106TH CONGRESS
1ST SESSION

S. 592

To improve the health of children.

IN THE SENATE OF THE UNITED STATES

MARCH 11, 1999

Mr. BOND introduced the following bill; which was read twice and referred to the Committee on Finance

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A BILL

To improve the health of children.

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Healthy Kids 2000 Act''.

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

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.

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

(b) REFERENCES TO SOCIAL SECURITY ACT.—Except as otherwise expressly provided, whenever in this subtitle an amendment or repeal is expressed as an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Social Security Act.

SEC. 102. OPTIONAL COVERAGE OF LOW-INCOME, UNINSURED PREGNANT WOMEN UNDER A STATE CHILD HEALTH PLAN.

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

"SEC. 2111. OPTIONAL COVERAGE OF LOW-INCOME, UNINSURED PREGNANT WOMEN.

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

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

''(1) PREGNANCY-RELATED ASSISTANCE.—The term 'pregnancy-related assistance' has the meaning given the term 'child health assistance' in section 2110(a) as if any reference to targeted low-income children were a reference to targeted low-income pregnant women, except that the assistance shall be limited to services related to pregnancy (which include prenatal, delivery, and postpartum services) and to other conditions that may complicate pregnancy and shall not include pre-pregnancy services and supplies.

''(2) TARGETED LOW-INCOME PREGNANT WOMAN.—The term 'targeted low-income pregnant woman' has the meaning given the term 'targeted low-income child' in section 2110(b) as if any reference to a child were deemed a reference to a woman during pregnancy and through the end of the

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

''(c) REFERENCES TO TERMS AND SPECIAL RULES.—In the case of, and with respect to, a State providing for coverage of pregnancy-related assistance to targeted low-income pregnant women under subsection (a), the following special rules apply:

''(1) Any reference in this title (other than subsection (b)) to a targeted low-income child is deemed to include a reference to a targeted low-income pregnant woman.

''(2) Any such reference to child health assistance with respect to such women is deemed a reference to pregnancy-related assistance.

''(3) Any such reference to a child is deemed a reference to a woman during pregnancy and the period described in subsection (b)(2).

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

''(5) Subsection (a) of section 2103 (relating to required scope of health insurance coverage) shall not apply insofar as a State limits coverage to services described in subsection (b)(1) and the reference to such section in section 2105(a)(1) is deemed not

to require, in such case, compliance with the requirements of section 2103(a).

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

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

''(e) APPLICATION OF FUNDING RESTRICTIONS.—The coverage under this section (and the funding of such coverage) is subject to the restrictions of section 2105(c).''.

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

(1) by striking ''and'' at the end of clause (i);

(2) by striking the period at the end of clause (ii) and inserting '', and''; and

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

''(iii) may not apply a waiting period (including a waiting period to carry out

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

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

SEC. 103. AUTOMATIC ENROLLMENT FOR CHILDREN BORN TO WOMEN RECEIVING PREGNANCY-RELATED ASSISTANCE.

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

''(f) AUTOMATIC ENROLLMENT FOR CHILDREN BORN TO WOMEN RECEIVING PREGNANCY-RELATED ASSISTANCE.—Notwithstanding any other provision of this title, if a child is born to a targeted low-income pregnant woman who was receiving pregnancy-related assistance under this section on the date of the child's birth, the child shall be deemed to have applied for child health assistance under the State child health plan on the date of such birth, to have been found eligible for such assistance on such date, and to remain eligible for such assistance until the child attains 1 year of age.''.

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

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

SEC. 104. EXPANDED AVAILABILITY OF FUNDING FOR ADMINISTRATIVE COSTS RELATED TO OUTREACH AND ELIGIBILITY DETERMINATIONS.

