, Mr. MAVROULES, Mr. BOUCHER, Mr. VENTO, Mr. MOODY, Mr. HUGHES, Mr. TRAXLER, Mr. MFUME, Ms. PELOSI, Mr. DELLUMS, Mr. AN-

DREWS of Maine, Mr. MRAZEK, Mr. RANGEL, Mr. BLACKWELL, Mr. JOHNSON of South Dakota, Mr. DOWNEY, Mr. MARKEY, Mr. GONZALEZ, Mr. OWENS of Utah, Mr. COLORADO, MR. MCNULTY, Mr. REED, Mr. TOWNS, Mr. OBERSTAR, Mr. POSHARD, Mr. AUCOIN, Mr. WHEAT, Mr. MORAN, Mr. MILLER of California, Mr. HAYES of Illinois, Mr. MORRISON, Mr. UPTON, Mr. SIKORSKI, Mr. WAXMAN, Ms. SLAUGHTER, Mr. WHITTEN, Mr. LEHMAN of California, Ms. NORTON, Mr. RAHALL, Mr. STARK, Mr. BONIOR, Mr. DEFAZIO, Mr. HENRY, Mr. HOCHBRUECKNER, Mr. RICHARDSON, and Mrs. UNSOELD.

H.R. 4851: Mr. PACKARD.
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H.R. 4872: Mr. PACKARD.
H.R. 4873: Mr. PACKARD.
H.R. 4874: Mr. PACKARD.
H.R. 4875: Mr. PACKARD.
H.R. 4876: Mr. PACKARD.
H.R. 4877: Mr. PACKARD.
H.R. 4878: Mr. PACKARD.
H.R. 4930: Mr. DYMALLY.

H.R. 4941: Mr. SPRATT, Mr. MOODY, and Mr. FAZIO.

H.R. 4961: Mr. DOOLEY.

H.R. 5020: Mr. RAY, Mr. CRAMER, Mr. HORTON, Mr. FRANK of Massachusetts, Mr. ROHRABACHER, Mr. DORNAN of California, Mr. TOWNS, Mr. BLAZ, Mr. FASCELL, Mr. MILLER of Washington, Mr. LIPINSKI, Mr. JEFFERSON, Mr. LAGOMARSINO, Mr. GILMAN, Mr. LENT, and Mr. STAGGERS.

H.R. 5099: Mr. TORRES and Mr. VENTO.

H.R. 5111: Mr. KYL.

H.R. 5117: Mr. MURPHY, Mrs. MORELLA, Mr. RIGGS, Mr. MCCURDY, Mr. LAGOMARSINO, Mr. HYDE, Ms. NORTON, Ms. KAPTUR, Mr. PENNY, Mr. POSHARD, Mr. LIPINSKI, Mr. BONIOR, and Mr. TRAFICANT.

H.R. 5126: Mr. BENNETT, Mr. CARDIN, Mr. COSTELLO, Mr. ECKART, Mr. LEHMAN of Florida, Ms. NORTON, Mr. RICHARDSON, Mr. ALLARD, Mr. BUNNING, Mr. GORDON, Mr. GUARINI, Mr. HASTERT, Mr. PRICE, Mr. RHODES, Mr. SMITH of Florida, and Mr. TORRICELLI.

H.R. 5135: Mr. FROST.

H.R. 5136: Mr. SAXTON.

H.R. 5153: Mr. LIVINGSTON.

H.R. 5162: Mr. MCHUGH, Mrs. SCHROEDER, Mr. RANGEL, and Mrs. UNSOELD.

H.R. 5191: Mr. IRELAND.

H.R. 5192: Mr. SPENCE.

H.R. 5208: Ms. WATERS, Mr. MILLER of California, Mr. MILLER of Washington, Mr. ANDREWS of Maine, Mrs. BOXER, Mr. OWENS of New York, Mr. OLVER, Mr. YATES, Mr. SCHUMER, Mr. WYDEN, Mr. WHEAT, Mr. BLACKWELL, Mr. GEJDENSON, Mr. LEHMAN of Florida, Mr. LEVINE of California, and Mrs. COLLINS of Michigan.

H.R. 5209: Mr. MILLER of California, Mr. DEFAZIO, Mr. LEHMAN of Florida, Mr. ABERCROMBIE, Mr. LUKEN, Mr. POSHARD, Mr. BLACKWELL, Mr. FRANK of Massachusetts, Mr. DELLUMS, and Mr. WASHINGTON.

H.R. 5216: Mr. WELDON.

