

106TH CONGRESS
2D SESSION

S. 2868

To amend the Public Health Service Act with respect to children’s health.

IN THE SENATE OF THE UNITED STATES

JULY 13, 2000

Mr. FRIST (for himself, Mr. JEFFORDS, Mr. KENNEDY, Mr. DODD, Mr. DEWINE, Mr. REED, Mrs. MURRAY, Mr. BOND, Mr. HATCH, Mr. GORTON, Mr. ABRAHAM, and Mr. DURBIN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act with respect to children’s health.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Children’s Public Health Act of 2000”.

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

Sec. 1. Short title; table of contents.

TITLE I—INJURY PREVENTION

Subtitle A—Traumatic Brain Injury

- Sec. 100. Purposes.
- Sec. 101. Programs of Centers for Disease Control and Prevention.
- Sec. 102. Study and monitor incidence and prevalence.
- Sec. 103. Programs of the National Institutes of Health.
- Sec. 104. Programs of Health Resources and Services Administration.

Subtitle B—Child Care Safety and Health Grants

- Sec. 111. Definitions.
- Sec. 112. Authorization of appropriations.
- Sec. 113. Programs.
- Sec. 114. Amounts reserved; allotments.
- Sec. 115. State applications.
- Sec. 116. Use of funds.
- Sec. 117. Reports.

TITLE II—MATERNAL AND INFANT HEALTH

Subtitle A—Safe Motherhood and Infant Health Promotion

- Sec. 201. Short title.
- Sec. 202. Establishment of programs regarding prenatal and postnatal health.

Subtitle B—Healthy Start Initiative

- Sec. 211. Short title.
- Sec. 212. Continuation of Healthy Start Program.

Subtitle C—National Center for Birth Defects and Developmental Disabilities

- Sec. 221. National Center for Birth Defects and Developmental Disabilities.

Subtitle D—Folic Acid Education Program

- Sec. 231. Program regarding effects of folic acid in prevention of birth defects.

TITLE III—PEDIATRIC PUBLIC HEALTH PROMOTION

Subtitle A—Asthma

- Sec. 301. Children's asthma relief.
- Sec. 302. Preventive health and health services block grant; systems for reducing asthma and asthma-related illnesses.
- Sec. 303. Coordination of Federal activities to address asthma-related health care needs.
- Sec. 304. Compilation of data by the Centers for Disease Control and Prevention.

Subtitle B—Childhood Obesity Prevention

- Sec. 311. Programs operated through the Centers for Disease Control and Prevention.

Subtitle C—Early Detection and Treatment Regarding Childhood Lead Poisoning

- Sec. 321. Centers for Disease Control and Prevention efforts to combat childhood lead poisoning.
- Sec. 322. Grants for lead poisoning related activities.

Sec. 323. Training and reports by the Health Resources and Services Administration.

Subtitle D—Oral Health

- Sec. 331. Identification of interventions that reduce the burden and transmission of oral, dental, and craniofacial diseases in high risk populations; development of approaches for pediatric oral and craniofacial assessment.
- Sec. 332. Oral health professional research and training program.
- Sec. 333. Grants to increase resources for community water fluoridation.
- Sec. 334. Community water fluoridation.
- Sec. 335. Dental sealant program.
- Sec. 336. Coordinated program to improve pediatric oral health.

TITLE IV—PEDIATRIC RESEARCH

Subtitle A—Pediatric Research Initiative

- Sec. 401. Establishment of a pediatric research initiative.
- Sec. 402. Investment in tomorrow's pediatric researchers.

Subtitle B—Autism

- Sec. 411. Expansion, intensification, and coordination of activities of National Institutes of Health with respect to research on autism.
- Sec. 412. Developmental disabilities surveillance and research programs.
- Sec. 413. Information and education.
- Sec. 414. Inter-agency Autism Coordinating Committee.
- Sec. 415. Report to Congress.

Subtitle C—Long-Term Child Development

- Sec. 421. Long-term child development study.

Subtitle D—Research on Rare Diseases in Children

- Sec. 431. Report regarding research on rare diseases in children.

Subtitle E—GME Programs in Children's Hospitals

- Sec. 441. Extension of authorization of appropriations.

1 **TITLE I—INJURY PREVENTION**

2 **Subtitle A—Traumatic Brain Injury**

3 **SEC. 100. PURPOSES.**

4 It is the purpose of this subtitle to—

- 5 (1) require the Secretary of Health and Human
- 6 Services, working in cooperation with other Federal
- 7 agencies, to study and monitor the incidence and

1 prevalence of traumatic brain injury and conduct na-
2 tional education activities to increase awareness of
3 the causes and consequences of traumatic brain in-
4 jury;

5 (2) require the Secretary of Health and Human
6 Services to identify best practices in diagnosis, emer-
7 gent care, special education, and rehabilitation with
8 the ultimate goal of independent functioning within
9 the community;

10 (3) require the Secretary of Health and Human
11 Services to request that States build capacity and
12 enhance community based service delivery systems to
13 provide adequate, appropriate, and accessible serv-
14 ices to individuals with traumatic brain injury and
15 their families; and

16 (4) require the Director of the National Insti-
17 tutes of Health to conduct and support basic and
18 applied research regarding traumatic brain injury,
19 including diagnosis, treatment, and rehabilitation.

20 **SEC. 101. PROGRAMS OF CENTERS FOR DISEASE CONTROL**
21 **AND PREVENTION.**

22 Section 393A(b) of the Public Health Service Act (42
23 U.S.C. 280b–1b(b)) is amended—

24 (1) in paragraph (1), by striking “and” at the
25 end;

1 (2) in paragraph (2), by striking the period and
2 inserting “; and”; and

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

4 “(3) the implementation of a national education
5 and awareness campaign after consultation with the
6 Administrator of the Health Resources and Services
7 Administration and the Director of the National In-
8 stitutes of Health, including—

9 “(A) national dissemination and distribu-
10 tion of incidence and prevalence findings;

11 “(B) national dissemination of information
12 relating to traumatic brain injury and the
13 sequelae of secondary conditions arising from
14 traumatic brain injury upon discharge from
15 hospitals and trauma centers; and

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

20 **SEC. 102. STUDY AND MONITOR INCIDENCE AND PREVA-**
21 **LENCE.**

22 Section 4 of Public Law 104–166 (42 U.S.C. 300d–
23 61 note) is amended—

24 (1) in subsection (a)(1)(A)—

1 (A) by striking clause (i) and inserting the
2 following:

3 “(i)(I) determine the incidence and
4 prevalence of traumatic brain injury in all
5 age groups in the general population of the
6 United States, including institutional set-
7 tings; and

8 “(II) determined appropriate meth-
9 odological strategies to obtain data on the
10 incidence and prevalence of mild traumatic
11 brain injury and report to Congress con-
12 cerning such within 18 months of the date
13 of enactment of the Children’s Public
14 Health Act of 2000; and”;

15 (B) in clause (ii), by striking “, if the Sec-
16 retary determines that such a system is appro-
17 priate”;

18 (2) in subsection (a)(1)(B)(i), by inserting “,
19 including return to work or school and community
20 participation,” after “functioning”; and

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

22 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
23 is authorized to be appropriated to carry out this section,
24 such sums as may be necessary for each of the fiscal years
25 2001 through 2005.”.

1 **SEC. 103. PROGRAMS OF THE NATIONAL INSTITUTES OF**
 2 **HEALTH.**

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

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

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

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

12 (b) RESEARCH ON COGNITIVE AND NEURO-
 13 BEHAVIORAL DISORDERS ARISING FROM TRAUMATIC
 14 BRAIN INJURY.—Section 1261(d)(4) of the Public Health
 15 Service Act (42 U.S.C. 300d–61(d)(4)) is amended—

16 (1) in subparagraph (C), by striking “and”
 17 after the semicolon at the end;

18 (2) in subparagraph (D), by striking the period
 19 at the end and inserting “; and”; and

20 (3) by adding at the end the following:

21 “(E) carrying out subparagraphs (A)
 22 through (D) with respect to cognitive disorders
 23 and neurobehavioral consequences arising from
 24 traumatic brain injury, including the develop-
 25 ment, modification, and evaluation of therapies
 26 and programs of rehabilitation toward reaching

1 or restoring normal capabilities in areas such as
 2 reading, comprehension, speech, reasoning, and
 3 deduction.”.

4 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
 5 1261 of the Public Health Service Act (42 U.S.C. 300d–
 6 61) is amended by adding at the end the following:

7 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is
 8 authorized to be appropriated to carry out this section,
 9 such sums as may be necessary for each of the fiscal years
 10 2001 through 2005.”.

11 **SEC. 104. PROGRAMS OF HEALTH RESOURCES AND SERV-**
 12 **ICES ADMINISTRATION.**

13 Section 1252 of the Public Health Service Act (42
 14 U.S.C. 300d–52) is amended—

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

17 (2) in subsection (a), by striking “demonstra-
 18 tion”;

19 (3) in subsection (b)(3)—

20 (A) in subparagraph (A)(iv), by striking
 21 “representing traumatic brain injury survivors”
 22 and inserting “representing individuals with
 23 traumatic brain injury”; and

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

1 (4) in subsection (c)—

2 (A) by striking paragraph (2) and insert-
3 ing the following:

4 “(2) DETERMINATION OF AMOUNT CONTRIB-
5 UTED.—With respect to years beginning after the
6 first fiscal year in which assistance is provided under
7 this section, non-Federal contributions under para-
8 graph (1) may be in cash or in kind, fairly evalu-
9 ated, including plant, equipment, or services.
10 Amounts provided by the Federal Government, or
11 services assisted or subsidized to any significant ex-
12 tent by the Federal Government, may not be in-
13 cluded in determining the amount of such contribu-
14 tion.”; and

15 (B) by adding at the end the following:

16 “(3) EFFECTIVE DATE.—The requirements of
17 this subsection shall apply with respect to a State
18 for grant years beginning after the first year in
19 which the State receives a grant under this sec-
20 tion.”;

21 (5) by redesignating subsections (e) through (h)
22 as subsections (g) through (j), respectively;

23 (6) by inserting after subsection (d), the fol-
24 lowing:

1 “(e) CONTINUATION OF PREVIOUSLY AWARDED
2 DEMONSTRATION PROJECTS.—A State that received a
3 grant under this section prior to the date of enactment
4 of the Traumatic Brain Injury Act Amendments of 2000
5 may compete for new project grants under this section
6 after such date of enactment.

7 “(f) USE OF STATE GRANTS.—

8 “(1) COMMUNITY SERVICES.—A State shall use
9 amounts received under a grant under this section
10 to, directly or through grants or contracts with non-
11 profit entities—

12 “(A) develop, change, or enhance commu-
13 nity based service delivery systems that include
14 timely access to an array of comprehensive serv-
15 ices and supports that promote full community
16 participation by individuals with brain injury
17 and their families;

18 “(B) address the needs of brain-injured in-
19 dividuals of all ages;

20 “(C) provide outreach and services to un-
21 derserved and inappropriately served brain-in-
22 jured individuals, such as individuals in institu-
23 tional settings, individuals with low socio-
24 economic resources, individuals in rural commu-

1 nities, and individuals in culturally and linguis-
2 tically diverse communities;

3 “(D) provide grants to nonprofit entities
4 for consumer or family service access training,
5 peer mentoring, and parent to parent or care-
6 taker to caretaker programs;

7 “(E) provide individual and family service
8 coordination or case management systems for
9 families of traumatic brain-injured individuals;
10 and

11 “(F) support other needs identified by a
12 State plan that is supported by its advisory
13 council.