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

(1) by striking the subsection heading and inserting ''INCREASED FEDERAL MATCHING RATE FOR ADMINISTRATIVE COSTS RELATED TO OUTREACH AND ELIGIBILITY DETERMINATIONS'';

(2) in paragraph (2), by striking ''eligibility determinations'' and all that follows and inserting ''determinations of the eligibility of children and pregnant women for benefits under the State plan under this title or title XXI, outreach to children and pregnant women likely to be eligible for such benefits, and such other outreach- and eligibility-related activities as the Secretary may approve.'';

(3) in paragraph (3), by striking ''and ending with fiscal year 2000''; and

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

''(4) ENCOURAGING USE OF LOCAL AND COMMUNITY-BASED ORGANIZATIONS IN OUTREACH AND

ENROLLMENT ACTIVITIES.—The Secretary shall establish a procedure under which, if a State does not otherwise obligate the amounts made available under this subsection, local and community-based public or nonprofit private organizations (including local and county governments, public health departments, community health centers, children's hospitals, and disproportionate share hospitals) may seek to have administrative costs relating to outreach and enrollment of children and pregnant women under this title and title XXI treated as administrative costs of a State described in section 1903(a)(7), if such organizations have the permission of the State involved. A State may require such an organization to provide payment of such amounts as the State would otherwise be responsible for in order to obtain payment under this paragraph.''.

Subtitle B—Patient Rights With Respect to Care

SEC. 111. PATIENT RIGHTS WITH RESPECT TO CARE.

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

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

(2) by inserting after subpart B the following:

"Subpart C—Patient Rights With Respect to Care

"SEC. 721. PATIENT ACCESS TO OBSTETRIC AND GYNECOLOGICAL CARE.

"(a) IN GENERAL.—In any case in which a group health plan (other than a fully insured group health plan)—

"(1) provides coverage for benefits consisting of—

"(A) gynecological care (such as preventive women's health examinations); or

"(B) obstetric care (such as pregnancy-related services);

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

"(2) requires or provides for the designation by a participant or beneficiary of a participating primary care provider;

if the primary care provider designated by such participant or beneficiary is not such a physician as described in paragraph (1), then the plan shall meet the requirements of subsection (b).

"(b) REQUIREMENTS.—A group health plan (other than a fully insured group health plan) that meets the requirements of this subsection, in connection with the cov-

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

''(1) does not require authorization or a referral by the primary care provider in order to obtain coverage for such benefits; and

''(2) treats the ordering of other routine care related to the care described in subparagraph (A) or (B) of subsection (a)(1), by the participating physician providing the care described in either such subparagraph, as the authorization of the primary care provider with respect to such care.

''(c) RULE OF CONSTRUCTION.—Nothing in subsection (b)(2) shall be construed as waiving any requirements of coverage relating to medical necessity or appropriateness with respect to the coverage of the gynecological or obstetric care so ordered. Nothing in subsection (b) shall be construed to preclude the health plan from requiring that the obstetrician or gynecologist notify the primary care provider or the plan of treatment decisions.

''SEC. 722. ACCESS TO PEDIATRIC CARE.

''(a) ACCESS TO APPROPRIATE PEDIATRIC PRIMARY CARE PROVIDERS.—

''(1) IN GENERAL.—If a group health plan (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

fully insured group health plan) and who has a mental or physical condition, disability, or disease of sufficient seriousness and complexity to require diagnosis, evaluation or treatment by a specialist, the plan shall make or provide for a referral to a specialist who has extensive experience or training, and is available and accessible to provide the treatment for such condition or disease, including the choice of a nonprimary care specialist participating in the plan or a referral to a nonparticipating provider as provided for under paragraph (4) if such a provider is not available within the plan.

''(2) SPECIALIST DEFINED.—For purposes of this subsection, the term 'specialist' means, with respect to a condition, disability, or disease, a health care practitioner, facility (such as a children hospital), or center (such as a center of excellence) that has extensive pediatric expertise through appropriate training or experience to provide high quality care in treating the condition, disability, or disease.

''(3) REFERRALS TO PARTICIPATING PROVIDERS.—A group health plan (other than a fully insured group health plan) is not required under paragraph (1) to provide for a referral to a specialist that is not a participating provider, unless the plan

does not have an appropriate specialist that is available and accessible to treat the participant's or beneficiary's condition and that is a participating provider with respect to such treatment.

''(4) TREATMENT OF NONPARTICIPATING PROVIDERS.—If a group health plan (other than a fully insured group health plan) refers a child beneficiary to a nonparticipating specialist, services provided pursuant to the referral shall be provided at no additional cost to the participant beyond what the participant would otherwise pay for services received by such a specialist who is a participating provider.

''(c) DEFINITION.—In this subpart, the term 'child' means an individual who is under 19 years of age.

