

106TH CONGRESS  
1ST SESSION

# H. R. 1085

To improve the health of children.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 11, 1999

Mrs. EMERSON introduced the following bill; which was referred to the Committee on Commerce, and in addition to the Committees on Ways and Means, and Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To improve the health of children.

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 “Healthy Kids 2000 Act”.

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—HEALTH CARE ACCESSIBILITY AND ACCOUNTABILITY FOR MOTHERS AND NEWBORNS

Subtitle A—Accessibility of Mothers and Newborns to Health Insurance

- Sec. 101. Short title; references.
- Sec. 102. Optional coverage of low-income, uninsured pregnant women under a State child health plan.
- Sec. 103. Automatic enrollment for children born to women receiving pregnancy-related assistance.
- Sec. 104. Expanded availability of funding for administrative costs related to outreach and eligibility determinations.

#### Subtitle B—Patient Rights With Respect to Care

- Sec. 111. Patient rights with respect to care.

#### “Subpart C—Patient Rights with Respect to Care

- “Sec. 721. Patient access to obstetric and gynecological care.
- “Sec. 722. Access to pediatric care.
- “Sec. 723. Accountability through distribution of information.
- “Sec. 724. Generally applicable provision.
- Sec. 112. Grievances and appeals with respect to children.
- Sec. 113. Amendments to the Internal Revenue Code of 1986.
- Sec. 114. Effective date.

### TITLE II—PAYMENTS TO CHILDREN’S HOSPITALS THAT OPERATE GME PROGRAMS

- Sec. 201. Short title.
- Sec. 202. Program of payments to children’s hospitals that operate graduate medical education programs.

### TITLE III—PEDIATRIC PUBLIC HEALTH PROMOTION

#### Subtitle A—National Center for Birth Defects Research and Prevention

- Sec. 301. National Center for Birth Defects Research and Prevention.

#### Subtitle B—Pregnant Mothers and Infants Health Promotion

- Sec. 311. Short title.
- Sec. 312. Findings.
- Sec. 313. Establishment.

#### Subtitle C—Safe Motherhood Monitoring and Prevention Research

- Sec. 321. Short title.
- Sec. 322. Amendment to Public Health Service Act.

#### Subtitle D—Poison Control Center Enhancement

- Sec. 331. Short title.
- Sec. 332. Findings.
- Sec. 333. Definition.
- Sec. 334. Establishment of a national toll-free number.
- Sec. 335. Establishment of nationwide media campaign.
- Sec. 336. Establishment of a grant program.

### TITLE IV—PEDIATRIC RESEARCH CENTER

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

1 **TITLE I—HEALTH CARE ACCES-**  
2 **SIBILITY AND ACCOUNTABIL-**  
3 **ITY FOR MOTHERS AND**  
4 **NEWBORNS**

5 **Subtitle A—Accessibility of Moth-**  
6 **ers and Newborns to Health In-**  
7 **surance**

8 **SEC. 101. SHORT TITLE; REFERENCES.**

9 (a) SHORT TITLE.—This subtitle may be cited as the  
10 “Mothers and Newborns Health Insurance Act of 1999”.

11 (b) REFERENCES TO SOCIAL SECURITY ACT.—Ex-  
12 cept as otherwise expressly provided, whenever in this sub-  
13 title an amendment or repeal is expressed as an amend-  
14 ment to, or repeal of, a section or other provision, the ref-  
15 erence shall be considered to be made to a section or other  
16 provision of the Social Security Act.

17 **SEC. 102. OPTIONAL COVERAGE OF LOW-INCOME, UNIN-**  
18 **SURED PREGNANT WOMEN UNDER A STATE**  
19 **CHILD HEALTH PLAN.**

20 (a) IN GENERAL.—Title XXI (42 U.S.C. 1397aa et  
21 seq.) is amended by adding at the end the following new  
22 section:

1 **“SEC. 2111. OPTIONAL COVERAGE OF LOW-INCOME, UNIN-**  
2 **SURED PREGNANT WOMEN.**

3 “(a) OPTIONAL COVERAGE.—Notwithstanding any  
4 other provision of this title, a State child health plan may  
5 provide for coverage of pregnancy-related assistance for  
6 targeted low-income pregnant women in accordance with  
7 this section.

8 “(b) DEFINITIONS.—For purposes of this section:

9 “(1) PREGNANCY-RELATED ASSISTANCE.—The  
10 term ‘pregnancy-related assistance’ has the meaning  
11 given the term ‘child health assistance’ in section  
12 2110(a) as if any reference to targeted low-income  
13 children were a reference to targeted low-income  
14 pregnant women, except that the assistance shall be  
15 limited to services related to pregnancy (which in-  
16 clude prenatal, delivery, and postpartum services)  
17 and to other conditions that may complicate preg-  
18 nancy and shall not include pre-pregnancy services  
19 and supplies.

20 “(2) TARGETED LOW-INCOME PREGNANT  
21 WOMAN.—The term ‘targeted low-income pregnant  
22 woman’ has the meaning given the term ‘targeted  
23 low-income child’ in section 2110(b) as if any ref-  
24 erence to a child were deemed a reference to a  
25 woman during pregnancy and through the end of the

1 month in which the 60-day period (beginning on the  
2 last day of her pregnancy) ends.

3 “(c) REFERENCES TO TERMS AND SPECIAL  
4 RULES.—In the case of, and with respect to, a State pro-  
5 viding for coverage of pregnancy-related assistance to tar-  
6 geted low-income pregnant women under subsection (a),  
7 the following special rules apply:

8 “(1) Any reference in this title (other than sub-  
9 section (b)) to a targeted low-income child is deemed  
10 to include a reference to a targeted low-income preg-  
11 nant woman.

12 “(2) Any such reference to child health assist-  
13 ance with respect to such women is deemed a ref-  
14 erence to pregnancy-related assistance.

15 “(3) Any such reference to a child is deemed a  
16 reference to a woman during pregnancy and the pe-  
17 riod described in subsection (b)(2).

18 “(4) The medicaid applicable income level is  
19 deemed a reference to the income level established  
20 under section 1902(l)(2)(A).

21 “(5) Subsection (a) of section 2103 (relating to  
22 required scope of health insurance coverage) shall  
23 not apply insofar as a State limits coverage to serv-  
24 ices described in subsection (b)(1) and the reference  
25 to such section in section 2105(a)(1) is deemed not

1 to require, in such case, compliance with the require-  
 2 ments of section 2103(a).

3 “(6) There shall be no exclusion of benefits for  
 4 services described in subsection (b)(1) based on any  
 5 pre-existing condition, and no waiting period (includ-  
 6 ing a waiting period to carry out section  
 7 2102(b)(3)(C)) shall apply.