14 “(2) BEST PRACTICES.—

15 “(A) IN GENERAL.—State services and
16 supports provided under a grant under this sec-
17 tion shall reflect the best practices in the field
18 of traumatic brain injury, and shall be sup-
19 ported by quality assurance measures as well as
20 the appropriate standard of health care and in-
21 tegrated community supports.

22 “(B) DEMONSTRATION BY STATE AGEN-
23 CY.—The State agency responsible for admin-
24 istering amounts received under a grant under
25 this section shall demonstrate expertise and

1 knowledge of traumatic brain injury and the
2 unique needs associated with traumatic brain
3 injury.

4 “(3) STATE CAPACITY BUILDING.—A State may
5 use amounts received under a grant under this sec-
6 tion to leverage State resources to—

7 “(A) educate individuals with traumatic
8 brain injury and their families;

9 “(B) train professionals in public and pri-
10 vate sector financing (such as third party pay-
11 ers, State agencies, community-based providers,
12 schools, and educators);

13 “(C) develop or improve case management
14 or service coordination systems;

15 “(D) develop best practices in areas such
16 as family support, return to work, housing or
17 supportive living, personal assistance services,
18 assistive technology, behavioral health services,
19 substance abuse services, and traumatic brain
20 injury treatment and rehabilitation;

21 “(E) tailor existing State systems to pro-
22 vide accommodation to the needs of individuals
23 with brain injury (including systems adminis-
24 tered by the State departments responsible for
25 health, mental health, labor, education, mental

1 retardation or developmental disabilities, trans-
 2 portation, housing, and correctional systems);
 3 and

4 “(F) improve data sets coordinated across
 5 systems and other needs identified by a State
 6 plan supported by its advisory council.”;

7 (7) in subsection (j) (as so redesignated), to
 8 read as follows:

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

13 (8) by adding at the end the following:

14 “(k) STATE.—In this section, the term ‘State’ in-
 15 cludes territories of the United States.”.

16 **Subtitle B—Child Care Safety and** 17 **Health Grants**

18 **SEC. 111. DEFINITIONS.**

19 In this subtitle:

20 (1) CHILD WITH A DISABILITY; INFANT OR
 21 TODDLER WITH A DISABILITY.—The terms “child
 22 with a disability” and “infant or toddler with a dis-
 23 ability” have the meanings given the terms in sec-
 24 tions 602 and 632 of the Individuals with Disabil-
 25 ities Education Act (20 U.S.C. 1401 and 1431).

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

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

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

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

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

21 **SEC. 112. AUTHORIZATION OF APPROPRIATIONS.**

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

1 **SEC. 113. PROGRAMS.**

2 The Secretary shall make allotments to eligible States
3 under section 114. The Secretary shall make the allot-
4 ments to enable the States to establish programs to im-
5 prove the health and safety of children receiving child care
6 outside the home, by preventing illnesses and injuries as-
7 sociated with that care and promoting the health and well-
8 being of children receiving that care.

9 **SEC. 114. AMOUNTS RESERVED; ALLOTMENTS.**

10 (a) AMOUNTS RESERVED.—The Secretary shall re-
11 serve not more than $\frac{1}{2}$ of 1 percent of the amount appro-
12 priated under section 112 for each fiscal year to make al-
13 lotments to Guam, American Samoa, the United States
14 Virgin Islands, and the Commonwealth of the Northern
15 Mariana Islands to be allotted in accordance with their
16 respective needs.

17 (b) STATE ALLOTMENTS.—

18 (1) GENERAL RULE.—From the amounts ap-
19 propriated under section 112 for each fiscal year
20 and remaining after reservations are made under
21 subsection (a), the Secretary shall allot to each State
22 an amount equal to the sum of—

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

1 sum of the corresponding products for all
2 States; and

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

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

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

24 (4) ALLOTMENT PERCENTAGE.—

1 (A) IN GENERAL.—For purposes of this
2 subsection, the allotment percentage for a State
3 shall be determined by dividing the per capita
4 income of all individuals in the United States,
5 by the per capita income of all individuals in
6 the State.

7 (B) LIMITATIONS.—If an allotment per-
8 centage determined under subparagraph (A) for
9 a State—

10 (i) is more than 1.2 percent, the allot-
11 ment percentage of the State shall be con-
12 sidered to be 1.2 percent; and

13 (ii) is less than 0.8 percent, the allot-
14 ment percentage of the State shall be con-
15 sidered to be 0.8 percent.

16 (C) PER CAPITA INCOME.—For purposes
17 of subparagraph (A), per capita income shall
18 be—

19 (i) determined at 2-year intervals;

20 (ii) applied for the 2-year period be-
21 ginning on October 1 of the first fiscal
22 year beginning after the date such deter-
23 mination is made; and

24 (iii) equal to the average of the an-
25 nual per capita incomes for the most re-

1 cent period of 3 consecutive years for
2 which satisfactory data are available from
3 the Department of Commerce on the date
4 such determination is made.

5 (c) DATA AND INFORMATION.—The Secretary shall
6 obtain from each appropriate Federal agency, the most re-
7 cent data and information necessary to determine the al-
8 lotments provided for in subsection (b).

9 (d) DEFINITION.—In this section, the term “State”
10 includes only the several States of the United States, the
11 District of Columbia, and the Commonwealth of Puerto
12 Rico.

13 **SEC. 115. STATE APPLICATIONS.**

14 To be eligible to receive an allotment under section
15 114, a State shall submit an application to the Secretary
16 at such time, in such manner, and containing such infor-
17 mation as the Secretary may require. The application shall
18 contain information assessing the needs of the State with
19 regard to child care health and safety, the goals to be
20 achieved through the program carried out by the State
21 under this subtitle, and the measures to be used to assess
22 the progress made by the State toward achieving the goals.

23 **SEC. 116. USE OF FUNDS.**

24 (a) IN GENERAL.—A State that receives an allotment
25 under section 114 shall use the funds made available

1 through the allotment to carry out 2 or more activities
2 consisting of—

3 (1) providing training and education to eligible
4 child care providers on preventing injuries and ill-
5 nesses in children, and promoting health-related
6 practices;

7 (2) strengthening licensing, regulation, or reg-
8 istration standards for eligible child care providers;

9 (3) assisting eligible child care providers in
10 meeting licensing, regulation, or registration stand-
11 ards, including rehabilitating the facilities of the
12 providers, in order to bring the facilities into compli-
13 ance with the standards;

14 (4) enforcing licensing, regulation, or registra-
15 tion standards for eligible child care providers, in-
16 cluding holding increased unannounced inspections
17 of the facilities of those providers;

18 (5) providing health consultants to provide ad-
19 vice to eligible child care providers;

20 (6) assisting eligible child care providers in en-
21 hancing the ability of the providers to serve children
22 with disabilities and infants and toddlers with dis-
23 abilities;

24 (7) conducting criminal background checks for
25 eligible child care providers and other individuals

1 who have contact with children in the facilities of the
2 providers;

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

6 (9) assisting in improving the safety of trans-
7 portation practices for children enrolled in child care
8 programs with eligible child care providers.

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

14 **SEC. 117. REPORTS.**

15 Each State that receives an allotment under section
16 114 shall annually prepare and submit to the Secretary
17 a report that describes—

18 (1) the activities carried out with funds made
19 available through the allotment; and

20 (2) the progress made by the State toward
21 achieving the goals described in the application sub-
22 mitted by the State under section 115.

1 **TITLE II—MATERNAL AND**
2 **INFANT HEALTH**
3 **Subtitle A—Safe Motherhood and**
4 **Infant Health Promotion**

5 **SEC. 201. SHORT TITLE.**

6 This subtitle may be cited as the “Pregnant Women
7 and Infants Health Protection Act”.

8 **SEC. 202. ESTABLISHMENT OF PROGRAMS REGARDING**
9 **PRENATAL AND POSTNATAL HEALTH.**

10 Title III of the Public Health Service Act (42 U.S.C.
11 241 et seq.) is amended by adding at the end the fol-
12 lowing:

13 **“PART P—MATERNAL AND INFANT HEALTH**
14 **“SEC. 399L. PROGRAMS REGARDING PRENATAL AND POST-**
15 **NATAL HEALTH.**

16 “(a) IN GENERAL.—The Secretary, acting through
17 the Director of the Centers for Disease Control and Pre-
18 vention, shall carry out programs—

19 “(1) to collect, analyze, and make available data
20 on prenatal smoking, alcohol and illegal drug usage,
21 including data on the implications of such activities
22 and on the incidence and prevalence of such activi-
23 ties and their implications;

1 “(2) to conduct applied epidemiological research
2 on the prevention of prenatal and postnatal smoking,
3 alcohol and illegal drug usage;

4 “(3) to support, conduct, and evaluate the ef-
5 fectiveness of educational and cessation programs;
6 and

7 “(4) to provide information and education to
8 the public on the prevention and implications of pre-
9 natal and postnatal smoking, alcohol and illegal drug
10 usage.

11 “(b) GRANTS.—In carrying out subsection (a), the
12 Secretary may award grants to and enter into contracts
13 with States, local governments, territories and Indian
14 Tribes, scientific and academic institutions, Federally
15 qualified health centers, and other public and nonprofit
16 entities, and may provide technical and consultative assist-
17 ance to such entities.

18 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
19 is authorized to be appropriated to carry out this section,
20 such sums as may be necessary for each of the fiscal years
21 2001 through 2005.

22 **“SEC. 399M. SAFE MOTHERHOOD SURVEILLANCE.**

23 “(a) PURPOSE.—It is the purpose of this section to
24 develop surveillance systems at the local, State, and na-
25 tional level to better understand the burden of maternal

1 complications and mortality and to decrease the disparities
2 among population at risk of death and complications from
3 pregnancy.

4 “(b) ACTIVITIES.—For the purpose described in sub-
5 section (a), the Secretary, acting through the Centers for
6 Disease Control and Prevention, may carry out the fol-
7 lowing activities:

8 “(1) Establish and implement a national sur-
9 veillance program to identify and promote the inves-
10 tigation of deaths and severe complications that
11 occur during pregnancy.

12 “(2) Expand the Pregnancy Risk Assessment
13 Monitoring System to provide surveillance and col-
14 lect data in each of the 50 States.

15 “(3) Expand the Maternal and Child Health
16 Epidemiology Program to provide technical support,
17 financial assistance, or the time-limited assignment
18 of senior epidemiologists to maternal and child
19 health programs in each of the 50 States.

20 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
21 is authorized to be appropriated to carry out this section,
22 such sums as may be necessary for each of fiscal years
23 2001 through 2005.