H.R. 5237: Mr. PENNY, Mr. MCCLOSKEY, Mr. PETRI, Mr. MYERS of Indiana, Mr. JOHNSON of South Dakota, Mr. GILMAN, and Mr. WEBER.

H.R. 5238: Mr. COMBEST and Mr. STENHOLM.

H.R. 5255: Mr. HERGER and Mr. DANNEMEYER.

H.R. 5269: Ms. NORTON.

H.J. Res. 271: Mr. MOORHEAD.

H.J. Res. 351: Mr. KLECZKA.

H.J. Res. 399: Mr. EWING and Mr. WISE.

H.J. Res. 411: Mr. DUNCAN and Mr. SHAYS.

H.J. Res. 426: Mr. HAYES of Illinois.

H.J. Res. 433: Mr. ASPIN, Mrs. BENTLEY, Mr. BUSTAMANTE, Mr. CARPER, Mr. LIVINGSTON, Mr. MCEWEN, Mr. MCGRATH, Mr. MURPHY, Mr. TALLON, Mr. TAYLOR of Mississippi, and Mr. VANDER JAGT.

H.J. Res. 445: Mr. MURTHA, Mr. WYDEN, Mr. DIXON, Mr. VALENTINE, Mr. TANNER, Mr. SMITH of Oregon, Mr. SAWYER, Mr. SCHEUER, Mr. SERRANO, Mr. SOLOMON, Mr. RAHALL, Mr. ROEMER, Mr. LOWERY of California, Mr. FORD of Tennessee, Mr. GREEN of New York, Mr. FAZIO, Mr. NEAL of North Carolina, Mr. SCHULZE, Mrs. PATTERSON, Mr. FALEOMAVAEGA, Mr. OWENS of Utah, Mr. NOWAK, Mr. MOODY, Mr. HAYES of Louisiana, Mr. LIGHTFOOT, Mr. RIDGE, Mr. COSTELLO, and Mr. JONES of Georgia.

H.J. Res. 457: Mr. FALEOMAVAEGA, Mr. OWENS of Utah, Mr. BALLENGER, Mr. BARTON of Texas, Mr. BILIRAKIS, Mr. BUNNING, Mr. DREIER of California, Mr. GILLMOR, Mr. HANSEN, Mr. HASTERT, Mr. HOLLOWAY, Mr. HORTON, Mr. INHOFE, Mr. MILLER of Ohio, Mrs. MORELLA, Mr. PORTER, Mr. PURSELL, Mr. RAVENEL, Mr. REGULA, Mr. RITTER, Ms. SNOWE, Mr. ZELIFF, Mr. ZIMMER, Mr. HYDE, Mr. MCCRERY, Mr. TRAFICANT, Mr. OWENS of New York, Mr. PAYNE of New Jersey, Mr. RINALDO, Mr. YATRON, Mr. CLEMENT, Mr. GRANDY, Mr. SPRATT, Mr. SLATTERY, Mr. FISH, Mr. HAMILTON, Mr. TAUZIN, Mr. DARDEN, and Mr. EVANS.

H.J. Res. 459: Mr. ACKERMAN, Mr. BUSTAMANTE, Mr. COUGHLIN, Mr. DINGELL, Mr. GONZALEZ, Mr. GORDON, Mr. MONTGOMERY, Mr. MFUME, Mr. NAGLE, Mr. ROTH, Mr. SISISKY, and Mr. WELDON.

H.J. Res. 479: Mr. JOHNSON of South Dakota, Mr. SPENCE, Mr. ESPY, Mr. BILBRAY, Mr. LAFALCE, Mr. BONIOR, Mr. KOSTMAYER, Mr. FRANK of Massachusetts, Mr. FISH, and Ms. SLAUGHTER.

H.J. Res. 483: Mr. FISH.

H. Con. Res. 156: Mr. DICKS, Mr. CRAMER, Mr. KILDEE, Mr. DE LUGO, Mr. SPENCE, Mr. HERGER, Mr. CHANDLER, and Mr. RAHALL.

H. Con. Res. 192: Ms. SLAUGHTER, Mrs. KENNELLY, and Mr. SAWYER.

H. Con. Res. 233: Mr. MURPHY, Mr. GAYDOS, Mr. SMITH of Florida, Mr. SANGMEISTER, Mr. COLEMAN of Missouri, Mr. BARNARD, and Mr. STALLINGS.