"SEC. 723. ACCOUNTABILITY THROUGH DISTRIBUTION OF INFORMATION.

''(a) IN GENERAL.—A group health plan (other than a fully insured group health plan) shall, with respect to the coverage of children, submit to participants (and prospective participants), and make available to the public, in writing the health-related information described in subsection (b).

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

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

''SEC. 724. GENERALLY APPLICABLE PROVISION.

''In the case of a group health plan that provides benefits under 2 or more coverage options, the requirements of this subpart shall apply separately with respect to each coverage option.''.

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

''(3) FULLY INSURED GROUP HEALTH PLAN.—The term 'fully insured group health plan' means a group health plan where benefits are provided pursuant to the terms of an arrangement between a group health plan and a health insurance issuer and are guaranteed by the health insurance issuer under a contract or policy of insurance.''.

(c) CONFORMING AMENDMENT.—The table of contents in section 1 of the Employee Retirement Income Security Act of 1974 is amended—

(1) in the item relating to subpart C, by striking ''Subpart C'' and inserting ''Subpart D''; and

(2) by adding at the end of the items relating to subpart B of part 7 of subtitle B of title I of such 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.''.

SEC. 112. GRIEVANCES AND APPEALS WITH RESPECT TO CHILDREN.

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

''SEC. 503. CLAIMS PROCEDURE, AND GRIEVANCES AND APPEALS WITH RESPECT TO CHILDREN.

''(a) CLAIMS PROCEDURE.—In accordance with regulations of the Secretary, every employee benefit plan shall—

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

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

''(b) INTERNAL APPEALS PROCESS.—A group health plan, or health insurance issuer in connection with the provisions of health insurance coverage, shall, with respect to the coverage of children, establish and maintain a system to provide for the resolution of complaints and appeals regarding all aspects of such coverage. Such a system shall include an expedited procedure for appeals where a standard appeal would jeopardize the life, health, or development of the child.

''(c) EXTERNAL APPEALS PROCESS.—A group health plan, or health insurance issuer in connection with the provision of health insurance coverage, shall, with respect to the coverage of children, provide for an independent external review process that meets the following requirements:

''(1) External appeal activities shall be conducted through clinical peers, including a physician or other health care professional who is appropriately credentialed in pediatrics who has the same or similar specialty as the speciality involved in the appeal and who has experience managing the condition, procedure, or treatment under review or appeal.

''(2) External appeal activities shall be conducted through an entity that has sufficient pedi-

atric expertise, including subspeciality expertise, and staffing to conduct external appeal activities on a timely basis.

''(3) Such a review process shall include an expedited procedure for appeals on behalf of a child enrollee in which the time frame of a standard appeal would jeopardize the life, health, or development of the child.''.

(b) CONFORMING AMENDMENT.—The table of contents in section 1 of the Employee Retirement Income Security Act of 1974 is amended by striking the item relating to section 503 and inserting the following new item:

''Sec. 503. Claims procedures and grievances and appeals with respect to children.''.

SEC. 113. AMENDMENTS TO THE INTERNAL REVENUE CODE OF 1986.

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

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

''Sec. 9813. Standard relating to Patients' bill of rights.''; and

(2) by inserting after section 9812 the following:

"SEC. 9813. STANDARD RELATING TO PATIENTS' RIGHTS.

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

SEC. 114. EFFECTIVE DATE.

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

(b) LIMITATION ON ENFORCEMENT ACTIONS.—No enforcement action shall be taken, pursuant to the amendments made by this subtitle, against a group health plan with respect to a violation of a requirement imposed by such amendments before the date of issuance of regulations issued in connection with such requirement.

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

SEC. 201. SHORT TITLE.

This title may be cited as the ''Pediatric Medical Education, Training, and Research Act of 1999''.

SEC. 202. PROGRAM OF PAYMENTS TO CHILDREN'S HOSPITALS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.

(a) PAYMENTS.—

(1) IN GENERAL.—The Secretary shall make payment under this section to each children's hospital for each hospital cost reporting period beginning after fiscal year 1999 and before fiscal year 2004 for the direct and indirect expenses associated with operating approved medical residency training programs.