1 **“SEC. 399N. PREVENTION RESEARCH TO ENSURE SAFE**
2 **MOTHERHOOD.**

3 “(a) PURPOSE.—It is the purpose of this section to
4 provide the Secretary with the authority to further expand
5 research concerning risk factors, prevention strategies,
6 and the roles of the family, health care providers and the
7 community in safe motherhood.

8 “(b) RESEARCH.—The Secretary, acting through the
9 Centers for Disease Control and Prevention, may carry
10 out activities to expand research relating to—

11 “(1) encouraging preconception counseling, es-
12 pecially for at risk populations such as diabetics;

13 “(2) the identification of critical components of
14 prenatal, delivery and postpartum care;

15 “(3) the identification of outreach and support
16 services that are available for pregnant women;

17 “(4) the identification of women who are at
18 high risk for complications;

19 “(5) preventing preterm delivery;

20 “(6) preventing urinary tract infections;

21 “(7) preventing unnecessary caesarean sections;

22 “(8) an examination of the higher rates of ma-
23 ternal mortality among African American women;

24 “(9) an examination of the relationship between
25 domestic violence and maternal complications and
26 mortality;

1 “(10) preventing smoking, alcohol and illegal
2 drug usage before, during and after pregnancy;

3 “(11) preventing infections that cause maternal
4 and infant complications; and

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

7 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
8 is authorized to be appropriated to carry out this section,
9 such sums as may be necessary for each of fiscal years
10 2001 through 2005.

11 **“SEC. 3990. PREVENTION PROGRAMS TO ENSURE SAFE**
12 **MOTHERHOOD.**

13 “(a) IN GENERAL.—The Secretary may carry out ac-
14 tivities to promote safe motherhood, including—

15 “(1) public education campaigns on healthy
16 pregnancies and the building of partnerships with
17 organizations concerned about safe motherhood;

18 “(2) education programs for physicians, nurses
19 and other health care providers; and

20 “(3) activities to promote community support
21 services for pregnant women.

22 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
23 is authorized to be appropriated to carry out this section,
24 such sums as may be necessary for each of fiscal years
25 2001 through 2005.”.

1 **Subtitle B—Healthy Start Initiative**

2 **SEC. 211. SHORT TITLE.**

3 This title may be cited as the “Healthy Start Initia-
4 tive Continuation Act”.

5 **SEC. 212. CONTINUATION OF HEALTHY START PROGRAM.**

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

9 **“SEC. 330E. HEALTHY START FOR INFANTS.**

10 “(a) IN GENERAL.—

11 “(1) CONTINUATION AND EXPANSION OF PRO-
12 GRAM.—The Secretary, acting through the Adminis-
13 trator of the Health Resources and Services Admin-
14 istration, Maternal and Child Health Bureau, shall
15 under authority of this section continue in effect the
16 Healthy Start Initiative and may, during fiscal year
17 2001 and subsequent years, carry out such program
18 on a national basis.

19 “(2) DEFINITION.—For purposes of paragraph
20 (1), the term ‘Healthy Start Initiative’ is a reference
21 to the program that, as an initiative to reduce the
22 rate of infant mortality and improve perinatal out-
23 comes, makes grants for project areas with high an-
24 nual rates of infant mortality and that, prior to the

1 effective date of this section, was a demonstration
2 program carried out under section 301.

3 “(3) ADDITIONAL GRANTS.— Effective upon in-
4 creased funding beyond fiscal year 1999 for such
5 Initiative, additional grants may be made to States
6 to assist communities with technical assistance, rep-
7 lication of successful projects, and State policy for-
8 mation to reduce infant and maternal mortality and
9 morbidity.

10 “(b) REQUIREMENTS FOR MAKING GRANTS.—In
11 making grants under subsection (a), the Secretary shall
12 require that applicants (in addition to meeting all eligi-
13 bility criteria established by the Secretary) establish, for
14 project areas under such subsection, community-based
15 consortia of individuals and organizations (including agen-
16 cies responsible for administering block grant programs
17 under title V of the Social Security Act, consumers of
18 project services, public health departments, hospitals,
19 health centers under section 330, and other significant
20 sources of health care services) that are appropriate for
21 participation in projects under subsection (a).

22 “(c) COORDINATION.—Recipients of grants under
23 subsection (a) shall coordinate their services and activities
24 with the State agency or agencies that administer block
25 grant programs under title V of the Social Security Act

1 in order to promote cooperation and dissemination of in-
 2 formation with Statewide systems and with other commu-
 3 nity services funded under the Maternal and Child Health
 4 Block Grant.

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

10 “(e) MEDICALLY APPROPRIATE SERVICES FOR AT-
 11 RISK PREGNANT WOMEN AND INFANTS.—

12 “(1) IN GENERAL.—The Secretary may make
 13 grants to health care entities to provide for pregnant
 14 women or infants, other health services (including
 15 ultrasound, prenatal care, genetic counseling, and
 16 fetal and other surgery) that—

17 “(A) are determined by a qualified treating
 18 health care professional to be medically appro-
 19 priate in order to prevent or mitigate congenital
 20 defects (including spina bifida and
 21 hydrocephaly) or other serious obstetric com-
 22 plications; and

23 “(B) are provided during pregnancy or
 24 during the first year after birth.

1 “(2) ELIGIBLE PROJECT AREA.—The Secretary
2 may make a grant under paragraph (1) only if the
3 geographic area in which services under the grant
4 will be provided is a geographic area in which a
5 project under subsection (a) is being carried out,
6 and if the Secretary determines that the grant will
7 add to or expand the level of health services avail-
8 able in such area to pregnant women and infants.

9 “(3) TRANSPORTATION AND SUBSISTENCE EX-
10 PENSES FOR CERTAIN PATIENTS.—The purposes for
11 which a grant under paragraph (1)(B) may be ex-
12 pended include paying, on behalf of a pregnant
13 woman who is in need of the health services de-
14 scribed in such paragraph, transportation and sub-
15 sistence expenses to assist the pregnant woman in
16 obtaining such health services from the grantee in-
17 volved. The Secretary may establish such restrictions
18 regarding payments under the preceding sentence as
19 the Secretary determines to be appropriate.

20 “(4) RELATIONSHIP TO PAYMENTS UNDER
21 OTHER PROGRAMS.—A grant may be made under
22 paragraph (1) only if the applicant involved agrees
23 that the grant will not be expended to pay the ex-
24 penses of providing any service under such para-
25 graph to a pregnant woman to the extent that pay-

1 ment has been made, or can reasonably be expected
2 to be made, with respect to such expenses—

3 “(A) under any State compensation pro-
4 gram, under an insurance policy, or under any
5 Federal or State health benefits program; or

6 “(B) by an entity that provides health
7 services on a prepaid basis.

8 “(5) EVALUATION BY GENERAL ACCOUNTING
9 OFFICE.—

10 “(A) IN GENERAL.—During fiscal year
11 2004, the Comptroller General of the United
12 States shall conduct an evaluation of activities
13 under grants under paragraph (1) in order to
14 determine whether the activities have been ef-
15 fective in serving the needs of pregnant women
16 with respect to health services described in
17 paragraph (1). The evaluation shall include an
18 analysis of whether such activities have been ef-
19 fective in reducing the disparity in health status
20 between the general population and individuals
21 who are members of racial or ethnic minority
22 groups. Not later than January 10, 2005, the
23 Comptroller General shall submit to the Com-
24 mittee on Commerce in the House of Rep-
25 resentatives, and to the Committee on Health,

Education, Labor, and Pensions in the Senate,
a report describing the findings of the evaluation.
tion.

“(B) RELATION TO GRANTS REGARDING
MEDICALLY APPROPRIATE SERVICES FOR AT-
RISK MOTHERS AND INFANTS.—Before the date
on which the evaluation under subparagraph
(A) is submitted in accordance with such
subparagraph—

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

“(ii) an entity is not eligible to receive
grants under such paragraph unless the
entity has substantial experience in pro-
viding the health services described in such
paragraph.

“(f) FUNDING.—

“(1) GENERAL PROGRAM.—

“(A) AUTHORIZATION OF APPROPRIA-
TIONS.—For the purpose of carrying out this
section (other than subsection (e)), there are
authorized to be appropriated such sums as
may be necessary for each of the fiscal years
2001 through 2005.

1 “(B) ALLOCATIONS.—

2 “(i) PROGRAM ADMINISTRATION.—Of
3 the amounts appropriated under subpara-
4 graph (A) for a fiscal year, the Secretary
5 may reserve up to 5 percent for coordina-
6 tion, dissemination, technical assistance,
7 and data activities that are determined by
8 the Secretary to be appropriate for car-
9 rying out the program under this section.

10 “(ii) EVALUATION.—Of the amounts
11 appropriated under subparagraph (A) for a
12 fiscal year, the Secretary may reserve up
13 to 1 percent for evaluations of projects car-
14 ried out under subsection (a). Each such
15 evaluation shall include a determination of
16 whether such projects have been effective
17 in reducing the disparity in health status
18 between the general population and indi-
19 viduals who are members of racial or eth-
20 nic minority groups.

21 “(2) MEDICALLY APPROPRIATE SERVICES FOR
22 AT-RISK MOTHERS AND INFANTS.—For the purpose
23 of carrying out subsection (e), there are authorized
24 to be appropriated such sums as may be necessary
25 for each of the fiscal years 2001 through 2005.”.

1 **Subtitle C—National Center for**
 2 **Birth Defects and Develop-**
 3 **mental Disabilities**

4 **SEC. 221. NATIONAL CENTER FOR BIRTH DEFECTS AND DE-**
 5 **VELOPMENTAL DISABILITIES.**

6 Part P of title III of the Public Health Service Act
 7 (as added by section 201) is amended by adding at the
 8 end the following:

9 **“SEC. 399P. NATIONAL CENTER FOR BIRTH DEFECTS AND**
 10 **DEVELOPMENTAL DISABILITIES.**

11 “(a) ESTABLISHMENT.—There is established within
 12 the Centers for Disease Control and Prevention a center
 13 to be known as the National Center for Birth Defects and
 14 Developmental Disabilities.

15 “(b) PURPOSE.—The general purpose of the National
 16 Center established under subsection (a) shall be to—

17 “(1) collect, analyze, and make available data
 18 on birth defects and developmental disabilities, in-
 19 cluding data on the causes of such defects and dis-
 20 abilities and on the incidence and prevalence of such
 21 defects and disabilities;

22 “(2) conduct applied epidemiological research
 23 on the prevention of such defects and disabilities;
 24 and

1 “(3) provide information and education to the
2 public on the prevention of such defects and disabil-
3 ities.

4 “(c) DIRECTOR.—The National Center established
5 under subsection (a) shall be headed by a director to be
6 appointed by the Director of the Centers for Disease Con-
7 trol and Prevention.

8 “(d) TRANSFERS.—There shall be transferred to the
9 National Center established under subsection (a) all activi-
10 ties, budgets and personnel of the National Center for En-
11 vironmental Health that relate to birth defects, folic acid,
12 cerebral palsy, mental retardation, child development,
13 newborn screening, autism, Fragile X syndrome, fetal al-
14 cohol syndrome, pediatric genetics, disability prevention,
15 and other relevant activities.

