

105TH CONGRESS
2D SESSION

S. 2420

To establish within the National Institutes of Health an agency to be known as the National Center for Complementary and Alternative Medicine.

IN THE SENATE OF THE UNITED STATES

JULY 31, 1998

Mr. HARKIN (for himself, Mr. HATCH, Mr. DASCHLE, Mr. CRAIG, Ms. MIKULSKI, Mr. D'AMATO, Ms. MOSELEY-BRAUN, Mr. GRASSLEY, and Mr. WELLSTONE) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

A BILL

To establish within the National Institutes of Health an agency to be known as the National Center for Complementary and Alternative Medicine.

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. ESTABLISHMENT OF NATIONAL CENTER FOR**
4 **COMPLEMENTARY AND ALTERNATIVE MEDI-**
5 **CINE.**

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

8 (1) by striking section 404E; and

1 (2) in part E, by adding at the end the follow-
 2 ing:

3 “Subpart 5—National Center for Complementary and
 4 Alternative Medicine

5 **“SEC. 485D. PURPOSE OF CENTER.**

6 “(a) IN GENERAL.—The general purposes of the Na-
 7 tional Center for Complementary and Alternative Medicine
 8 (in this subpart referred to as the ‘Center’) are the con-
 9 duct and support of basic and applied research (including
 10 both intramural and extramural research), research train-
 11 ing, the dissemination of health information, and other
 12 programs with respect to identifying, investigating, and
 13 validating complementary and alternative treatment, diag-
 14 nostic and prevention modalities, disciplines and systems.
 15 The Center shall be headed by a director, who shall be
 16 appointed by the Secretary. The Director of the Center
 17 shall report directly to the Director of NIH.

18 “(b) ADVISORY COUNCIL.—The Secretary shall es-
 19 tablish an advisory council for the Center in accordance
 20 with section 406, except that at least half of the members
 21 of the advisory council who are not ex officio members
 22 shall include practitioners licensed in one or more of the
 23 major systems with which the Center is concerned, and
 24 at least 3 individuals representing the interests of individ-
 25 ual consumers of complementary and alternative medicine.

1 “(c) COMPLEMENT TO CONVENTIONAL MEDICINE.—

2 In carrying out subsection (a), the Director of the Center
 3 shall, as appropriate, study the integration of alternative
 4 treatment, diagnostic and prevention systems, modalities,
 5 and disciplines with the practice of conventional medicine
 6 as a complement to such medicine and into health care
 7 delivery systems in the United States.

8 “(d) APPROPRIATE SCIENTIFIC EXPERTISE AND CO-
 9 ORDINATION WITH INSTITUTES AND FEDERAL AGEN-

10 CIES.—The Director of the Center, after consultation with
 11 the advisory council for the Center and the division of re-
 12 search grants, shall ensure that scientists with appropriate
 13 expertise in research on complementary and alternative
 14 medicine are incorporated into the review, oversight, and
 15 management processes of all research projects and other
 16 activities funded by the Center. In carrying out this sub-
 17 section, the Director of the Center, as necessary, may es-
 18 tablish review groups with appropriate scientific expertise.
 19 The Director of the Center shall coordinate efforts with
 20 other Institutes and Federal agencies to ensure appro-
 21 priate scientific input and management.

22 “(e) EVALUATION OF VARIOUS DISCIPLINES AND
 23 SYSTEMS.—In carrying out subsection (a), the Director
 24 of the Center shall identify and evaluate alternative and
 25 complementary medical treatment, diagnostic and preven-

tion modalities in each of the disciplines and systems with which the Center is concerned, including each discipline and system in which accreditation, national certification, or a State license is available.

“(f) ENSURING HIGH QUALITY, RIGOROUS SCIENTIFIC REVIEW.—In order to ensure high quality, rigorous scientific review of complementary and alternative, diagnostic and prevention modalities, disciplines and systems, the Director of the Center shall conduct or support the following activities:

“(1) Outcomes research and investigations.

“(2) Epidemiological studies.

“(3) Health services research.

“(4) Basic science research.

“(5) Clinical trials.

“(6) Other appropriate research and investigational activities.

The Director of NIH, in coordination with the Director of the Center, shall designate specific personnel in each Institute to serve as full-time liaisons with the Center in facilitating appropriate coordination and scientific input.

“(g) DATA SYSTEM; INFORMATION CLEARINGHOUSE.—

“(1) DATA SYSTEM.—The Director of the Center shall establish a bibliographic system for the col-

1 lection, storage, and retrieval of worldwide research
2 relating to complementary and alternative treatment,
3 diagnostic and prevention modalities, disciplines and
4 systems. Such a system shall be regularly updated
5 and publicly accessible.