8 “(d) NO IMPACT ON ALLOTMENTS.—Nothing in this  
 9 section shall be construed as affecting the amount of any  
 10 initial allotment provided to a State under section  
 11 2104(b).

12 “(e) APPLICATION OF FUNDING RESTRICTIONS.—  
 13 The coverage under this section (and the funding of such  
 14 coverage) is subject to the restrictions of section  
 15 2105(c).”.

16 (b) CONFORMING AMENDMENT.—Section  
 17 2102(b)(1)(B) (42 U.S.C. 1397bb(b)(1)(B)) is  
 18 amended—

19 (1) by striking “and” at the end of clause (i);

20 (2) by striking the period at the end of clause

21 (ii) and inserting “, and”; and

22 (3) by adding at the end the following new  
 23 clause:

24 “(iii) may not apply a waiting period  
 25 (including a waiting period to carry out

1 paragraph (3)(C)) in the case of a targeted  
2 low-income child who is pregnant.”.

3 (c) EFFECTIVE DATE.—The amendments made by  
4 subsections (a) and (b) shall take effect on the date of  
5 the enactment of this Act and shall apply to allotments  
6 for all fiscal years.

7 **SEC. 103. AUTOMATIC ENROLLMENT FOR CHILDREN BORN**  
8 **TO WOMEN RECEIVING PREGNANCY-RELAT-**  
9 **ED ASSISTANCE.**

10 (a) IN GENERAL.—Section 2111, as added by section  
11 102, is amended by adding at the end the following new  
12 subsection:

13 “(f) AUTOMATIC ENROLLMENT FOR CHILDREN  
14 BORN TO WOMEN RECEIVING PREGNANCY-RELATED AS-  
15 SISTANCE.—Notwithstanding any other provision of this  
16 title, if a child is born to a targeted low-income pregnant  
17 woman who was receiving pregnancy-related assistance  
18 under this section on the date of the child’s birth, the child  
19 shall be deemed to have applied for child health assistance  
20 under the State child health plan on the date of such birth,  
21 to have been found eligible for such assistance on such  
22 date, and to remain eligible for such assistance until the  
23 child attains 1 year of age.”.

24 (b) EFFECTIVE DATE.—The amendment made by  
25 subsection (a) shall take effect on the date of the enact-

1 ment of this Act and shall apply to allotments for all fiscal  
2 years.

3 **SEC. 104. EXPANDED AVAILABILITY OF FUNDING FOR AD-**  
4 **MINISTRATIVE COSTS RELATED TO OUT-**  
5 **REACH AND ELIGIBILITY DETERMINATIONS.**

6 Section 1931(h) (42 U.S.C. 1396u-1(h)) is  
7 amended—

8 (1) by striking the subsection heading and in-  
9 serting “INCREASED FEDERAL MATCHING RATE  
10 FOR ADMINISTRATIVE COSTS RELATED TO OUT-  
11 REACH AND ELIGIBILITY DETERMINATIONS”;

12 (2) in paragraph (2), by striking “eligibility de-  
13 terminations” and all that follows and inserting “de-  
14 terminations of the eligibility of children and preg-  
15 nant women for benefits under the State plan under  
16 this title or title XXI, outreach to children and preg-  
17 nant women likely to be eligible for such benefits,  
18 and such other outreach- and eligibility-related ac-  
19 tivities as the Secretary may approve.”;

20 (3) in paragraph (3), by striking “and ending  
21 with fiscal year 2000”; and

22 (4) by striking paragraph (4) and inserting the  
23 following:

24 “(4) ENCOURAGING USE OF LOCAL AND COM-  
25 MUNITY-BASED ORGANIZATIONS IN OUTREACH AND



1        ENROLLMENT ACTIVITIES.—The Secretary shall es-  
 2        tablish a procedure under which, if a State does not  
 3        otherwise obligate the amounts made available under  
 4        this subsection, local and community-based public or  
 5        nonprofit private organizations (including local and  
 6        county governments, public health departments,  
 7        community health centers, children’s hospitals, and  
 8        disproportionate share hospitals) may seek to have  
 9        administrative costs relating to outreach and enroll-  
 10       ment of children and pregnant women under this  
 11       title and title XXI treated as administrative costs of  
 12       a State described in section 1903(a)(7), if such or-  
 13       ganizations have the permission of the State in-  
 14       volved. A State may require such an organization to  
 15       provide payment of such amounts as the State would  
 16       otherwise be responsible for in order to obtain pay-  
 17       ment under this paragraph.”.

18       **Subtitle B—Patient Rights With**  
 19       **Respect to Care**

20       **SEC. 111. PATIENT RIGHTS WITH RESPECT TO CARE.**

21       (a) IN GENERAL.—Part 7 of subtitle B of title I of  
 22       the Employee Retirement Income Security Act of 1974  
 23       (29 U.S.C. 1181 et seq.) is amended—

24                (1) by redesignating subpart C as subpart D;  
 25       and

1 (2) by inserting after subpart B the following:

2 **“Subpart C—Patient Rights With Respect to Care**

3 **“SEC. 721. PATIENT ACCESS TO OBSTETRIC AND GYNECO-**  
4 **LOGICAL CARE.**

5 “(a) IN GENERAL.—In any case in which a group  
6 health plan (other than a fully insured group health  
7 plan)—

8 “(1) provides coverage for benefits consisting  
9 of—

10 “(A) gynecological care (such as preventive  
11 women’s health examinations); or

12 “(B) obstetric care (such as pregnancy-re-  
13 lated services);

14 provided by a participating physician who specializes  
15 in such care; and

16 “(2) requires or provides for the designation by  
17 a participant or beneficiary of a participating pri-  
18 mary care provider;

19 if the primary care provider designated by such partici-  
20 pant or beneficiary is not such a physician as described  
21 in paragraph (1), then the plan shall meet the require-  
22 ments of subsection (b).

23 “(b) REQUIREMENTS.—A group health plan (other  
24 than a fully insured group health plan) that meets the re-  
25 quirements of this subsection, in connection with the cov-

1 erage of benefits described in subsection (a) consisting of  
 2 care described in subparagraph (A) or (B) of subsection  
 3 (a)(1), if the plan—

4 “(1) does not require authorization or a referral  
 5 by the primary care provider in order to obtain cov-  
 6 erage for such benefits; and

7 “(2) treats the ordering of other routine care  
 8 related to the care described in subparagraph (A) or  
 9 (B) of subsection (a)(1), by the participating physi-  
 10 cian providing the care described in either such sub-  
 11 paragraph, as the authorization of the primary care  
 12 provider with respect to such care.