16 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
17 is authorized to be appropriated such sums as may be nec-
18 essary to carry out this section for each of fiscal years
19 2001 through 2005.”.

1 **Subtitle D—Folic Acid Education**
2 **Program**

3 **SEC. 231. PROGRAM REGARDING EFFECTS OF FOLIC ACID**
4 **IN PREVENTION OF BIRTH DEFECTS.**

5 Part P of title III of the Public Health Service Act
6 (as added by section 201 and amended by section 221)
7 is further amended by adding at the end the following:

8 **“SEC. 399Q. EFFECTS OF FOLIC ACID IN PREVENTION OF**
9 **BIRTH DEFECTS.**

10 “(a) IN GENERAL.—The Secretary, acting through
11 the Director of the Centers for Disease Control and Pre-
12 vention, shall carry out a program (within the National
13 Center for Birth Defects and Developmental Disabilities)
14 for the following purposes:

15 “(1) To provide education and training for
16 health professionals and the general public for pur-
17 poses of explaining the effects of folic acid in pre-
18 venting birth defects and for purposes of encour-
19 aging each woman of reproductive capacity (whether
20 or not planning a pregnancy) to consume on a daily
21 basis a dietary supplement that provides an appro-
22 priate level of folic acid.

23 “(2) To conduct research with respect to such
24 education and training, including identifying effec-

1 tive strategies for increasing the rate of consumption
2 of folic acid by women of reproductive capacity.

3 “(3) To conduct research to increase the under-
4 standing of the effects of folic acid in preventing
5 birth defects, including understanding with respect
6 to cleft lip, cleft palate, and heart defects.

7 “(4) To provide for appropriate epidemiological
8 activities regarding folic acid and birth defects, in-
9 cluding epidemiological activities regarding neural
10 tube defects.

11 “(b) CONSULTATIONS WITH STATES AND PRIVATE
12 ENTITIES.—In carrying out subsection (a), the Secretary
13 shall consult with the States and with other appropriate
14 public or private entities, including national nonprofit pri-
15 vate organizations, health professionals, and providers of
16 health insurance and health plans.

17 “(c) TECHNICAL ASSISTANCE.—The Secretary may
18 (directly or through grants or contracts) provide technical
19 assistance to public and nonprofit private entities in car-
20 rying out the activities described in subsection (a).

21 “(d) EVALUATIONS.—The Secretary shall (directly or
22 through grants or contracts) provide for the evaluation of
23 activities under subsection (a) in order to determine the
24 extent to which such activities have been effective in car-
25 rying out the purposes of the program under such sub-

1 section, including the effects on various demographic pop-
 2 ulations. Methods of evaluation under the preceding sen-
 3 tence may include surveys of knowledge and attitudes on
 4 the consumption of folic acid and on blood folate levels.
 5 Such methods may include complete and timely moni-
 6 toring of infants who are born with neural tube defects.
 7 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
 8 purpose of carrying out this section, there are authorized
 9 to be appropriated \$20,000,000 for fiscal year 2001, and
 10 such sums as may be necessary for each of the fiscal years
 11 2002 through 2005.”.

12 **TITLE III—PEDIATRIC PUBLIC**
 13 **HEALTH PROMOTION**
 14 **Subtitle A—Asthma**

15 **SEC. 301. CHILDREN’S ASTHMA RELIEF.**

16 Title III of the Public Health Service Act (42 U.S.C.
 17 243 et seq.) is amended by inserting after section 317G
 18 the following:

19 **“SEC. 317H. ASTHMA TREATMENT GRANTS PROGRAM.**

20 “(a) PURPOSES.—The purposes of this section are as
 21 follows:

22 “(1) To provide access to quality medical care
 23 for children who live in areas that have a high prev-
 24 alence of asthma and who lack access to medical
 25 care.

1 “(2) To provide on-site education to parents,
2 children, health care providers, and medical teams to
3 recognize the signs and symptoms of asthma, and to
4 train them in the use of medications to prevent and
5 treat asthma.

6 “(3) To decrease preventable trips to the emer-
7 gency room by making medication available to indi-
8 viduals who have not previously had access to treat-
9 ment or education in the prevention of asthma.

10 “(4) To provide other services, such as smoking
11 cessation programs, home modification, and other
12 direct and support services that ameliorate condi-
13 tions that exacerbate or induce asthma.

14 “(b) AUTHORITY TO MAKE GRANTS.—

15 “(1) IN GENERAL.—In addition to any other
16 payments made under this title, the Secretary shall
17 award grants to eligible entities to carry out the pur-
18 poses of this section, including grants that are de-
19 signed to develop and expand projects to—

20 “(A) provide comprehensive asthma serv-
21 ices to children, including access to care and
22 treatment for asthma in a community-based
23 setting;

24 “(B) fully equip mobile health care clinics
25 that provide preventive asthma care including

1 diagnosis, physical examinations, pharma-
 2 cological therapy, skin testing, peak flow meter
 3 testing, and other asthma-related health care
 4 services;

5 “(C) conduct study-validated asthma man-
 6 agement education programs for patients with
 7 asthma and their families, including patient
 8 education regarding asthma management, fam-
 9 ily education on asthma management, and the
 10 distribution of materials, including displays and
 11 videos, to reinforce concepts presented by med-
 12 ical teams; and

13 “(D) identify, and refer for enrollment, eli-
 14 gible children for the medicaid program under
 15 title XIX of the Social Security Act (42 U.S.C.
 16 1396 et seq.), the State Children’s Health In-
 17 surance Program under title XXI of that Act
 18 (42 U.S.C. 1397aa et seq.), or other children’s
 19 health programs.

20 “(2) AWARD OF GRANTS.—

21 “(A) APPLICATION.—

22 “(i) IN GENERAL.—An eligible entity
 23 shall submit an application to the Sec-
 24 retary for a grant under this section in

1 such form and manner as the Secretary
2 may require.

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

9 “(B) REQUIREMENT.—In awarding grants
10 under this section, the Secretary shall give pref-
11 erence to eligible entities that demonstrate that
12 the activities to be carried out under this sec-
13 tion shall be in localities within areas of known
14 high prevalence of childhood asthma or high
15 asthma-related mortality (relative to the aver-
16 age asthma incidence rates and associated mor-
17 tality rates in the United States). Acceptable
18 data sets used to demonstrate a high prevalence
19 of childhood asthma or high asthma-related
20 mortality may include data from Federal, State,
21 or local vital statistics, claims data from title
22 XIX or XXI of the Social Security Act (42
23 U.S.C. 1396 et seq., 1397aa), other public
24 health statistics or surveys, or other data that
25 the Secretary, in consultation with the Director

1 of the Centers for Disease Control and Preven-
 2 tion, deems appropriate.

3 “(3) DEFINITION OF ELIGIBLE ENTITY.—In
 4 this section, the term ‘eligible entity’ means a State
 5 agency or other entity receiving funds under this
 6 title, a local community, a local educational agency,
 7 a nonprofit children’s hospital or foundation, or a
 8 nonprofit community-based organization.

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

14 “(1) other programs operated in the State that
 15 serve children with asthma, including any such pro-
 16 grams operated under title V of the Social Security
 17 Act (42 U.S.C. 701 et seq.), title XIX of that Act
 18 (42 U.S.C. 1396 et seq.), and title XXI of that Act
 19 (42 U.S.C. 1397aa et seq.); and

20 “(2) one or more of the following—

21 “(A) the child welfare and foster care and
 22 adoption assistance programs under parts B
 23 and E of title IV of the Social Security Act (42
 24 U.S.C 620 et seq., 670 et seq.);

1 “(B) the head start program established
2 under the Head Start Act (42 U.S.C. 9831 et
3 seq.);

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

9 “(D) local public and private elementary or
10 secondary schools; or

11 “(E) public housing agencies, as defined in
12 section 3 of the United States Housing Act of
13 1937 (42 U.S.C. 1437a).

14 “(d) EVALUATION.—An eligible entity that receives
15 a grant under this section shall submit to the Secretary
16 an evaluation of the operations and activities carried out
17 under the grant that includes—

18 “(1) a description of the asthma-related health
19 status outcomes of children assisted under the grant;

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

23 “(3) the collection, analysis, and reporting of
24 asthma data according to guidelines prescribed by
25 the Director of the Centers for Disease Control and

1 Prevention as described in section 304 of the Chil-
 2 dren’s Public Health Act of 2000; and

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

5 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
 6 are authorized to be appropriated to carry out this section,
 7 \$50,000,000 for each of the fiscal years 2001 through
 8 2005.”.

9 **SEC. 302. PREVENTIVE HEALTH AND HEALTH SERVICES**
 10 **BLOCK GRANT; SYSTEMS FOR REDUCING**
 11 **ASTHMA AND ASTHMA-RELATED ILLNESSES.**

12 Section 1904(a)(1) of the Public Health Service Act
 13 (42 U.S.C. 300w–3(a)(1)) is amended—

14 (1) by redesignating subparagraphs (E) and
 15 (F) as subparagraphs (F) and (G), respectively;

16 (2) by adding a period at the end of subpara-
 17 graph (G) (as so redesignated);

18 (3) by inserting after subparagraph (D), the
 19 following:

20 “(E) Projects to reduce the prevalence of asth-
 21 ma and asthma-related illnesses among urban popu-
 22 lations, especially children, by reducing the level of
 23 exposure to cockroach allergen, or other known asth-
 24 ma triggers through the use of integrated pest man-
 25 agement, as applied to cockroaches or other aller-

1 gens. Such projects shall test the cost-effectiveness
 2 of methods of integrated pest management. Amounts
 3 expended for such systems may include the costs of
 4 structural rehabilitation of housing, public schools,
 5 and other public facilities to reduce cockroach infes-
 6 tation, the costs of building maintenance, and the
 7 costs of programs to promote community participa-
 8 tion in the carrying out at such sites integrated pest
 9 management, as applied to cockroaches or other
 10 known asthma triggers. For purposes of this sub-
 11 paragraph, the term ‘integrated pest management’
 12 means an approach to the management of pests in
 13 public facilities that minimizes or avoids the use of
 14 pesticide chemicals through a combination of appro-
 15 priate practices regarding the maintenance, cleaning,
 16 and monitoring of such sites.”;

17 (4) in subparagraph (F) (as so redesignated),
 18 by striking “subparagraphs (A) through (D)” and
 19 inserting “subparagraphs (A) through (E)”; and

20 (5) in subparagraph (G) (as so redesignated),
 21 by striking “subparagraphs (A) through (E)” and
 22 inserting “subparagraphs (A) through (F)”.

1 **SEC. 303. COORDINATION OF FEDERAL ACTIVITIES TO AD-**
2 **DRESS ASTHMA-RELATED HEALTH CARE**
3 **NEEDS.**

4 The Secretary of Health and Human Services shall—

5 (1) identify all Federal programs that carry out
6 asthma research and asthma-related activities;

7 (2) develop, in consultation with appropriate
8 Federal agencies, including the Environmental Pro-
9 tection Agency and the Department of Housing and
10 Urban Development, and professional and voluntary
11 health organizations, a Federal plan for responding
12 to asthma; and

13 (3) not later than 12 months after the date of
14 enactment of this Act, submit recommendations to
15 the Committee on Health, Education, Labor, and
16 Pensions of the Senate and the Committee on Com-
17 merce of the House of Representatives, and other
18 relevant committees of Congress, on ways to
19 strengthen and improve the coordination of asthma-
20 related activities of the Federal Government.