6 “(2) CLEARINGHOUSE.—The Director of the
7 Center shall establish an information clearinghouse
8 to facilitate and enhance, through the effective dis-
9 semination of information, knowledge and under-
10 standing of alternative medical treatment, diagnostic
11 and prevention practices by health professionals, pa-
12 tients, industry, and the public.

13 “(h) RESEARCH CENTERS.—

14 “(1) IN GENERAL.—The Director of the Center,
15 after consultation with the advisory council for the
16 Center, shall provide support for the development
17 and operation of multipurpose centers to conduct re-
18 search and other activities described in subsection
19 (a) with respect to complementary and alternative
20 treatment, diagnostic and prevention modalities, dis-
21 ciplines and systems. The provision of support for
22 the development and operation of such centers shall
23 include accredited complementary and alternative
24 medicine research and education facilities.

1 “(2) REQUIREMENTS.—Each center assisted
2 under paragraph (1) shall use the facilities of a sin-
3 gle entity, or be formed from a consortium of co-
4 operating entities, and shall meet such requirements
5 as may be established by the Director of the Center.
6 Each such center shall—

7 “(A) be established as an independent en-
8 tity; or

9 “(B) be established within or in affiliation
10 with an entity that conducts research or train-
11 ing described in subsection (a).

12 “(3) DURATION OF SUPPORT.—Support of a
13 center under paragraph (1) may be for a period not
14 exceeding 5 years. Such period may be extended for
15 one or more additional periods not exceeding 5 years
16 if the operations of such center have been reviewed
17 by an appropriate technical and scientific peer re-
18 view group established by the Director of the Center
19 and if such group has recommended to the Director
20 that such period should be extended.

21 “(i) BIENNIAL REPORT.—The Director of the Center
22 shall prepare biennial reports on the activities carried out
23 or to be carried out by the Center, and shall submit each
24 such report to the Director of NIH for inclusion in the
25 biennial report under section 403.

1 “(j) AVAILABILITY OF RESOURCES.—After consulta-
 2 tion with the Director of the Center, the Director of NIH
 3 shall ensure that resources of the National Institutes of
 4 Health, including laboratory and clinical facilities, fellow-
 5 ships (including research training fellowship and junior
 6 and senior clinical fellowships), and other resources are
 7 sufficiently available to enable the Center to appropriately
 8 and effectively carry out its duties as described in sub-
 9 section (a). The Director of NIH, in coordination with the
 10 Director of the Center, shall designate specific personnel
 11 in each Institute to serve as full-time liaisons with the
 12 Center in facilitating appropriate coordination and sci-
 13 entific input.

14 “(k) AUTHORIZATION OF APPROPRIATIONS.—For the
 15 purpose of carrying out this subpart, there are authorized
 16 to be appropriated such sums as may be necessary for
 17 each of the fiscal years 1999 through 2003. Amounts ap-
 18 propriated under this subsection for fiscal year 1999 are
 19 available for obligation through September 30, 2001.
 20 Amounts appropriated under this subsection for fiscal
 21 year 2000 are available for obligation through September
 22 30, 2001.”.

23 (b) SAVINGS PROVISION.—All officers and employees
 24 employed in the Office of Alternative Medicine on the day
 25 before the date of the enactment of this Act (pursuant

1 to section 404E of the Public Health Service Act, as in
 2 effect on such day) are transferred to the National Center
 3 for Complementary and Alternative Medicine. Such trans-
 4 fer does not affect the status of any such officer or em-
 5 ployee (except to the extent that the amendments made
 6 by subsection (a) affect the authority to make appoint-
 7 ments to employment positions). All funds available on
 8 such day for such Office are transferred to such Center,
 9 and the transfer does not affect the availability of funds
 10 for the purposes for which the funds were appropriated
 11 (except that such purposes shall apply with respect to the
 12 Center to the same extent and in the same manner as the
 13 purposes applied with respect to the Office). All other legal
 14 rights and duties with respect to the Office are transferred
 15 to the Center, and continue in effect in accordance with
 16 their terms.

17 (c) TECHNICAL AND CONFORMING AMENDMENTS.—
 18 Part A of title IV of the Public Health Service Act (42
 19 U.S.C. 281 et seq.), as amended by subsection (a), is
 20 amended—

21 (1) in section 401(b)(2), by amending subpara-
 22 graph (E) to read as follows:

23 “(E) The National Center for Complementary
 24 and Alternative Medicine.”; and

- 1 (2) in section 402, by redesignating subsections
- 2 (g) through (k) as subsections (f) through (j), re-
- 3 spectively.

○