13 “(c) **RULE OF CONSTRUCTION.**—Nothing in sub-  
 14 section (b)(2) shall be construed as waiving any require-  
 15 ments of coverage relating to medical necessity or appro-  
 16 priateness with respect to the coverage of the gynecological  
 17 or obstetric care so ordered. Nothing in subsection (b)  
 18 shall be construed to preclude the health plan from requir-  
 19 ing that the obstetrician or gynecologist notify the primary  
 20 care provider or the plan of treatment decisions.

21 **“SEC. 722. ACCESS TO PEDIATRIC CARE.**

22 “(a) **ACCESS TO APPROPRIATE PEDIATRIC PRIMARY**  
 23 **CARE PROVIDERS.**—

24 “(1) **IN GENERAL.**—If a group health plan  
 25 (other than a fully insured group health plan) re-

quires or provides for a participant to designate a participating pediatric primary care provider for a child of such participant—

“(A) the plan or issuer shall permit the participant to designate a pediatric primary care provider who specializes in pediatrics as the child’s primary care provider; and

“(B) if such a participant has not designated such a provider for the child, the plan or issuer shall consider appropriate pediatric expertise in mandatorily assigning such a participant to a pediatric primary care provider.

“(2) CONSTRUCTION.—Nothing in paragraph (1) shall be construed to—

“(A) waive any requirements of coverage relating to medical necessity or appropriateness with respect to coverage of services; or

“(B) preclude the group health plan involved from requiring that the pediatric provider notify the primary care provider or the plan of treatment decisions.

“(b) REFERRAL TO SPECIALITY CARE FOR CHILDREN REQUIRING TREATMENT BY SPECIALISTS.—

“(1) IN GENERAL.—In the case of a child who is covered under a group health plan (other than a

1 fully insured group health plan) and who has a men-  
2 tal or physical condition, disability, or disease of suf-  
3 ficient seriousness and complexity to require diag-  
4 nosis, evaluation or treatment by a specialist, the  
5 plan shall make or provide for a referral to a special-  
6 ist who has extensive experience or training, and is  
7 available and accessible to provide the treatment for  
8 such condition or disease, including the choice of a  
9 nonprimary care specialist participating in the plan  
10 or a referral to a nonparticipating provider as pro-  
11 vided for under paragraph (4) if such a provider is  
12 not available within the plan.

13 “(2) SPECIALIST DEFINED.—For purposes of  
14 this subsection, the term ‘specialist’ means, with re-  
15 spect to a condition, disability, or disease, a health  
16 care practitioner, facility (such as a children hos-  
17 pital), or center (such as a center of excellence) that  
18 has extensive pediatric expertise through appropriate  
19 training or experience to provide high quality care in  
20 treating the condition, disability, or disease.

21 “(3) REFERRALS TO PARTICIPATING PROVID-  
22 ERS.—A group health plan (other than a fully in-  
23 sured group health plan) is not required under para-  
24 graph (1) to provide for a referral to a specialist  
25 that is not a participating provider, unless the plan

1 does not have an appropriate specialist that is avail-  
2 able and accessible to treat the participant's or bene-  
3 ficiary's condition and that is a participating pro-  
4 vider with respect to such treatment.

5 “(4) TREATMENT OF NONPARTICIPATING PRO-  
6 VIDERS.—If a group health plan (other than a fully  
7 insured group health plan) refers a child beneficiary  
8 to a nonparticipating specialist, services provided  
9 pursuant to the referral shall be provided at no addi-  
10 tional cost to the participant beyond what the partic-  
11 ipant would otherwise pay for services received by  
12 such a specialist who is a participating provider.

13 “(c) DEFINITION.—In this subpart, the term ‘child’  
14 means an individual who is under 19 years of age.

15 **“SEC. 723. ACCOUNTABILITY THROUGH DISTRIBUTION OF**  
16 **INFORMATION.**

17 “(a) IN GENERAL.—A group health plan (other than  
18 a fully insured group health plan) shall, with respect to  
19 the coverage of children, submit to participants (and pro-  
20 spective participants), and make available to the public,  
21 in writing the health-related information described in sub-  
22 section (b).

23 “(b) INFORMATION.—The information to be provided  
24 under subsection (a) shall include information on the  
25 structures, processes, and outcomes regarding each health

1 insurance product offered to participants and beneficiaries  
 2 in a manner that is separate for both the adult and child  
 3 participants and beneficiaries, using measures that are  
 4 specific to each group.

5 **“SEC. 724. GENERALLY APPLICABLE PROVISION.**

6 “In the case of a group health plan that provides ben-  
 7 efits under 2 or more coverage options, the requirements  
 8 of this subpart shall apply separately with respect to each  
 9 coverage option.”.

10 (b) DEFINITION.—Section 733(a) of the Employee  
 11 Retirement Income Security Act of 1974 (29 U.S.C.  
 12 1191b(a)) is amended by adding at the end the following:

13 “(3) FULLY INSURED GROUP HEALTH PLAN.—

14 The term ‘fully insured group health plan’ means a  
 15 group health plan where benefits are provided pursu-  
 16 ant to the terms of an arrangement between a group  
 17 health plan and a health insurance issuer and are  
 18 guaranteed by the health insurance issuer under a  
 19 contract or policy of insurance.”.

20 (c) CONFORMING AMENDMENT.—The table of con-  
 21 tents in section 1 of the Employee Retirement Income Se-  
 22 curity Act of 1974 is amended—

23 (1) in the item relating to subpart C, by strik-  
 24 ing “Subpart C” and inserting “Subpart D”; and

1           (2) by adding at the end of the items relating  
 2           to subpart B of part 7 of subtitle B of title I of such  
 3           Act the following new items:

“SUBPART C—PATIENT RIGHTS WITH RESPECT TO CARE

“Sec. 721. Patient access to obstetric and gynecological care.

“Sec. 722. Access to pediatric care.

“Sec. 723. Accountability through distribution of information.

“Sec. 724. Generally applicable provision.”.

4   **SEC. 112. GRIEVANCES AND APPEALS WITH RESPECT TO**  
 5                           **CHILDREN.**

6           (a) IN GENERAL.—Section 503 of the Employee Re-  
 7   tirement Income Security Act of 1974 (29 U.S.C. 1133)  
 8   is amended to read as follows:

9   **“SEC. 503. CLAIMS PROCEDURE, AND GRIEVANCES AND AP-**  
 10                           **PEALS WITH RESPECT TO CHILDREN.**

11           “(a) CLAIMS PROCEDURE.—In accordance with regu-  
 12   lations of the Secretary, every employee benefit plan  
 13   shall—

14           “(1) provide adequate notice in writing to any  
 15   participant or beneficiary whose claim for benefits  
 16   under the plan has been denied, setting forth the  
 17   specific reasons for such denial, written in a manner  
 18   calculated to be understood by the participant, and

19           “(2) afford a reasonable opportunity to any  
 20   participant whose claim for benefits has been denied  
 21   for a full and fair review by the appropriate named  
 22   fiduciary of the decision denying the claim.