(2) PAYMENT AMOUNT.—Subject to paragraph (3), the amount payable under this section to a children's hospital for direct and indirect expenses relating to approved medical residency training programs for a cost reporting period ending in a fiscal year is equal to the sum of the amount determined under subsection (b) and the amount determined under subsection (c) for such hospital for such fiscal year.

(3) CAPPED AMOUNT.—

(A) IN GENERAL.—The payments to children's hospitals established in this subsection for cost reporting periods ending in any fiscal year shall not exceed the funds appropriated under subsection (e) for that fiscal year.

(B) PRO RATA REDUCTIONS.—If the Secretary determines that the amount of funds appropriated under subsection (e) for cost reporting periods ending in any fiscal year is insufficient to provide the total amount of payments otherwise due for such periods, the Secretary shall reduce each of the amounts payable under this section for such period on a pro rata basis to reflect such shortfall.

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

(1) IN GENERAL.—The amount determined under this subsection for payments to a children's hospital for direct expenses relating to approved medical residency training programs for a cost reporting period ending in fiscal years 2000 through 2003 is equal to the product of—

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

(B) the weighted average number of full-time equivalent residents in the hospital's 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.

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

(A) IN GENERAL.—The per resident rate for direct medical education for a hospital for a cost reporting period is the updated rate determined under subparagraph (B).

(B) COMPUTATION UPDATED RATE.—The updated rate determined under this subparagraph is equal to the lesser of—

(i) a rate equal to the weighted average of the per resident rates computed under section 1886(h)(2) of the Social Security Act (42 U.S.C. 1395ww(h)(2)) for cost reporting periods ending during fiscal year 1999 for all hospitals located in the

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

(ii) the per resident rate for cost reporting periods ending during fiscal year 1999 for the hospital involved (as determined by the Secretary using the methodology described in section 1886(h)(2)(E)) of such Act (42 U.S.C. 1395ww(h)(2)(E)));

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

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

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

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

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

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

(e) LIMITATION ON EXPENDITURES.—

(1) PAYMENT FOR DIRECT MEDICAL EDUCATION EXPENSES REPRESENTING MEDICARE'S SHARE OF SUCH EXPENSES.—

(A) IN GENERAL.—Subject to subparagraph (B), there are hereby appropriated, out of any money in the Treasury not otherwise appropriated, for payments under this section for direct expenses relating to approved medical residency training programs for a cost reporting period for cost reporting periods beginning in—

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

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

(iii) fiscal year 2002, $95,000,000; and

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

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

(2) PAYMENT FOR INDIRECT MEDICAL EDUCATION EXPENSES REPRESENTING MEDICARE'S SHARE OF SUCH EXPENSES.—There are hereby appropriated, out of any money in the Treasury not otherwise appropriated, for payments under this section for indirect expenses relating to approved medical residency training programs for a cost reporting period for cost reporting periods beginning in—

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

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

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

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

(f) RELATION TO MEDICARE AND MEDICAID PAYMENTS.—Notwithstanding any other provision of law, payments under this section to a hospital for a cost reporting period—

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

(2) shall not affect the amounts otherwise payable to such hospitals under a State Medicaid plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(g) DEFINITIONS.—In this section:

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

(2) CHILDREN'S HOSPITAL.—The term ''children's hospital'' means a hospital described in section 1886(d)(1)(B)(iii) of the Social Security Act (42 U.S.C. 1395ww(d)(1)(B)(iii)).

(3) DIRECT GRADUATE MEDICAL EDUCATION COSTS.—The term ''direct graduate medical education costs'' has the meaning given such term in section 1886(h)(5)(C) of the Social Security Act (42 U.S.C. 1395ww(h)(5)(C)).

(4) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

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.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

''PART Q—PEDIATRIC PUBLIC HEALTH PROMOTION

''SEC. 399L. NATIONAL CENTER FOR BIRTH DEFECTS RESEARCH AND PREVENTION.

''(a) ESTABLISHMENT.—There is established within the Centers for Disease Control and Prevention a center to be known as the National Center for Birth Defects Research and Prevention.