H. Con. Res. 246: Mr. FISH and Mr. SANGMEISTER.

H. Con. Res. 276: Mr. CAMP, Mrs. MEYERS of Kansas, Mr. WAXMAN, Mr. EVANS, Mr. KOPETSKI, Mr. JOHNSON of Texas, Mr. STARK, Mr. BACCHUS, Mr. FALEOMAVAEGA, Mr. MCGRATH, Mr. MCNULTY, Mr. BLAZ, Mr. JEFFERSON, Mr. SKELTON, Mr. ATKINS, Ms. OAKAR, Mr. ROHRABACHER, Mr. ABERCROMBIE, Mr. RHODES, Mr. BROOMFIELD, Mr. DUNCAN, Mr. PERKINS, Mr. DWYER of New Jersey, Mr. WALSH, Mr. MYERS of Indiana, Mr. CHAPMAN, Mr. TALLON, Mr. LEVINE of California, Ms. SLAUGHTER, Mr. FRANK of Massachusetts, Mr. DINGELL, Mr. BILIRAKIS, and Mr. TRAFICANT.

H. Con. Res. 298: Mr. MATSUI, Mr. ENGEL, Mr. WEISS, Mr. MRAZEK, Mrs. LOWEY of New York, Mr. PASTOR, Mr. SAXTON, Mr. MOODY, Mr. FASCELL, Mr. GILMAN, Mr. BEILENSON, Mr. DELLUMS, Mr. VALENTINE, Mr. RAHALL, Mr. LENT, Mr. MILLER of Washington, Mr. SARPALIUS, Mr. MCNULTY, Mr. SWETT, Mr. YATES, Mr. WALSH, and Mr. RANGEL.

H. Con. Res. 301: Mr. FRANKS of Connecticut, Mr. WAXMAN, Mr. DARDEN, and Mr. FROST.

H. Con. Res. 309: Mr. PAYNE of New Jersey.

H. Con. Res. 314: Mr. THORNTON, Ms. NORTON, Ms. PELOSI, and Mr. WHEAT.

H. Con. Res. 316: Mr. RANGEL and Mr. FISH.

H. Res. 448: Mr. TRAFICANT, Mr. ROHRABACHER, Mr. PENNY, Mr. WYLIE, and Mr. SHAYS.

¶61.31 DELETIONS OF SPONSORS FROM PUBLIC BILLS AND RESOLUTIONS

Under clause 4 of rule XXII, sponsors were deleted from public bills and resolutions as follows:

H.R. 1790: Mr. COLEMAN of Missouri.
H.R. 5056: Mr. DEFAZIO.
H.R. 5253: Mr. BONIOR.

MONDAY, JUNE 1, 1992 (62)

¶62.1 DESIGNATION OF SPEAKER PRO TEMPORE

The House was called to order by the SPEAKER pro tempore, Mr. MONTGOMERY, who laid before the House the following communication:

WASHINGTON, DC,
June 1, 1992.

I hereby designate the Honorable G.V. (SONNY) MONTGOMERY to act as Speaker pro tempore on this day.

THOMAS S. FOLEY,
Speaker of the House of Representatives.

¶62.2 APPROVAL OF THE JOURNAL

The SPEAKER pro tempore, Mr. MONTGOMERY, announced he had examined and approved the Journal of the proceedings of Thursday, May 28, 1992.

Pursuant to clause 1, rule I, the Journal was approved.

¶62.3 COMMUNICATIONS

Executive and other communications, pursuant to clause 2, rule XXIV, were referred as follows:

3605. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. act 9–214, ''Life and Health Insurance Guaranty Association Act of 1992,'' pursuant to D.C. Code, section 1–233(c)(1); to the Committee on the District of Columbia.

3606. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. act 9–215, ''Newsprint Recycling Amendment Act of 1992,'' pursuant to D.C. Code, section 1–233(c)(1); to the Committee on the District of Columbia.

3607. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. act 9–216, ''District of Columbia Public Hall Regulation Temporary Amendment Act of 1992,'' pursuant to D.C. Code, section 1–233(c)(1); to the Committee on the District of Columbia.

3608. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. act 9–217, ''Retired Police Officer Redeployment Temporary Amendment Act of 1992,'' pursuant to D.C. Code, section 1–233(c)(1); to the Committee on the District of Columbia.

3609. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. act 9–218, ''Medicare Supplement Insurance Minimum Standards Temporary Act of 1992,'' pursuant to D.C. Code, section 1–233(c)(1); to the Committee on the District of Columbia.

3610. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. act 9–210, ''District of Columbia Health Occupations Revision Act of 1985 Professional Counselors Amendment Act of 1992,'' pursuant to D.C. Code, section 1–