1       “(b) INTERNAL APPEALS PROCESS.—A group health  
2 plan, or health insurance issuer in connection with the  
3 provisions of health insurance coverage, shall, with respect  
4 to the coverage of children, establish and maintain a sys-  
5 tem to provide for the resolution of complaints and appeals  
6 regarding all aspects of such coverage. Such a system shall  
7 include an expedited procedure for appeals where a stand-  
8 ard appeal would jeopardize the life, health, or develop-  
9 ment of the child.

10       “(c) EXTERNAL APPEALS PROCESS.—A group health  
11 plan, or health insurance issuer in connection with the  
12 provision of health insurance coverage, shall, with respect  
13 to the coverage of children, provide for an independent ex-  
14 ternal review process that meets the following require-  
15 ments:

16               “(1) External appeal activities shall be con-  
17 ducted through clinical peers, including a physician  
18 or other health care professional who is appro-  
19 priately credentialed in pediatrics who has the same  
20 or similar specialty as the specialty involved in the  
21 appeal and who has experience managing the condi-  
22 tion, procedure, or treatment under review or ap-  
23 peal.

24               “(2) External appeal activities shall be con-  
25 ducted through an entity that has sufficient pedi-

1       atric expertise, including subspecialty expertise, and  
 2       staffing to conduct external appeal activities on a  
 3       timely basis.

4               “(3) Such a review process shall include an ex-  
 5       pedited procedure for appeals on behalf of a child  
 6       enrollee in which the time frame of a standard ap-  
 7       peal would jeopardize the life, health, or development  
 8       of the child.”.

9       (b) CONFORMING AMENDMENT.—The table of con-  
 10      tents in section 1 of the Employee Retirement Income Se-  
 11      curity Act of 1974 is amended by striking the item relat-  
 12      ing to section 503 and inserting the following new item:

      “Sec. 503. Claims procedures and grievances and appeals with respect to chil-  
       dren.”.

13   **SEC. 113. AMENDMENTS TO THE INTERNAL REVENUE CODE**  
 14                               **OF 1986.**

15       Subchapter B of chapter 100 of the Internal Revenue  
 16      Code of 1986 is amended—

17               (1) in the table of sections, by inserting after  
 18       the item relating to section 9812 the following new  
 19       item:

      “Sec. 9813. Standard relating to Patients’ bill of rights.”; and

20               (2) by inserting after section 9812 the follow-  
 21       ing:

1   **“SEC. 9813. STANDARD RELATING TO PATIENTS’ RIGHTS.**

2           “A group health plan shall comply with the require-  
3   ments of subpart C of part 7 of subtitle B of title I of  
4   the Employee Retirement Income Security Act of 1974 (as  
5   in effect as of the date of the enactment of the Healthy  
6   Kids 2000 Act), and such requirements shall be deemed  
7   to be incorporated into this section.”.

8   **SEC. 114. EFFECTIVE DATE.**

9           (a) IN GENERAL.—The amendments made by this  
10   subtitle shall apply with respect to plan years beginning  
11   on or after January 1 of the second calendar year follow-  
12   ing the date of the enactment of this Act. The Secretary  
13   shall issue all regulations necessary to carry out the  
14   amendments made by this section before the effective date  
15   thereof.

16          (b) LIMITATION ON ENFORCEMENT ACTIONS.—No  
17   enforcement action shall be taken, pursuant to the amend-  
18   ments made by this subtitle, against a group health plan  
19   with respect to a violation of a requirement imposed by  
20   such amendments before the date of issuance of regula-  
21   tions issued in connection with such requirement.

1 **TITLE II—PAYMENTS TO CHIL-**  
2 **DREN’S HOSPITALS THAT OP-**  
3 **ERATE GME PROGRAMS**

4 **SEC. 201. SHORT TITLE.**

5 This title may be cited as the “Pediatric Medical  
6 Education, Training, and Research Act of 1999”.

7 **SEC. 202. PROGRAM OF PAYMENTS TO CHILDREN’S HOS-**  
8 **PITALS THAT OPERATE GRADUATE MEDICAL**  
9 **EDUCATION PROGRAMS.**

10 (a) PAYMENTS.—

11 (1) IN GENERAL.—The Secretary shall make  
12 payment under this section to each children’s hos-  
13 pital for each hospital cost reporting period begin-  
14 ning after fiscal year 1999 and before fiscal year  
15 2004 for the direct and indirect expenses associated  
16 with operating approved medical residency training  
17 programs.

18 (2) PAYMENT AMOUNT.—Subject to paragraph  
19 (3), the amount payable under this section to a chil-  
20 dren’s hospital for direct and indirect expenses relat-  
21 ing to approved medical residency training programs  
22 for a cost reporting period ending in a fiscal year is  
23 equal to the sum of the amount determined under  
24 subsection (b) and the amount determined under  
25 subsection (c) for such hospital for such fiscal year.

1 (3) CAPPED AMOUNT.—

2 (A) IN GENERAL.—The payments to chil-  
3 dren’s hospitals established in this subsection  
4 for cost reporting periods ending in any fiscal  
5 year shall not exceed the funds appropriated  
6 under subsection (e) for that fiscal year.

7 (B) PRO RATA REDUCTIONS.—If the Sec-  
8 retary determines that the amount of funds ap-  
9 propriated under subsection (e) for cost report-  
10 ing periods ending in any fiscal year is insuffi-  
11 cient to provide the total amount of payments  
12 otherwise due for such periods, the Secretary  
13 shall reduce each of the amounts payable under  
14 this section for such period on a pro rata basis  
15 to reflect such shortfall.

16 (b) AMOUNT OF PAYMENT FOR DIRECT MEDICAL  
17 EDUCATION.—

18 (1) IN GENERAL.—The amount determined  
19 under this subsection for payments to a children’s  
20 hospital for direct expenses relating to approved  
21 medical residency training programs for a cost re-  
22 porting period ending in fiscal years 2000 through  
23 2003 is equal to the product of—

1 (A) the per resident rate for direct medical  
 2 education, as determined under paragraph (2),  
 3 for the cost reporting period; and

4 (B) the weighted average number of full-  
 5 time equivalent residents in the hospital's ap-  
 6 proved medical residency training programs (as  
 7 determined under section 1886(h)(4) of the So-  
 8 cial Security Act (42 U.S.C. 1395ww(h)(4)))  
 9 for the cost reporting period.

10 (2) PER RESIDENT RATE FOR DIRECT MEDICAL  
 11 EDUCATION.—

12 (A) IN GENERAL.—The per resident rate  
 13 for direct medical education for a hospital for  
 14 a cost reporting period is the updated rate de-  
 15 termined under subparagraph (B).