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

''(1) collect, analyze, and make available data on birth defects, including data on the causes of such defects and on the incidence and prevalence of such defects;

''(2) conduct applied epidemiological research on the prevention of such defects; and

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

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

''(d) TRANSFERS.—There shall be transferred to the National Center established under subsection (a) all activities, budgets and personnel of the National Center for Environmental Health that relate to birth defects, folic acid, cerebral palsy, mental retardation, child development, newborn screening, autism, fragile X syndrome, fetal alcohol syndrome, pediatric genetics, and disability prevention.

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

Subtitle B—Pregnant Mothers and Infants Health Promotion

SEC. 311. SHORT TITLE.

This subtitle may be cited as the ''Pregnant Mothers and Infants Health Protection Act''.

SEC. 312. FINDINGS.

Congress makes the following findings:

(1) Alcohol consumption by a woman during her pregnancy can cause the woman to have a miscarriage and otherwise cause serious harm to her baby, including low birth weight, birth defects, and behavioral problems.

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

(3) Exposure to illegal drugs often causes babies to die before or after they are born. If a baby is born alive, the newborn might be addicted to drugs and have painful withdrawal. Drug exposure may also cause severe damage to the newborn's organs, such as the brain, eyes, ears, heart, kidneys, or genitals.

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

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

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

(6) Smoking during pregnancy has been associated with certain childhood cancers and birth defects, and it increases the risk of spontaneous abortion, premature rupture of membranes, and delivery of a stillborn infant.

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

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

(9) Effective prenatal smoking, alcohol, and illegal drug cessation methods increase the rate of cessation during pregnancy.

SEC. 313. ESTABLISHMENT.

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

"SEC. 399M. PROGRAMS REGARDING PRENATAL AND POSTNATAL HEALTH.

''(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall carry out programs—

''(1) to collect, analyze, and make available data on prenatal smoking, alcohol and illegal drug usage, including data on the implications of such activities and on the incidence and prevalence of such activities and their implications;

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

''(3) to support, conduct, and evaluate the effectiveness of educational and cessation programs; and

''(4) to provide information and education to the public on the prevention and implications of prenatal and postnatal smoking, alcohol and illegal drug usage.

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

with States, local governments, scientific and academic institutions, Federally qualified health centers, and other public and nonprofit entities, and may provide technical and consultative assistance to such entities.

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

Subtitle C—Safe Motherhood Monitoring and Prevention Research

SEC. 321. SHORT TITLE.

This Act may be cited as the ''Safe Motherhood Monitoring and Prevention Research Act''.

SEC. 322. AMENDMENT TO PUBLIC HEALTH SERVICE ACT.

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

''SEC. 399N. SAFE MOTHERHOOD MONITORING.

''(a) PURPOSE.—It is the purpose of this section to develop monitoring systems at the local, State, and national level to better understand the burden of maternal complications and mortality and to decrease the disparities

among population at risk of death and complications from pregnancy.

''(b) ACTIVITIES.—For the purpose described in subsection (a), the Secretary may carry out the following activities:

''(1) The Secretary, acting through the Centers for Disease Control and Prevention, may establish and implement a national monitoring and surveillance program to identify and promote the investigation of deaths and severe complications that occur during pregnancy.

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

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

''(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $25,000,000 for each fiscal year.''.

''SEC. 399O. PREVENTION RESEARCH TO ENSURE SAFE MOTHERHOOD.

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

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

''(1) encouraging preconception counseling, especially for at risk populations such as diabetics;

''(2) the identification of critical components of prenatal delivery and postpartum care;

''(3) the identification of outreach and support services, such as folic acid education, that are available for pregnant women;

''(4) the identification of women who are at high risk for complications;

''(5) preventing preterm delivery;

''(6) preventing urinary tract infections;

''(7) preventing unnecessary caesarean sections;

''(8) an examination of the higher rates of maternal mortality among African American women;

''(9) an examination of the relationship between domestic violence and maternal complications and mortality;

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

''(11) preventing infections that cause maternal and infant complications; and

''(12) other areas determined appropriate by the Secretary.

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

''SEC. 399P. PREVENTION PROGRAMS TO ENSURE SAFE MOTHERHOOD.

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

''(1) public education campaigns on healthy pregnancies and the building of partnerships with outside organizations concerned about safe motherhood;

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

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

''(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $20,000,000 for each fiscal year.''.

Subtitle D—Poison Control Center Enhancement

SEC. 331. SHORT TITLE.