21 **SEC. 304. COMPILATION OF DATA BY THE CENTERS FOR**
22 **DISEASE CONTROL AND PREVENTION.**

23 (a) IN GENERAL.—The Director of the Centers for
24 Disease Control and Prevention, in consultation with the
25 National Asthma Education Prevention Program Coordi-
26 nating Committee, shall—

1 (1) conduct local asthma surveillance activities
2 to collect data on the prevalence and severity of
3 asthma and the quality of asthma management,
4 including—

5 (A) surveys to collect sample household
6 data on the local burden of asthma; and

7 (B) health care facility specific surveillance
8 to collect asthma data on the prevalence and se-
9 verity of asthma, and on the quality of asthma
10 care; and

11 (2) compile and annually publish data on—

12 (A) the prevalence of children suffering
13 from asthma in each State; and

14 (B) the childhood mortality rate associated
15 with asthma nationally and in each State.

16 (b) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated to carry out this section,
18 such sums as may be necessary for each of the fiscal years
19 2001 through 2005.”.

1 **Subtitle B—Childhood Obesity**
 2 **Prevention**

3 **SEC. 311. PROGRAMS OPERATED THROUGH THE CENTERS**
 4 **FOR DISEASE CONTROL AND PREVENTION.**

5 Title III of the Public Health Service Act (42 U.S.C.
 6 241 et seq.), as amended by section 221, is further amend-
 7 ed by adding at the end the following:

8 **“PART Q—PROGRAMS TO IMPROVE THE HEALTH**
 9 **OF CHILDREN**

10 **“SEC. 399R. GRANTS TO PROMOTE CHILDHOOD NUTRITION**
 11 **AND PHYSICAL ACTIVITY.**

12 “(a) IN GENERAL.—The Secretary, acting though
 13 the Director of the Centers for Disease Control and Pre-
 14 vention, shall award competitive grants to States and po-
 15 litical subdivisions of States for the development and im-
 16 plementation of State and community-based intervention
 17 programs to promote good nutrition and physical activity
 18 in children and adolescents.

19 “(b) ELIGIBILITY.—To be eligible to receive a grant
 20 under this section a State or political subdivision of a
 21 State shall prepare and submit to the Secretary an appli-
 22 cation at such time, in such manner, and containing such
 23 information as the Secretary may require, including a plan
 24 that describes—

1 “(1) how the applicant proposes to develop a
2 comprehensive program of school- and community-
3 based approaches to encourage and promote good
4 nutrition and appropriate levels of physical activity
5 with respect to children or adolescents in local com-
6 munities;

7 “(2) the manner in which the applicant shall
8 coordinate with appropriate State and local authori-
9 ties, such as State and local school departments,
10 State departments of health, chronic disease direc-
11 tors, State directors of programs under section 17 of
12 the Child Nutrition Act of 1966, 5-a-day coordina-
13 tors, governors councils for physical activity and
14 good nutrition, and State and local parks and recre-
15 ation departments;

16 “(3) the manner in which the applicant will
17 evaluate the effectiveness of the program carried out
18 under this section.

19 “(c) USE OF FUNDS.—A State or political subdivi-
20 sion of a State shall use amount received under a grant
21 under this section to—

22 “(1) develop, implement, disseminate, and
23 evaluate school- and community-based strategies in
24 States to reduce inactivity and improve dietary
25 choices among children and adolescents;

1 “(2) expand opportunities for physical activity
2 programs in school- and community-based settings;
3 and

4 “(3) develop, implement, and evaluate programs
5 that promote good eating habits and physical activ-
6 ity including opportunities for children with cog-
7 nitive and physical disabilities.

8 “(d) TECHNICAL ASSISTANCE.—The Secretary may
9 set-aside an amount not to exceed 10 percent of the
10 amount appropriated for a fiscal year under subsection (h)
11 to permit the Director of the Centers for Disease Control
12 and Prevention to—

13 “(1) provide States and political subdivisions of
14 States with technical support in the development
15 and implementation of programs under this section;
16 and

17 “(2) disseminate information about effective
18 strategies and interventions in preventing and treat-
19 ing obesity through the promotion of good nutrition
20 and physical activity.

21 “(e) LIMITATION ON ADMINISTRATIVE COSTS.—Not
22 to exceed 1 percent of the amount of a grant awarded to
23 the State or political subdivision under subsection (a) for
24 a fiscal year may be used by the State or political subdivi-
25 sion for administrative expenses.

1 “(f) TERM.—A grant awarded under subsection (a)
2 shall be for a term of 3 years.

3 “(g) DEFINITION.—In this section, the term ‘children
4 and adolescents’ means individuals who do not exceed 18
5 years of age.

6 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
7 are authorized to be appropriated, such sums as may be
8 necessary to carry out this section for each of fiscal years
9 2001 through 2005.

10 **“SEC. 399S. APPLIED RESEARCH PROGRAM.**

11 “The Secretary, acting through the Centers for Dis-
12 ease Control and Prevention and in consultation with the
13 Director of the National Institutes of Health, shall—

14 “(1) conduct research to better understand the
15 relationship between physical activity, diet, and
16 health and factors that influence health-related be-
17 haviors;

18 “(2) develop and evaluate strategies for the pre-
19 vention and treatment of obesity to be used in com-
20 munity-based interventions and by health profes-
21 sionals;

22 “(3) develop and evaluate strategies for the pre-
23 vention and treatment of eating disorders, such as
24 anorexia and bulimia;

1 “(4) conduct research to establish the preva-
 2 lence, consequences, and costs of childhood obesity
 3 and its effects in adulthood;

4 “(5) identify behaviors and risk factors that
 5 contribute to obesity;

6 “(6) evaluate materials and programs to pro-
 7 vide nutrition education to parents and teachers of
 8 children in child care or pre-school and the food
 9 service staff of such child care and pre-school enti-
 10 ties; and

11 “(7) evaluate materials and programs that are
 12 designed to educate and encourage physical activity
 13 in child care and pre-school facilities.

14 **“SEC. 399T. EDUCATION CAMPAIGN.**

15 “The Secretary, acting through the Director of the
 16 Centers for Disease Control and Prevention, and in col-
 17 laboration with national, State, and local partners, phys-
 18 ical activity organizations, nutrition experts, and health
 19 professional organizations, shall develop a national public
 20 campaign to promote and educate children and their par-
 21 ents concerning—

22 “(1) the health risks associated with obesity, in-
 23 activity, and poor nutrition;

24 “(2) ways in which to incorporate physical ac-
 25 tivity into daily living; and

1 “(3) the benefits of good nutrition and strate-
2 gies to improve eating habits.

3 **“SEC. 399U. HEALTH PROFESSIONAL EDUCATION AND**
4 **TRAINING.**

5 “The Secretary, acting through the Director of the
6 Centers for Disease Control and Prevention, in collabora-
7 tion with the Administrator of the Health Resources and
8 Services Administration and the heads of other agencies,
9 and in consultation with appropriate health professional
10 associations, shall develop and carry out a program to edu-
11 cate and train health professionals in effective strategies
12 to—

13 “(1) better identify and assess patients with
14 obesity or an eating disorder or patients at-risk of
15 becoming obese or developing an eating disorder;

16 “(2) counsel, refer, or treat patients with obe-
17 sity or an eating disorder; and

18 “(3) educate patients and their families about
19 effective strategies to improve dietary habits and es-
20 tablish appropriate levels of physical activity.”.

1 **Subtitle C—Early Detection and**
 2 **Treatment Regarding Childhood**
 3 **Lead Poisoning**

4 **SEC. 321. CENTERS FOR DISEASE CONTROL AND PREVEN-**
 5 **TION EFFORTS TO COMBAT CHILDHOOD**
 6 **LEAD POISONING.**

7 (a) REQUIREMENTS FOR LEAD POISONING PREVEN-
 8 TION GRANTEES.—Section 317A of the Public Health
 9 Service Act (42 U.S.C. 247b–1) is amended—

10 (1) in subsection (d)—

11 (A) by redesignating paragraph (7) as
 12 paragraph (8); and

13 (B) by inserting after paragraph (6) the
 14 following:

15 “(7) Assurances satisfactory to the Secretary
 16 that the applicant will ensure complete and con-
 17 sistent reporting of all blood lead test results from
 18 laboratories and health care providers to State and
 19 local health departments in accordance with guide-
 20 lines of the Centers for Disease Control and Preven-
 21 tion for standardized reporting as described in sub-
 22 section (m).”; and

23 (2) in subsection (j)(2)—

24 (A) in subparagraph (F) by striking “(E)”
 25 and inserting “(F)”;

1 (B) by redesignating subparagraph (F) as
 2 subparagraph (G); and

3 (C) by inserting after subparagraph (E)
 4 the following:

5 “(F) The number of grantees that have es-
 6 tablished systems to ensure mandatory report-
 7 ing of all blood lead tests from laboratories and
 8 health care providers to State and local health
 9 departments.”.

10 (b) GUIDELINES FOR STANDARDIZED REPORTING.—
 11 Section 317A of the Public Health Service Act (42 U.S.C.
 12 247b–1) is amended by adding at the end the following:

13 “(m) GUIDELINES FOR STANDARDIZED REPORT-
 14 ING.—The Secretary, acting through the Director of the
 15 Centers for Disease Control and Prevention, shall develop
 16 national guidelines for the uniform and complete reporting
 17 of all blood lead test results to State and local health de-
 18 partments.”.

19 (c) DEVELOPMENT AND IMPLEMENTATION OF EF-
 20 FECTIVE DATA MANAGEMENT BY THE CENTERS FOR DIS-
 21 EASE CONTROL AND PREVENTION.—

22 (1) IN GENERAL.—The Director of the Centers
 23 for Disease Control and Prevention shall—

24 (A) assist with the improvement of data
 25 linkages between State and local health depart-

1 ments and between State health departments
2 and the Centers for Disease Control and Pre-
3 vention;

4 (B) assist States with the development of
5 flexible, comprehensive State-based data man-
6 agement systems for the surveillance of children
7 with lead poisoning that have the capacity to
8 contribute to a national data set;

9 (C) assist with the improvement of the
10 ability of State-based data management systems
11 and federally-funded means-tested public ben-
12 efit programs (including the special supple-
13 mental food program for women, infants and
14 children (WIC) under section 17 of the Child
15 Nutrition Act of 1966 (42 U.S.C. 1786) and
16 the early head start program under section
17 645A of the Head Start Act (42 U.S.C
18 9840a(h)) to respond to ad hoc inquiries and
19 generate progress reports regarding the lead
20 blood level screening of children enrolled in
21 those programs that may be used in training
22 and education programs conducted by the Cen-
23 ters for health care providers;

24 (D) assist States with the establishment of
25 a capacity for assessing how many children en-

rolled in the medicaid, WIC, early head start,
and other federally-funded means-tested public
benefit programs are being screened for lead
poisoning at age-appropriate intervals;

(E) use data obtained as result of activities
under this section to formulate or revise exist-
ing lead blood screening and case management
policies; and

(F) establish performance measures for
evaluating State and local implementation of
the requirements and improvements described
in subparagraphs (A) through (E).