16 (B) COMPUTATION UPDATED RATE.—The  
 17 updated rate determined under this subpara-  
 18 graph is equal to the lesser of—

19 (i) a rate equal to the weighted aver-  
 20 age of the per resident rates computed  
 21 under section 1886(h)(2) of the Social Se-  
 22 curity Act (42 U.S.C. 1395ww(h)(2)) for  
 23 cost reporting periods ending during fiscal  
 24 year 1999 for all hospitals located in the

1 Metropolitan Statistical Area in which the  
 2 hospital involved is located; or

3 (ii) the per resident rate for cost re-  
 4 porting periods ending during fiscal year  
 5 1999 for the hospital involved (as deter-  
 6 mined by the Secretary using the meth-  
 7 odology described in section  
 8 1886(h)(2)(E)) of such Act (42 U.S.C.  
 9 1395ww(h)(2)(E)));

10 each such rate updated by the hospital market  
 11 basket increase percentage from fiscal year  
 12 1999 through the fiscal year involved.

13 (c) AMOUNT OF PAYMENT FOR INDIRECT MEDICAL  
 14 EDUCATION.—

15 (1) IN GENERAL.—The amount determined  
 16 under this subsection for payments to a children's  
 17 hospital for indirect expenses relating to approved  
 18 medical residency training programs for a cost re-  
 19 porting period ending in fiscal years 2000 through  
 20 2003 is equal to an amount determined appropriate  
 21 by the Secretary.

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

24 (A) take into account variations in case  
 25 mix among children's hospitals and the weight-

ed average number of full-time equivalent residents in the hospitals' approved medical residency training programs (as determined under section 1886(h)(4) of the Social Security Act (42 U.S.C. 1395ww(h)(4))) for the cost reporting period; and

(B) assure that the aggregate of the payments for indirect expenses relating to approved medical residency training programs under this section in a fiscal year are equal to the amount appropriated for such expenses in such year under subsection (e)(2).

(d) MAKING OF PAYMENTS.—

(1) INTERIM PAYMENTS.—The Secretary shall estimate, before the beginning of each cost reporting period for a hospital for which a payment may be made under this section, the amount of the payment for such period and shall (subject to paragraph (2)) make payment of such amount in 26 equal interim installments during such period.

(2) WITHHOLDING.—The Secretary shall withhold up to 25 percent from each interim installment paid under paragraph (1).

(3) RECONCILIATION.—At the end of each such period, the hospital shall submit to the Secretary



1 such information as the Secretary determines to be  
2 necessary to determine the percent (if any) of the  
3 amount withheld under paragraph (2) that is due  
4 under this section for the hospital for the period.  
5 Based on such determination, the Secretary shall re-  
6 coup any overpayments made, or pay any balance  
7 due. The amount so determined shall be considered  
8 a final intermediary determination for purposes of  
9 applying section 1878 of the Social Security Act (42  
10 U.S.C. 1395oo) and shall be subject to review under  
11 that section in the same manner as the amount of  
12 payment under section 1886(d) of such Act (42  
13 U.S.C. 1395ww(d)) is subject to review under such  
14 section.

15 (e) LIMITATION ON EXPENDITURES.—

16 (1) PAYMENT FOR DIRECT MEDICAL EDU-  
17 CATION EXPENSES REPRESENTING MEDICARE'S  
18 SHARE OF SUCH EXPENSES.—

19 (A) IN GENERAL.—Subject to subpara-  
20 graph (B), there are hereby appropriated, out  
21 of any money in the Treasury not otherwise ap-  
22 propriated, for payments under this section for  
23 direct expenses relating to approved medical  
24 residency training programs for a cost reporting  
25 period for cost reporting periods beginning in—

1 (i) fiscal year 2000, \$35,000,000;

2 (ii) fiscal year 2001, \$95,000,000;

3 (iii) fiscal year 2002, \$95,000,000;

4 and

5 (iv) fiscal year 2003, \$95,000,000.

6 (B) CARRYOVER OF EXCESS.—If the  
7 amount of payments under this section for cost  
8 reporting periods ending in fiscal year 2000,  
9 2001, or 2002 is less than the amount provided  
10 under this paragraph for such payments for  
11 such periods, then the amount available under  
12 this paragraph for cost reporting periods ending  
13 in the following fiscal year shall be increased by  
14 the amount of such difference.

15 (2) PAYMENT FOR INDIRECT MEDICAL EDU-  
16 CATION EXPENSES REPRESENTING MEDICARE'S  
17 SHARE OF SUCH EXPENSES.—There are hereby ap-  
18 propriated, out of any money in the Treasury not  
19 otherwise appropriated, for payments under this sec-  
20 tion for indirect expenses relating to approved medi-  
21 cal residency training programs for a cost reporting  
22 period for cost reporting periods beginning in—

23 (A) fiscal year 2000, \$65,000,000;

24 (B) fiscal year 2001, \$190,000,000;

25 (C) fiscal year 2002, \$190,000,000; and

1 (D) fiscal year 2003, \$190,000,000.

2 (f) RELATION TO MEDICARE AND MEDICAID PAY-  
3 MENTS.—Notwithstanding any other provision of law,  
4 payments under this section to a hospital for a cost report-  
5 ing period—

6 (1) are in lieu of any amounts otherwise pay-  
7 able to the hospital under section 1886(h) or  
8 1886(d)(5)(B) of the Social Security Act (42 U.S.C.  
9 1395ww(h); 1395ww(d)(5)B)) to the hospital for  
10 such cost reporting period, but

11 (2) shall not affect the amounts otherwise pay-  
12 able to such hospitals under a State medicaid plan  
13 under title XIX of the Social Security Act (42  
14 U.S.C. 1396 et seq.).

15 (g) DEFINITIONS.—In this section:

16 (1) APPROVED MEDICAL RESIDENCY TRAINING  
17 PROGRAM.—The term “approved medical residency  
18 training program” has the meaning given such term  
19 in section 1886(h)(5)(A) of the Social Security Act  
20 (42 U.S.C. 1395ww(h)(5)(A)).

21 (2) CHILDREN’S HOSPITAL.—The term “chil-  
22 dren’s hospital” means a hospital described in sec-  
23 tion 1886(d)(1)(B)(iii) of the Social Security Act  
24 (42 U.S.C. 1395ww(d)(1)(B)(iii)).

1           (3) DIRECT GRADUATE MEDICAL EDUCATION  
 2           COSTS.—The term “direct graduate medical edu-  
 3           cation costs” has the meaning given such term in  
 4           section 1886(h)(5)(C) of the Social Security Act (42  
 5           U.S.C. 1395ww(h)(5)(C)).