This subtitle may be cited as the ''Poison Control Center Enhancement and Awareness Act''.

SEC. 332. FINDINGS.

Congress makes the following findings:

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

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

medical system are involved is $932. Over the last 2 decades, the instability and lack of funding has resulted in a steady decline in the number of poison control centers in the United States. Currently, there are 75 such centers.

(3) Stabilizing the funding structure and increasing accessibility to poison control centers will increase the number of United States residents who have access to a certified poison control center, and reduce the inappropriate use of emergency medical services and other more costly health care services.

SEC. 333. DEFINITION.

In this subtitle, the term ''Secretary'' means the Secretary of Health and Human Services.

SEC. 334. ESTABLISHMENT OF A NATIONAL TOLL-FREE NUMBER.

(a) IN GENERAL.—The Secretary shall provide coordination and assistance to regional poison control centers for the establishment of a nationwide toll-free phone number to be used to access such centers.

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

SEC. 335. ESTABLISHMENT OF NATIONWIDE MEDIA CAMPAIGN.

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

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

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

SEC. 336. ESTABLISHMENT OF A GRANT PROGRAM.

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

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

(1) develop standard education programs;

(2) develop standard patient management protocols for commonly encountered toxic exposures;

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

(4) improve national toxic exposure surveillance.

(c) CERTIFICATION.—Except as provided in subsection (d), the Secretary may make a grant to a center under subsection (a) only if the center has been certified by a professional organization in the field of poison control, and the Secretary has approved the organization as having in effect standards for certification that reasonably provide for the protection of the public health with respect to poisoning.

(d) WAIVER OF CERTIFICATION REQUIREMENTS.—

(1) IN GENERAL.—The Secretary may grant a waiver of the certification requirement of subsection (a) with respect to a noncertified poison control center that applies for a grant under this section if such center can reasonably demonstrate that the center will obtain such a certification within a reasonable period of time as determined appropriate by the Secretary.

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

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

(f) MAINTENANCE OF EFFORT.—A poison control center, in utilizing the proceeds of a grant under this section, shall maintain the expenditures of the center for activities of the center at a level that is equal to not less than the level of such expenditures maintained by the center for the fiscal year preceding the fiscal year for which the grant is received.

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

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

TITLE IV—PEDIATRIC RESEARCH

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—

"(A) better understand maturational changes in drug metabolism and drug actions from birth through puberty;

"(B) apply the insights gained to address specific therapeutic and drug toxicity problems relevant to children;

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

"(D) serve as an educational resource for patients, practitioners and students;

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

"(4) increased support for pediatric outcomes and medical effectiveness research to demonstrate how to improve the quality of children's health care while reducing cost; and

"(5) recognition of the special attention pediatric research deserves.

"(c) DUTIES.—In carrying out subsection (b), the Director of NIH shall—

"(1) consult with the Institutes and other advisors as the Director determines appropriate in the

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

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

''(A) assistance is directly related to the illnesses and diseases of children; and

''(B) assistance is extramural in nature; and

''(3) be responsible for the oversight of any newly appropriated Initiative funds and be accountable with respect to such funds to Congress and to the public.

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

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

SEC. 402. INVESTMENT IN TOMORROW'S PEDIATRIC RESEARCHERS.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the National Institute of Child Health and Human Development, shall provide enhanced support for extramural activities relating to the training and career development of pediatric researchers.

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

(1) an increase in the number and size of institutional training grants to medical school pediatric departments and children's hospitals; and

(2) an increase in the number of career development awards for pediatric providers building careers in pediatric clinical research.

(c) PEDIATRIC RESEARCH LOAN REPAYMENT PROGRAM.—

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

(A) the Secretary shall enter into contracts with qualified pediatricians under which such pediatricians will agree to conduct pediatric research in consideration of the Federal Government agreeing to repay, for each year of such service, not more than $35,000 of the principal and interest of the educational loans of such pediatricians; and

(B) the Secretary shall, for the purpose of providing reimbursements for tax liability resulting from payments made under paragraph (1) on behalf of an individual, make payments, in addition to payments under such paragraph, to the individual in an amount equal to 39 percent of the total amount of loan repayments made for the taxable year involved.

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

tablished under subpart III of part D of title III of such Act (42 U.S.C. 245l et seq.).

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

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

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