(2) AUTHORIZATION OF APPROPRIATIONS.—

There is authorized to be appropriated to carry out
this subsection, such sums as may be necessary for
each of fiscal years 2001 through 2005.

(3) EFFECTIVE DATE.—This subsection takes
effect on the date of enactment of this Act.

SEC. 322. GRANTS FOR LEAD POISONING RELATED ACTIVITIES.

(a) IN GENERAL.—Part B of title III of the Public
Health Service Act (42 U.S.C. 243 et seq.) is amended—

(1) by redesignating sections 317B through
317H as sections 317C through 317I, respectively;
and

1 (2) by inserting after section 317A the fol-
2 lowing:

3 **“SEC. 317B. GRANTS FOR LEAD POISONING RELATED AC-**
4 **TIVITIES.**

5 “(a) AUTHORITY TO MAKE GRANTS.—

6 “(1) IN GENERAL.—The Secretary shall make
7 grants to States to support public health activities in
8 States and localities where data suggests that at
9 least 5 percent of preschool-age children have an ele-
10 vated blood lead level through—

11 “(A) effective, ongoing outreach and com-
12 munity education targeted to families most like-
13 ly to be at risk for lead poisoning;

14 “(B) individual family education activities
15 that are designed to reduce ongoing exposures
16 to lead for children with elevated blood lead lev-
17 els, including through home visits and coordina-
18 tion with other programs designed to identify
19 and treat children at risk for lead poisoning;
20 and

21 “(C) the development, coordination and
22 implementation of community-based approaches
23 for comprehensive lead poisoning prevention
24 from surveillance to lead hazard control.

1 “(2) STATE MATCH.—A State is not eligible for
2 a grant under this section unless the State agrees to
3 expend (through State or local funds) \$1 for every
4 \$2 provided under the grant to carry out the activi-
5 ties described in paragraph (1).

6 “(3) APPLICATION.—To be eligible to receive a
7 grant under this section, a State shall submit an ap-
8 plication to the Secretary in such form and manner
9 and containing such information as the Secretary
10 may require.

11 “(b) PERFORMANCE MEASURES.—The Secretary
12 shall establish needs indicators and performance measures
13 to evaluate the activities carried out under grants awarded
14 under this section. Such indicators shall be commensurate
15 with national measures of maternal and child health pro-
16 grams and shall be developed in consultation with the Di-
17 rector of the Centers for Disease Control and Prevention.

18 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
19 is authorized to be appropriated to carry out this section,
20 such sums as may be necessary for each of fiscal years
21 2001 through 2005.”.

22 (b) CONFORMING AMENDMENT.—Section 340D of
23 the Public Health Service Act (42 U.S.C. 256d(c)(1)) is
24 amended by striking “317E” and inserting “317F”.

1 **SEC. 323. TRAINING AND REPORTS BY THE HEALTH RE-**
2 **SOURCES AND SERVICES ADMINISTRATION.**

3 (a) TRAINING.—The Secretary of Health and Human
4 Services, acting through the Administrator of the Health
5 Resources and Services Administration and in collabora-
6 tion with the Administrator of the Health Care Financing
7 Administration and the Director of the Centers for Dis-
8 ease Control and Prevention, shall conduct education and
9 training programs for physicians and other health care
10 providers regarding childhood lead poisoning, current
11 screening and treatment recommendations and require-
12 ments, and the scientific, medical, and public health basis
13 for those policies.

14 (b) REPORT.—The Secretary of Health and Human
15 Services, acting through the Administrator of the Health
16 Resources and Services Administration, annually shall re-
17 port to Congress on the number of children who received
18 services through health centers established under section
19 330 of the Public Health Service Act (42 U.S.C. 254b)
20 and received a blood lead screening test during the prior
21 fiscal year, noting the percentage that such children rep-
22 resent as compared to all children who received services
23 through such health centers.

24 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
25 authorized to be appropriated to carry out this section,

1 such sums as may be necessary for each of fiscal years
 2 2001 through 2005.

3 **Subtitle D—Oral Health**

4 **SEC. 331. IDENTIFICATION OF INTERVENTIONS THAT RE-**
 5 **DUCE THE BURDEN AND TRANSMISSION OF**
 6 **ORAL, DENTAL, AND CRANIOFACIAL DIS-**
 7 **EASES IN HIGH RISK POPULATIONS; DEVEL-**
 8 **OPMENT OF APPROACHES FOR PEDIATRIC**
 9 **ORAL AND CRANIOFACIAL ASSESSMENT.**

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

15 (1) support community-based research that is
 16 designed to improve understanding of the etiology,
 17 pathogenesis, diagnosis, prevention, and treatment
 18 of pediatric oral, dental, craniofacial diseases and
 19 conditions and their sequelae in high risk popu-
 20 lations;

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

1 (3) develop clinical approaches to assess indi-
 2 vidual patients for the risk of pediatric dental dis-
 3 ease.

4 (b) COMPLIANCE WITH STATE PRACTICE LAWS.—
 5 Treatment and other services shall be provided pursuant
 6 to this section by licensed dental health professionals in
 7 accordance with State practice and licensing laws.

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

12 **SEC. 332. ORAL HEALTH PROFESSIONAL RESEARCH AND**
 13 **TRAINING PROGRAM.**

14 Part G of title IV of the Public Health Service Act
 15 (42 U.S.C. 288 et seq.) is amended by inserting after sec-
 16 tion 487E the following:

17 **“SEC. 487F. ORAL HEALTH PROFESSIONAL RESEARCH AND**
 18 **TRAINING PROGRAM.**

19 “(a) IN GENERAL.—The Secretary, in consultation
 20 with the Director of the National Institute of Dental and
 21 Craniofacial Research and professional dental organiza-
 22 tions, shall establish a program under which the Secretary
 23 will enter into contracts with qualified oral health profes-
 24 sionals and such professionals will agree to conduct re-
 25 search or provide training with respect to pediatric oral,

1 dental, and craniofacial diseases and conditions and in ex-
 2 change the Secretary will agree to repay, for each year
 3 of service, not more than \$35,000 of the principal and in-
 4 terest of the educational loans of such professionals.

5 “(b) QUALIFIED ORAL HEALTH PROFESSIONAL.—

6 “(1) DEFINITION.—In this section, the term
 7 ‘qualified oral health professional’ includes dentists
 8 and allied dental personnel serving in faculty posi-
 9 tions.

10 “(2) SPECIAL PREFERENCE.—In entering into
 11 contacts under subsection (a), the Secretary shall
 12 give preference to qualified oral health
 13 professionals—

14 “(A) who are serving, or who have served
 15 in research or training programs of the Na-
 16 tional Institute of Dental and Craniofacial Re-
 17 search; or

18 “(B) who are providing services at institu-
 19 tions that provide oral health care to under-
 20 served pediatric populations in rural areas.

21 “(c) PRIORITIES.—The Secretary shall annually de-
 22 termine the clinical and basic research and training prior-
 23 ities for contracts under subsection (a), including dental
 24 caries, orofacial accidents or traumas, birth defects such

1 as cleft lip and palate and severe malocclusions, and new
2 techniques and approaches to treatment.

3 “(d) CONTRACTS, OBLIGATED SERVICE, AND
4 BREACH OF CONTRACT.—The provisions of section 338B
5 concerning contracts, obligated service, and breach of con-
6 tract, except as inconsistent with this section, shall apply
7 to contracts under this section to the same extent and in
8 the same manner as such provisions apply to contracts
9 under such section 338B.

10 “(e) AVAILABILITY OF FUNDS.—Amounts available
11 for carrying out this section shall remain available until
12 the expiration of the second fiscal year beginning after the
13 fiscal year for which such amounts were made available.”.

14 **SEC. 333. GRANTS TO INCREASE RESOURCES FOR COMMU-**
15 **NITY WATER FLUORIDATION.**

16 (a) IN GENERAL.—The Secretary of Health and
17 Human Services, acting through the Director of the Divi-
18 sion of Oral Health of the Centers for Disease Control
19 and Prevention, may make grants to State or locality for
20 the purpose of increasing the resources available for com-
21 munity water fluoridation.

22 (b) USE OF FUNDS.—A State shall use amounts pro-
23 vided under a grant under subsection (a)—

24 (1) to purchase fluoridation equipment;

25 (2) to train fluoridation engineers; or

1 (3) to develop educational materials on the ad-
2 vantages of fluoridation.

3 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
4 authorized to be appropriated to carry out this section,
5 \$25,000,000 for fiscal year 2001, and such sums as may
6 be necessary for each subsequent fiscal year.

7 **SEC. 334. COMMUNITY WATER FLUORIDATION.**

8 (a) IN GENERAL.—The Secretary of Health and
9 Human Services (referred to in this section as the “Sec-
10 retary”), acting through the Director of the Indian Health
11 Service and the Director of the Centers for Disease Con-
12 trol and Prevention, shall establish a demonstration
13 project that is designed to assist rural water systems in
14 successfully implementing the Centers for Disease Control
15 and Prevention water fluoridation guidelines entitled “En-
16 gineering and Administrative Recommendations for Water
17 Fluoridation” (referred to in this section as the
18 “EARWF”).

19 (b) REQUIREMENTS.—

20 (1) COLLABORATION.—The Director of the In-
21 dian Health Services shall collaborate with the Di-
22 rector of the Centers for Disease Control and Pre-
23 vention in developing the project under subsection
24 (a). Through such collaboration the Directors shall
25 ensure that technical assistance and training are

1 provided to tribal programs located in each of the 12
2 areas of the Indian Health Service. The Director of
3 the Indian Health Service shall provide coordination
4 and administrative support to tribes under this sec-
5 tion.

6 (2) GENERAL USE OF FUNDS.—Amounts made
7 available under this section shall be used to assist
8 small water systems in improving the effectiveness of
9 water fluoridation and to meet the recommendations
10 of the EARWF.

11 (3) FLUORIDATION SPECIALISTS.—

12 (A) IN GENERAL.—In carrying out this
13 section, the Secretary shall provide for the es-
14 tablishment of fluoridation specialist engineer-
15 ing positions in each of the Dental Clinical and
16 Preventive Support Centers through which tech-
17 nical assistance and training will be provided to
18 tribal water operators, tribal utility operators
19 and other Indian Health Service personnel
20 working directly with fluoridation projects.

21 (B) LIAISON.—A fluoridation specialist
22 shall serve as the principal technical liaison be-
23 tween the Indian Health Service and the Cen-
24 ters for Disease Control and Prevention with
25 respect to engineering and fluoridation issues.

1 (C) CDC.—The Director of the Centers
2 for Disease Control and Prevention shall ap-
3 point individuals to serve as the fluoridation
4 specialists.