6           (4) SECRETARY.—The term “Secretary” means  
 7           the Secretary of Health and Human Services.

8           **TITLE III—PEDIATRIC PUBLIC**  
 9           **HEALTH PROMOTION**  
 10          **Subtitle A—National Center for**  
 11          **Birth Defects Research and Pre-**  
 12          **vention**

13          **SEC. 301. NATIONAL CENTER FOR BIRTH DEFECTS RE-**  
 14          **SEARCH AND PREVENTION.**

15          Title III of the Public Health Service Act (42 U.S.C.  
 16          241 et seq.) is amended by adding at the end the follow-  
 17          ing:

18               **“PART Q—PEDIATRIC PUBLIC HEALTH**  
 19               **PROMOTION**

20          **“SEC. 399L. NATIONAL CENTER FOR BIRTH DEFECTS RE-**  
 21          **SEARCH AND PREVENTION.**

22               “(a) ESTABLISHMENT.—There is established within  
 23          the Centers for Disease Control and Prevention a center  
 24          to be known as the National Center for Birth Defects Re-  
 25          search and Prevention.

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

3           “(1) collect, analyze, and make available data  
4 on birth defects, including data on the causes of  
5 such defects and on the incidence and prevalence of  
6 such defects;

7           “(2) conduct applied epidemiological research  
8 on the prevention of such defects; and

9           “(3) provide information and education to the  
10 public on the prevention of such defects.

11       “(c) DIRECTOR.—The National Center established  
12 under subsection (a) shall be headed by a director to be  
13 appointed by the Secretary.

14       “(d) TRANSFERS.—There shall be transferred to the  
15 National Center established under subsection (a) all activi-  
16 ties, budgets and personnel of the National Center for En-  
17 vironmental Health that relate to birth defects, folic acid,  
18 cerebral palsy, mental retardation, child development,  
19 newborn screening, autism, fragile X syndrome, fetal alco-  
20 hol syndrome, pediatric genetics, and disability prevention.

21       “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
22 are authorized to be appropriated such sums as may be  
23 necessary to carry out this section.”.

1   **Subtitle B—Pregnant Mothers and**  
2           **Infants Health Promotion**

3   **SEC. 311. SHORT TITLE.**

4           This subtitle may be cited as the “Pregnant Mothers  
5   and Infants Health Protection Act”.

6   **SEC. 312. FINDINGS.**

7           Congress makes the following findings:

8               (1) Alcohol consumption by a woman during  
9           her pregnancy can cause the woman to have a mis-  
10          carriage and otherwise cause serious harm to her  
11          baby, including low birth weight, birth defects, and  
12          behavioral problems.

13              (2) Illegal drug usage can cause problems such  
14          as miscarriage, early birth, or high or low blood  
15          pressure for the mother.

16              (3) Exposure to illegal drugs often causes ba-  
17          bies to die before or after they are born. If a baby  
18          is born alive, the newborn might be addicted to  
19          drugs and have painful withdrawal. Drug exposure  
20          may also cause severe damage to the newborn’s or-  
21          gans, such as the brain, eyes, ears, heart, kidneys,  
22          or genitals.

23              (4) Smoking tobacco products during pregnancy  
24          significantly increases maternal and fetal risk and  
25          accounts for 20 to 30 percent of the low birth weight

1 rate and 10 percent of the fetal and infant death  
2 rate in the United States.

3 (5) Infants of mothers who smoke during and  
4 after pregnancy have nearly a 3 fold increase in the  
5 risk of Sudden Infant Death Syndrome (referred to  
6 in this section as “SIDS”) as compared to infants  
7 of mothers who do not smoke.

8 (6) Smoking during pregnancy has been associ-  
9 ated with certain childhood cancers and birth de-  
10 fects, and it increases the risk of spontaneous abor-  
11 tion, premature rupture of membranes, and delivery  
12 of a stillborn infant.

13 (7) Smoking during pregnancy may impede the  
14 growth of the fetus and increase the likelihood of  
15 mental retardation by 50 percent.

16 (8) The proportion of women who quit smoking  
17 during pregnancy but relapse within 6 months is  
18 nearly 63 percent, thereby exposing their infants to  
19 passive smoke and increasing their risk of SIDS and  
20 other health related problems.

21 (9) Effective prenatal smoking, alcohol, and il-  
22 legal drug cessation methods increase the rate of  
23 cessation during pregnancy.

1 **SEC. 313. ESTABLISHMENT.**

2 Part Q of title III of the Public Health Service Act  
3 (as added by section 301) is amended by adding at the  
4 end the following:

5 **“SEC. 399M. PROGRAMS REGARDING PRENATAL AND POST-**  
6 **NATAL HEALTH.**

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

10 “(1) to collect, analyze, and make available data  
11 on prenatal smoking, alcohol and illegal drug usage,  
12 including data on the implications of such activities  
13 and on the incidence and prevalence of such activi-  
14 ties and their implications;

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

18 “(3) to support, conduct, and evaluate the ef-  
19 fectiveness of educational and cessation programs;  
20 and

21 “(4) to provide information and education to  
22 the public on the prevention and implications of pre-  
23 natal and postnatal smoking, alcohol and illegal drug  
24 usage.

25 “(b) GRANTS.—In carrying out subsection (a), the  
26 Secretary may award grants to and enter into contracts



1 with States, local governments, scientific and academic in-  
 2 stitutions, Federally qualified health centers, and other  
 3 public and nonprofit entities, and may provide technical  
 4 and consultative assistance to such entities.

5 “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
 6 is authorized to be appropriated to carry out this section,  
 7 \$15,000,000 for each of the fiscal years 2000 and 2001,  
 8 and such sums as may be necessary for each of the fiscal  
 9 years 2002 and 2003.”.

## 10 **Subtitle C—Safe Motherhood Mon-** 11 **itoring and Prevention Re-** 12 **search**

### 13 **SEC. 321. SHORT TITLE.**

14 This Act may be cited as the “Safe Motherhood Mon-  
 15 itoring and Prevention Research Act”.

### 16 **SEC. 322. AMENDMENT TO PUBLIC HEALTH SERVICE ACT.**

17 Part Q of title III of the Public Health Service Act  
 18 (as added by section 301 and amended by section 311)  
 19 is further amended by adding at the end the following:

#### 20 **“SEC. 399N. SAFE MOTHERHOOD MONITORING.**

21 “(a) PURPOSE.—It is the purpose of this section to  
 22 develop monitoring systems at the local, State, and na-  
 23 tional level to better understand the burden of maternal  
 24 complications and mortality and to decrease the disparities

1 among population at risk of death and complications from  
2 pregnancy.