5 (4) IMPLEMENTATION.—The project established
6 under this section shall be planned, implemented
7 and evaluated over the 5-year period beginning on
8 the date on which funds are appropriated under this
9 section and shall be designed to serve as a model for
10 improving the effectiveness of water fluoridation sys-
11 tems of small rural communities.

12 (c) EVALUATION.—In conducting the ongoing evalua-
13 tion as provided for in subsection (b)(4), the Secretary
14 shall ensure that such evaluation includes—

15 (1) the measurement of changes in water fluori-
16 dation compliance levels resulting from assistance
17 provided under this section;

18 (2) the identification of the administrative,
19 technical and operational challenges that are unique
20 to the fluoridation of small water systems;

21 (3) the development of a practical model that
22 may be easily utilized by other tribal, State, county
23 or local governments in improving the quality of
24 water fluoridation with emphasis on small water sys-
25 tems; and

1 (4) the measurement of any increased percent-
2 age of Native Americans or Alaskan Natives who re-
3 ceive the benefits of optimally fluoridated water.

4 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
5 authorized to be appropriated to carry out this section,
6 \$25,000,000 for fiscal year 2001, and such sums as may
7 be necessary for each of fiscal years 2002 through 2005.

8 **SEC. 335. DENTAL SEALANT PROGRAM.**

9 (a) IN GENERAL.—The Secretary of Health and
10 Human Services, acting through the Director of the Ma-
11 ternal and Child Health Bureau of the Health Resources
12 and Services Administration, may award grants to States
13 or localities, and the Indian Health Service and tribally
14 managed programs, to provide for the development of
15 school-based dental sealant programs to improve the ac-
16 cess of children to sealants.

17 (b) USE OF FUNDS.—A State shall use amounts re-
18 ceived under a grant under subsection (a) to provide funds
19 to eligible school-based entities or to public elementary or
20 secondary schools to enable such entities or schools to pro-
21 vide children with access to dental care and dental sealant
22 services. Such services shall be provided by licensed dental
23 health professionals in accordance with State practice li-
24 censing laws.

1 (c) ELIGIBILITY.—To be eligible to receive funds
2 under this section an entity shall—

3 (1) prepare and submit to the State an applica-
4 tion at such time, in such manner and containing
5 such information as the State may require; and

6 (2) be a public elementary or secondary
7 school—

8 (A) that is located in an urban area and
9 in which more than 50 percent of the student
10 population is participating in Federal or State
11 free or reduced meal programs; or

12 (B) that is located in a rural area and,
13 with respect to the school district in which the
14 school is located, the district involved has a me-
15 dian income that is at or below 235 percent of
16 the poverty line, as defined in section 673(2) of
17 the Community Services Block Grant Act (42
18 U.S.C. 9902(2)).

19 (d) COORDINATION WITH OTHER PROGRAMS.—An
20 entity that receives funds from a State under this section
21 shall provide information regarding enrollment in the
22 State plan under title XIX of the Social Security Act (42
23 U.S.C. 1396 et seq.) or in the State Children’s Health
24 Insurance Program under title XXI of such Act (42
25 U.S.C. 1397aa et seq.).

1 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
 2 authorized to be appropriated to carry out this section,
 3 \$5,000,000 for fiscal year 2001, and such sums as may
 4 be necessary for each subsequent fiscal year.

5 **SEC. 336. COORDINATED PROGRAM TO IMPROVE PEDI-**
 6 **ATRIC ORAL HEALTH.**

7 Part B of the Public Health Service Act (42 U.S.C.
 8 243 et seq.) is amended by adding at the end the fol-
 9 lowing:

10 **“SEC. 320A. COORDINATED PROGRAM TO IMPROVE PEDI-**
 11 **ATRIC ORAL HEALTH.**

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

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

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

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

17 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
18 is authorized to be appropriated to carry out this section,
19 \$10,000,000 for each of fiscal years 2001 through 2005.”.

1 **TITLE IV—PEDIATRIC**
 2 **RESEARCH**
 3 **Subtitle A—Pediatric Research**
 4 **Initiative**

5 **SEC. 401. ESTABLISHMENT OF A PEDIATRIC RESEARCH INI-**
 6 **TIATIVE.**

7 Part A of title IV of the Public Health Service Act
 8 (42 U.S.C. 281 et seq.) is amended by adding at the end
 9 the following:

10 **“SEC. 404F. PEDIATRIC RESEARCH INITIATIVE.**

11 “(a) ESTABLISHMENT.—The Secretary shall estab-
 12 lish within the Office of the Director of NIH a Pediatric
 13 Research Initiative (referred to in this section as the ‘Ini-
 14 tiative’). The Initiative shall be headed by the Director
 15 of NIH. Amounts appropriated under subsection (d) shall
 16 be used under the Initiative to conduct and support re-
 17 search that is directly related to the illnesses and condi-
 18 tions of children.

19 “(b) FUNDING OF ACTIVITIES.—The Initiative shall
 20 provide funds that will enable the Director of NIH to—

21 “(1) increase support for pediatric biomedical
 22 research within the National Institutes of Health to
 23 ensure that the expanding opportunities for advance-
 24 ment in scientific investigations and care for chil-
 25 dren are realized;

1 “(2) increase collaborative efforts among the
2 Institutes to conduct and support multidisciplinary
3 research in the areas that the Director deems most
4 promising; and

5 “(3) in coordination with the Food and Drug
6 Administration, increase the development of ade-
7 quate pediatric clinical trials and pediatric use infor-
8 mation to promote the safer and more effective use
9 of prescription drugs in the pediatric population.

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

12 “(1) consult with the Institute of Child Health
13 and Human Development and the other Institutes,
14 in considering their requests for new or expanded
15 pediatric research efforts, and consult with other ad-
16 visors as the Director determines appropriate;

17 “(2) have broad discretion in the allocation of
18 any Initiative funds among the Institutes, among
19 types of grants, and between basic and clinical re-
20 search;

21 “(3) be responsible for the oversight of any
22 newly appropriated Initiative funds; and

23 “(4) annually report to Congress and the public
24 on the extent of the total extramural support for pe-
25 diatric research across the NIH, including the spe-

1 cific support and research awards allocated through
2 the Initiative.

3 “(d) AUTHORIZATION.—To carry out this section,
4 there is authorized to be appropriated, \$50,000,000 for
5 each of the fiscal years 2001 through 2005.

6 “(e) TRANSFER OF FUNDS.—The Director of NIH
7 may transfer amounts appropriated under this section to
8 any of the Institutes for a fiscal year to carry out the pur-
9 poses of the Initiative under this section.”.

10 **SEC. 402. INVESTMENT IN TOMORROW’S PEDIATRIC RE-**
11 **SEARCHERS.**

12 Subpart 7 of part C of title IV of the Public Health
13 Service Act (42 U.S.C. 285g et seq.) is amended by adding
14 at the end the following:

15 **“SEC. 452E. INVESTMENT IN TOMORROW’S PEDIATRIC RE-**
16 **SEARCHERS.**

17 “(a) ENHANCED SUPPORT.—

18 “(1) IN GENERAL.—The Secretary shall make
19 available within the National Institute of Child
20 Health and Human Development enhanced support
21 for extramural activities relating to the training and
22 career development of pediatric researchers.

23 “(2) PURPOSE.—The purpose of support pro-
24 vided under paragraph (1) shall be to ensure the fu-

1 ture supply of researchers dedicated to the care and
2 research needs of children by providing for—

3 “(A) an increase in the number and size of
4 institutional training grants to medical school
5 pediatric departments and children’s hospitals;
6 and

7 “(B) an increase in the number of career
8 development awards for pediatricians building
9 careers in pediatric basic and clinical research.

10 “(3) AUTHORIZATION.—To carry out this sub-
11 section, there is authorized to be appropriated such
12 sums as may be necessary for each of fiscal year
13 2001 through 2005.

14 “(b) PEDIATRIC RESEARCH LOAN REPAYMENT PRO-
15 GRAM.—

16 “(1) IN GENERAL.—The Secretary, in consulta-
17 tion with the Director of the National Institute of
18 Child Health and Human Development, may estab-
19 lish a pediatric research loan repayment program.
20 Through such program—

21 “(A) the Secretary shall enter into con-
22 tracts with qualified pediatricians under which
23 such pediatricians will agree to conduct pedi-
24 atric research in consideration of the Federal
25 government agreeing to repay, for each year of

1 such service, not more than \$35,000 of the
2 principal and interest of the educational loans
3 of such pediatricians; and

4 “(B) the Secretary shall, for the purpose
5 of providing reimbursements for tax liability re-
6 sulting from payments made under paragraph
7 (1) on behalf of an individual, make payments,
8 in addition to payments under such paragraph,
9 to the individual in an amount equal to 39 per-
10 cent of the total amount of loan repayments
11 made for the taxable year involved.

12 “(2) APPLICATION OF OTHER PROVISIONS.—
13 The provisions of sections 338B, 338C, and 338E
14 shall, except as inconsistent with paragraph (1),
15 apply to the program established under such para-
16 graph to the same extent and in the same manner
17 as such provisions apply to the National Health
18 Service Corps Loan Repayment Program established
19 under subpart III of part D of title III.

20 “(3) AVAILABILITY OF FUNDS.—Amounts made
21 available to carry out this subsection shall remain
22 available until the expiration of the second fiscal
23 year beginning after the fiscal year for which such
24 amounts were made available.

1 “(4) AUTHORIZATION OF APPROPRIATIONS.—
 2 To carry out this subsection, there is authorized to
 3 be appropriated such sums as may be necessary for
 4 each of the fiscal years 2001 through 2005.”.

5 **Subtitle B—Autism**

6 **SEC. 411. EXPANSION, INTENSIFICATION, AND COORDINA-**
 7 **TION OF ACTIVITIES OF NATIONAL INSTI-**
 8 **TUTES OF HEALTH WITH RESPECT TO RE-**
 9 **SEARCH ON AUTISM.**

10 Part B of title IV of the Public Health Service Act
 11 (42 U.S.C. 284 et seq.) is amended by adding at the end
 12 the following section:

13 **“SEC. 409C. EXPANSION, INTENSIFICATION, AND COORDI-**
 14 **NATION OF ACTIVITIES OF NATIONAL INSTI-**
 15 **TUTES OF HEALTH WITH RESPECT TO RE-**
 16 **SEARCH ON AUTISM.**

17 “(a) IN GENERAL.—

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

23 “(2) ADMINISTRATION OF PROGRAM; COLLABO-
 24 RATION AMONG AGENCIES.—The Director shall carry
 25 out this section acting through the Director of the

1 National Institute of Mental Health and in collabo-
2 ration with any other agencies that the Director de-
3 termines appropriate.

4 “(b) CENTERS OF EXCELLENCE.—

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

11 “(2) RESEARCH.—Each center under para-
12 graph (1) shall conduct basic and clinical research
13 into autism. Such research should include investiga-
14 tions into the cause, diagnosis, early detection, pre-
15 vention, control, and treatment of autism. The cen-
16 ters, as a group, shall conduct research including the
17 fields of developmental neurobiology, genetics, and
18 psychopharmacology.