3 “(b) ACTIVITIES.—For the purpose described in sub-  
4 section (a), the Secretary may carry out the following ac-  
5 tivities:

6 “(1) The Secretary, acting through the Centers  
7 for Disease Control and Prevention, may establish  
8 and implement a national monitoring and surveil-  
9 lance program to identify and promote the investiga-  
10 tion of deaths and severe complications that occur  
11 during pregnancy.

12 “(2) The Secretary, acting through the Centers  
13 for Disease Control and Prevention, may expand the  
14 Pregnancy Risk Assessment Monitoring System to  
15 provide surveillance and collect data in each of the  
16 50 States.

17 “(3) The Secretary, acting through the Centers  
18 for Disease Control and Prevention, may expand the  
19 Maternal and Child Health Epidemiology Program  
20 to provide technical support, financial assistance, or  
21 the time-limited assignment of senior epidemiologists  
22 to maternal and child health programs in each of the  
23 50 States.

1 “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
2 is authorized to be appropriated to carry out this section,  
3 \$25,000,000 for each fiscal year.”.

4 **“SEC. 3990. PREVENTION RESEARCH TO ENSURE SAFE**  
5 **MOTHERHOOD.**

6 “(a) PURPOSE.—It is the purpose of this section to  
7 provide the Centers for Disease Control and Prevention  
8 with the authority to further expand research concerning  
9 risk factors, prevention strategies, and the roles of the  
10 family, health care providers and the community in safe  
11 motherhood.

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

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

17 “(2) the identification of critical components of  
18 prenatal delivery and postpartum care;

19 “(3) the identification of outreach and support  
20 services, such as folic acid education, that are avail-  
21 able for pregnant women;

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

24 “(5) preventing preterm delivery;

25 “(6) preventing urinary tract infections;

1           “(7) preventing unnecessary caesarean sections;

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

4           “(9) an examination of the relationship between  
5       domestic violence and maternal complications and  
6       mortality;

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

9           “(11) preventing infections that cause maternal  
10      and infant complications; and

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

13          “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
14      is authorized to be appropriated to carry out this section,  
15      \$20,000,000 for each fiscal year.

16      **“SEC. 399P. PREVENTION PROGRAMS TO ENSURE SAFE**  
17                                   **MOTHERHOOD.**

18          “(a) IN GENERAL.—The Secretary, acting through  
19      the Centers for Disease Control and Prevention may carry  
20      out activities to promote safe motherhood, including—

21           “(1) public education campaigns on healthy  
22      pregnancies and the building of partnerships with  
23      outside organizations concerned about safe mother-  
24      hood;

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

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

5           “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
6 is authorized to be appropriated to carry out this section,  
7 \$20,000,000 for each fiscal year.”.

8           **Subtitle D—Poison Control Center**  
9                               **Enhancement**

10       **SEC. 331. SHORT TITLE.**

11           This subtitle may be cited as the “Poison Control  
12 Center Enhancement and Awareness Act”.

13       **SEC. 332. FINDINGS.**

14           Congress makes the following findings:

15           (1) Each year more than 2,000,000 poisonings  
16           are reported to poison control centers throughout  
17           the United States. More than 90 percent of these  
18           poisonings happen in the home. Fifty-three percent  
19           of poisoning victims are children younger than 6  
20           years of age.

21           (2) Poison centers are life-saving and cost-effec-  
22           tive public health services. For every dollar spent on  
23           poison control centers, \$7 in medical costs are saved.  
24           The average cost of a poisoning exposure call is  
25           \$31.28, while the average cost if other parts of the

1        medical system are involved is \$932. Over the last  
2        2 decades, the instability and lack of funding has re-  
3        sulted in a steady decline in the number of poison  
4        control centers in the United States. Currently,  
5        there are 75 such centers.

6            (3) Stabilizing the funding structure and in-  
7        creasing accessibility to poison control centers will  
8        increase the number of United States residents who  
9        have access to a certified poison control center, and  
10       reduce the inappropriate use of emergency medical  
11       services and other more costly health care services.

12    **SEC. 333. DEFINITION.**

13        In this subtitle, the term “Secretary” means the Sec-  
14       retary of Health and Human Services.

15    **SEC. 334. ESTABLISHMENT OF A NATIONAL TOLL-FREE**  
16            **NUMBER.**

17        (a) IN GENERAL.—The Secretary shall provide co-  
18       ordination and assistance to regional poison control cen-  
19       ters for the establishment of a nationwide toll-free phone  
20       number to be used to access such centers.

21        (b) AUTHORIZATION OF APPROPRIATIONS.—There is  
22       authorized to be appropriated to carry out this section,  
23       \$2,000,000 for each of the fiscal years 2000 through  
24       2004.

1 **SEC. 335. ESTABLISHMENT OF NATIONWIDE MEDIA CAM-**  
2 **PAIGN.**

3 (a) IN GENERAL.—The Secretary shall establish a  
4 national media campaign to educate the public and health  
5 care providers about poison prevention and the availability  
6 of poison control resources in local communities and to  
7 conduct advertising campaigns concerning the nationwide  
8 toll-free number established under section 334.

9 (b) CONTRACT WITH ENTITY.—The Secretary may  
10 carry out subsection (a) by entering into contracts with  
11 1 or more nationally recognized media firms for the devel-  
12 opment and distribution of monthly television, radio, and  
13 newspaper public service announcements.

14 (c) AUTHORIZATION OF APPROPRIATIONS.—There is  
15 authorized to be appropriated to carry out this section,  
16 \$600,000 for each of the fiscal years 2000 through 2004.

17 **SEC. 336. ESTABLISHMENT OF A GRANT PROGRAM.**

18 (a) REGIONAL POISON CONTROL CENTERS.—The  
19 Secretary shall award grants to certified regional poison  
20 control centers for the purposes of achieving the financial  
21 stability of such centers, and for preventing and providing  
22 treatment recommendations for poisonings.

23 (b) OTHER IMPROVEMENTS.—The Secretary shall  
24 also use amounts received under this section to—

25 (1) develop standard education programs;

1           (2) develop standard patient management pro-  
2        ocols for commonly encountered toxic exposures;

3           (3) improve and expand the poison control data  
4        collection systems; and

5           (4) improve national toxic exposure surveillance.

6        (c) CERTIFICATION.—Except as provided in sub-  
7        section (d), the Secretary may make a grant to a center  
8        under subsection (a) only if the center has been certified  
9        by a professional organization in the field of poison con-  
10       trol, and the Secretary has approved the organization as  
11       having in effect standards for certification that reasonably  
12       provide for the protection of the public health with respect  
13       to poisoning.

14       (d) WAIVER OF CERTIFICATION REQUIREMENTS.—

15           (1) IN GENERAL.—The Secretary may grant a  
16        waiver of the certification requirement of subsection  
17        (a) with respect to a noncertified poison control cen-  
18        ter that applies for a grant under this section if such  
19        center can reasonably demonstrate that the center  
20        will obtain such a certification within a reasonable  
21        period of time as determined appropriate by the Sec-  
22        retary.

23           (2) RENEWAL.—The Secretary may only renew  
24        a waiver under paragraph (1) for a period of 3  
25        years.



1       (e) SUPPLEMENT NOT SUPPLANT.—Amounts made  
2 available to a poison control center under this section shall  
3 be used to supplement and not supplant other Federal,  
4 State, local or private funds provided for such center.

5       (f) MAINTENANCE OF EFFORT.—A poison control  
6 center, in utilizing the proceeds of a grant under this sec-  
7 tion, shall maintain the expenditures of the center for ac-  
8 tivities of the center at a level that is equal to not less  
9 than the level of such expenditures maintained by the cen-  
10 ter for the fiscal year preceding the fiscal year for which  
11 the grant is received.

12       (g) MATCHING REQUIREMENT.—The Secretary may  
13 impose a matching requirement with respect to amounts  
14 provided under a grant under this section if the Secretary  
15 determines appropriate.

16       (h) AUTHORIZATION OF APPROPRIATIONS.—There is  
17 authorized to be appropriated to carry out this section,  
18 \$25,000,000 for each of the fiscal years 2000 through  
19 2004.

## **TITLE IV—PEDIATRIC RESEARCH CENTER**

### **SEC. 401. ESTABLISHMENT OF A PEDIATRIC RESEARCH INITIATIVE.**

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

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

“(a) ESTABLISHMENT.—The Secretary shall establish within the Office of the Director of NIH a Pediatric Research Initiative (hereafter in this section referred to as the ‘Initiative’). The Initiative shall be headed by the Director of NIH.

“(b) PURPOSE.—The purpose of the Initiative is to provide funds to enable the Director of NIH to encourage—

“(1) increased support for pediatric biomedical research within the National Institutes of Health to ensure that the expanding opportunities for advancement in scientific investigations and care for children are realized;

“(2) expanded clinical pharmacology and experimental therapeutics research, to—

1           “(A) better understand maturational  
2           changes in drug metabolism and drug actions  
3           from birth through puberty;

4           “(B) apply the insights gained to address  
5           specific therapeutic and drug toxicity problems  
6           relevant to children;

7           “(C) conduct pediatric clinical trials which  
8           will lead to approval of important therapeutic  
9           drugs for use by children; and

10          “(D) serve as an educational resource for  
11          patients, practitioners and students;

12          “(3) enhanced collaborative efforts among the  
13          Institutes to support multidisciplinary research in  
14          the areas that the Director deems most promising;

15          “(4) increased support for pediatric outcomes  
16          and medical effectiveness research to demonstrate  
17          how to improve the quality of children’s health care  
18          while reducing cost; and

19          “(5) recognition of the special attention pedi-  
20          atric research deserves.

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

23                 “(1) consult with the Institutes and other advi-  
24                 sors as the Director determines appropriate in the

1 allocation of Initiative funds, including the Institute  
2 for Child Health and Human Development;

3 “(2) have broad discretion in the allocation of  
4 any Initiative assistance among the Institutes,  
5 among types of grants, and between basic and clinical  
6 research so long as the—

7 “(A) assistance is directly related to the illnesses  
8 and diseases of children; and

9 “(B) assistance is extramural in nature;  
10 and

11 “(3) be responsible for the oversight of any  
12 newly appropriated Initiative funds and be accountable  
13 with respect to such funds to Congress and to  
14 the public.

15 “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
16 is authorized to be appropriated to carry out this section,  
17 \$100,000,000 for each of the fiscal years 2000 and 2001,  
18 and such sums as may be necessary for each fiscal year  
19 thereafter.

20 “(e) TRANSFER OF FUNDS.—The Director of NIH  
21 may transfer amounts appropriated under this section to  
22 any of the Institutes for a fiscal year to carry out the purposes  
23 of the Initiative under this section.”.

1 **SEC. 402. INVESTMENT IN TOMORROW'S PEDIATRIC RE-**  
2 **SEARCHERS.**

3 (a) IN GENERAL.—The Secretary of Health and  
4 Human Services, acting through the National Institute of  
5 Child Health and Human Development, shall provide en-  
6 hanced support for extramural activities relating to the  
7 training and career development of pediatric researchers.

8 (b) PURPOSE.—In carrying out subsection (a), the  
9 Secretary of Health and Human Services shall ensure that  
10 enhanced support is designed to ensure the future supply  
11 of researchers who are dedicated to the care and research  
12 needs of children by providing for—

13 (1) an increase in the number and size of insti-  
14 tutional training grants to medical school pediatric  
15 departments and children's hospitals; and

16 (2) an increase in the number of career develop-  
17 ment awards for pediatric providers building careers  
18 in pediatric clinical research.

19 (c) PEDIATRIC RESEARCH LOAN REPAYMENT PRO-  
20 GRAM.—

21 (1) IN GENERAL.—The Secretary of Health and  
22 Human Services, in consultation with the Director of  
23 the National Institute of Child Health and Human  
24 Development, may establish a pediatric research  
25 loan repayment program. Through such program—

1           (A) the Secretary shall enter into contracts  
2           with qualified pediatricians under which such  
3           pediatricians will agree to conduct pediatric re-  
4           search in consideration of the Federal Govern-  
5           ment agreeing to repay, for each year of such  
6           service, not more than \$35,000 of the principal  
7           and interest of the educational loans of such pe-  
8           diatricians; and

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

17          (2) APPLICATION OF OTHER PROVISIONS.—The  
18          provisions of sections 338B, 338C, and 338E of the  
19          Public Health Service Act (42 U.S.C. 254l–1, 254m,  
20          and 254o) shall, except as inconsistent with para-  
21          graph (1), apply to the program established under  
22          such paragraph to the same extent and in the same  
23          manner as such provisions apply to the National  
24          Health Service Corps Loan Repayment Program es-

1        tablished under subpart III of part D of title III of  
2        such Act (42 U.S.C. 2451 et seq.).

3            (3) AVAILABILITY OF FUNDS.—Amounts made  
4        available to carry out this subsection shall remain  
5        available until the expiration of the second fiscal  
6        year beginning after the fiscal year for which such  
7        amounts were made available.

8            (d) AUTHORIZATION OF APPROPRIATIONS.—There is  
9        authorized to be appropriated to carry out this section,  
10       \$20,000,000 for fiscal year 2000, \$25,000,000 for fiscal  
11       year 2001, \$30,000,000 for fiscal year 2002, and such  
12       sums as may be necessary for each fiscal year thereafter.

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