19 “(3) SERVICES FOR PATIENTS.—

20 “(A) IN GENERAL.—A center under para-
21 graph (1) may expend amounts provided under
22 such paragraph to carry out a program to make
23 individuals aware of opportunities to participate
24 as subjects in research conducted by the cen-
25 ters.

1 “(B) REFERRALS AND COSTS.—A program
2 under subparagraph (A) may, in accordance
3 with such criteria as the Director may establish,
4 provide to the subjects described in such sub-
5 paragraph, referrals for health and other serv-
6 ices, and such patient care costs as are required
7 for research.

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

14 “(4) COORDINATION OF CENTERS; REPORTS.—
15 The Director shall, as appropriate, provide for the
16 coordination of information among centers under
17 paragraph (1) and ensure regular communication
18 between such centers, and may require the periodic
19 preparation of reports on the activities of the centers
20 and the submission of the reports to the Director.

21 “(5) ORGANIZATION OF CENTERS.—Each cen-
22 ter under paragraph (1) shall use the facilities of a
23 single institution, or be formed from a consortium of
24 cooperating institutions, meeting such requirements
25 as may be prescribed by the Director.

1 “(6) NUMBER OF CENTERS; DURATION OF SUP-
2 PORT.—

3 “(A) IN GENERAL.—The Director shall
4 provide for the establishment of not less than 5
5 centers under paragraph (1).

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

17 “(c) FACILITATION OF RESEARCH.—The Director
18 shall under subsection (a)(1) provide for a program under
19 which samples of tissues and genetic materials that are
20 of use in research on autism are donated, collected, pre-
21 served, and made available for such research. The pro-
22 gram shall be carried out in accordance with accepted sci-
23 entific and medical standards for the donation, collection,
24 and preservation of such samples.

1 “(d) PUBLIC INPUT.—The Director shall under sub-
 2 section (a)(1) provide for means through which the public
 3 can obtain information on the existing and planned pro-
 4 grams and activities of the National Institutes of Health
 5 with respect to autism and through which the Director can
 6 receive comments from the public regarding such pro-
 7 grams and activities.

8 “(e) FUNDING.—There are authorized to be appro-
 9 priated such sums as may be necessary to carry out this
 10 section. Amounts appropriated under this subsection are
 11 in addition to any other amounts appropriated for such
 12 purpose.”.

13 **SEC. 412. DEVELOPMENTAL DISABILITIES SURVEILLANCE**
 14 **AND RESEARCH PROGRAMS.**

15 (a) NATIONAL AUTISM AND PERVASIVE DEVELOP-
 16 MENTAL DISABILITIES SURVEILLANCE PROGRAM.—

17 (1) IN GENERAL.—The Secretary of Health and
 18 Human Services (in this section referred to as the
 19 “Secretary”), acting through the Director of the
 20 Centers for Disease Control and Prevention, may
 21 make awards of grants and cooperative agreements
 22 for the collection, analysis, and reporting of data on
 23 autism and pervasive developmental disabilities. In
 24 making such awards, the Secretary may provide di-
 25 rect technical assistance in lieu of cash.

1 (2) ELIGIBILITY.—To be eligible to receive an
 2 award under paragraph (1) an entity shall be a pub-
 3 lic or nonprofit private entity (including health de-
 4 partments of States and political subdivisions of
 5 States, and including universities and other edu-
 6 cational entities).

7 (b) CENTERS OF EXCELLENCE IN AUTISM AND PER-
 8 VASIVE DEVELOPMENTAL DISABILITIES EPIDEMI-
 9 OLOGY.—

10 (1) IN GENERAL.—The Secretary, acting
 11 through the Director of the Centers for Disease
 12 Control and Prevention, shall establish not less than
 13 3 regional centers of excellence in autism and perva-
 14 sive developmental disabilities epidemiology for the
 15 purpose of collecting and analyzing information on
 16 the number, incidence, correlates, and causes of au-
 17 tism and related developmental disabilities.

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

1 (3) CERTAIN REQUIREMENTS.—An award for a
2 center under paragraph (1) may be made only if the
3 entity involved submits to the Secretary an applica-
4 tion containing such agreements and information as
5 the Secretary may require, including an agreement
6 that the center involved will operate in accordance
7 with the following:

8 (A) The center will collect, analyze, and re-
9 port autism and pervasive developmental dis-
10 abilities data according to guidelines prescribed
11 by the Director, after consultation with relevant
12 State and local public health officials, private
13 sector developmental disability researchers, and
14 advocates for those with developmental disabili-
15 ties.

16 (B) The center will assist with the develop-
17 ment and coordination of State autism and per-
18 vasive developmental disabilities surveillance ef-
19 forts within a region.

20 (C) The center will identify eligible cases
21 and controls through its surveillance systems
22 and conduct research into factors which may
23 cause autism and related developmental disabili-
24 ties.

1 (D) The center will develop or extend an
2 area of special research expertise (including ge-
3 netics, environmental exposure to contaminants,
4 immunology, and other relevant research spe-
5 cialty areas).

6 (c) CLEARINGHOUSE.—The Secretary, acting
7 through the Director of the Centers for Disease Control
8 and Prevention, shall carry out the following:

9 (1) The Secretary shall establish a clearing-
10 house within the Centers for Disease Control and
11 Prevention for the collection and storage of data
12 generated from the monitoring programs established
13 by this title. Through the clearinghouse, such Cen-
14 ters shall serve as the coordinating agency for au-
15 tism and pervasive developmental disabilities surveil-
16 lance activities. The functions of such a clearing-
17 house shall include facilitating the coordination of
18 research and policy development relating to the epi-
19 demiology of autism and other pervasive develop-
20 mental disabilities.

21 (2) The Secretary shall coordinate the Federal
22 response to requests for assistance from State health
23 department officials regarding potential or alleged
24 autism or developmental disability clusters.

1 (d) DEFINITION.—In this subtitle, the term “State”
2 means each of the several States, the District of Columbia,
3 the Commonwealth of Puerto Rico, American Samoa,
4 Guam, the Commonwealth of the Northern Mariana Is-
5 lands, the Virgin Islands, and the Trust Territory of the
6 Pacific Islands.

7 (e) AUTHORIZATION OF APPROPRIATIONS.—There
8 are authorized to be appropriated such sums as may be
9 necessary to carry out this section.

10 **SEC. 413. INFORMATION AND EDUCATION.**

11 (a) IN GENERAL.—The Secretary shall establish and
12 implement a program to provide information and edu-
13 cation on autism to health professionals and the general
14 public, including information and education on advances
15 in the diagnosis and treatment of autism and training and
16 continuing education through programs for scientists, phy-
17 sicians, and other health professionals who provide care
18 for patients with autism.

19 (b) STIPENDS.—The Secretary may use amounts
20 made available under this section to provide stipends for
21 health professionals who are enrolled in training programs
22 under this section.

23 (c) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated such sums as may be
25 necessary to carry out this section.

1 **SEC. 414. INTER-AGENCY AUTISM COORDINATING COM-**
2 **MITTEE.**

3 (a) ESTABLISHMENT.—The Secretary shall establish
4 a committee to be known as the “Autism Coordinating
5 Committee” (in this section referred to as the “Com-
6 mittee”) to coordinate all efforts within the Department
7 of Health and Human Services concerning autism, includ-
8 ing activities carried out through the National Institutes
9 of Health and the Centers for Disease Control and Pre-
10 vention under this title (and the amendment made by this
11 title).

12 (b) MEMBERSHIP.—

13 (1) IN GENERAL.—The Committee shall be
14 composed of the Directors of such national research
15 institutes, of the Centers for Disease Control and
16 Prevention, and of such other agencies and such
17 other officials as the Secretary determines appro-
18 priate.

19 (2) ADDITIONAL MEMBERS.—If determined ap-
20 propriate by the Secretary, the Secretary may ap-
21 point to the Committee—

22 (A) parents or legal guardians of individ-
23 uals with autism or other pervasive develop-
24 mental disorders; and

1 (B) representatives of other governmental
2 agencies that serve children with autism such
3 as the Department of Education.

4 (c) ADMINISTRATIVE SUPPORT; TERMS OF SERVICE;
5 OTHER PROVISIONS.—The following shall apply with re-
6 spect to the Committee:

7 (1) The Committee shall receive necessary and
8 appropriate administrative support from the Depart-
9 ment of Health and Human Services.

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

14 (3) The Committee shall meet not less than 2
15 times each year.

16 **SEC. 415. REPORT TO CONGRESS.**

17 Not later than January 1, 2001, and each January
18 1 thereafter, the Secretary shall prepare and submit to
19 the appropriate committees of Congress, a report con-
20 cerning the implementation of this subtitle and the amend-
21 ments made by this subtitle.

1 **Subtitle C—Long-Term Child**
2 **Development**

3 **SEC. 421. LONG-TERM CHILD DEVELOPMENT STUDY.**

4 (a) PURPOSE.—It is the purpose of this section to
5 authorize the National Institute of Child Health and
6 Human Development to conduct a national longitudinal
7 study of environmental influences on children’s health.

8 (b) IN GENERAL.—The Director of the National In-
9 stitute of Child Health and Human Development shall es-
10 tablish a consortium of representatives from appropriate
11 Federal agencies (including the Centers for Disease Con-
12 trol and Prevention, the Environmental Protection Agen-
13 cy) to—

14 (1) plan, develop, and implement a prospective
15 cohort study to evaluate the effects of both chronic
16 and intermittent exposures on human development;
17 and

18 (2) investigate basic mechanisms of develop-
19 mental disorders and environmental factors, both
20 risk and protective, that influence growth and devel-
21 opmental processes.

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

24 (1) incorporate behavioral, emotional, edu-
25 cational, and contextual consequences to enable a

1 complete assessment of the physical, chemical, bio-
2 logical and psychosocial environmental influences on
3 children's well-being;

4 (2) gather data on environmental influences
5 and outcomes on diverse populations of children,
6 which may include the consideration of prenatal ex-
7 posures;

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

11 (d) REPORT.—Not later than 3 years after the date
12 of enactment of this Act, the Director of the National In-
13 stitute of Child Health and Human Development shall
14 prepare and submit to the appropriate committees of Con-
15 gress a report on the findings and conclusions made under
16 the study conducted under this section.

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

Subtitle D—Research on Rare Diseases in Children

SEC. 431. REPORT REGARDING RESEARCH ON RARE DISEASES IN CHILDREN.

Not later than 180 days after the date of the enactment of this Act, the Director of the National Institutes of Health shall submit to the Congress a report on—

(1) the activities that, during fiscal year 2000, were conducted and supported by such Institutes with respect to rare diseases in children; and

(2) the activities that are planned to be conducted and supported by such Institutes with respect to such diseases during the fiscal years 2001 through 2005.

Subtitle E—GME Programs in Children’s Hospitals

SEC. 441. EXTENSION OF AUTHORIZATION OF APPROPRIATIONS.

(a) PAYMENTS.—Section 340E(a) of the Public Health Service Act (42 U.S.C. 256e(a)) is amended by striking “and 2001” and inserting “through 2005”.

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

(1) in paragraph (1)(A)—

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

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

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

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

9 (2) in paragraph (2)—

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

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

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

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

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