EC–11312. A communication from the Senior Benefits Programs Planning Analyst, Western Farm Credit Bank, transmitting, pursuant to law, the 1999 annual report number 95–595; to the Committee on Governmental Affairs.

EC–11313. A communication from the Special Assistant, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of FM Allotments; FM Broadcast Systems, Ravenwood, Missouri'' (MM Docket No. 00–109) received on October 26, 2000; to the Committee on Commerce, Science, and Transportation.

EC–11314. A communication from the Special Assistant, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments; FM Broadcast Stations (Upton and Pine Haven, Wyoming)'' (MM Docket No. 99–57) received on October 26, 2000; to the Committee on Commerce, Science, and Transportation.

EC–11315. A communication from the Special Assistant, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments; FM Broadcast Stations, (Grants and Milan, New Mexico)'' (MM Docket No. 99–75, RM–9446) received on October 26, 2000; to the Committee on Commerce, Science, and Transportation.

EC–11316. A communication from the Special Assistant, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of FM Allotments; FM Broadcast Stations, Pearsall, Texas'' (MM Docket No. 00–26) received on October 26, 2000; to the Committee on Commerce, Science, and Transportation.

EC–11317. A communication from the Special Assistant, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments; DTV Broadcast Stations, Urbana, Illinois'' (MM Docket No. 00–76, RM–9809) received on October 26, 2000; to the Committee on Commerce, Science, and Transportation.

EC–11318. A communication from the Special Assistant, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments; DTV Broadcast Stations, Thomasville, Georgia'' (MM Docket No. 00–98, RM–9811) received on October 26, 2000; to the Committee on Commerce, Science, and Transportation.

EC–11319. A communication from the Special Assistant, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments; DTV Broadcast Stations, Killeen, Texas'' (MM Docket No. 00–103, RM–9878) received on October 26, 2000; to the Committee on Commerce, Science, and Transportation.

EC–11320. A communication from the Special Assistant, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments; FM Broadcast Stations (Jenner, California, Culver, Indiana, Lake Isabella, California, Olpe, Kansas, Covelo, California, Sterling, Colorado, Kahului, Hawaii)'' (MM Docket No. 00–33; RM–9816; MM Docket No. 00–34; RM–9817; MM Docket No. 00–35; RM–9818; MM Docket No. 00–71; RM–9852; MM Docket No. 00–72; RM–9853; MM Docket No. 00–74; RM–9862; MM Docket No. 00–75; RM–9863) received on October 26, 2000; to the Committee on Commerce, Science, and Transportation.

EC–11321. A communication from the Special Assistant, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments; FM Broadcast Stations (Cloverdale, Point Arena, and Cazadero, California)'' (MM Docket Nos. 99–180, 00–59, RM–9583, RM–9734 and RM–9759) received on October 26, 2000; to the Committee on Commerce, Science, and Transportation.

EC–11322. A communication from the Special Assistant, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of FM Allotments; FM Broadcast Stations, Charlotte, Texas'' (MM Docket No. 00–22) received on October 26, 2000; to the Committee on Commerce, Science, and Transportation.

EC–11323. A communication from the Special Assistant, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments; FM Broadcast Stations, George West, Pearsall and Victoria, TX'' (MM Docket No. 99–342) received on October 26, 2000; to the Committee on Commerce, Science, and Transportation.

EC–11324. A communication from the Special Assistant, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments; FM Broadcast Stations (Eastman, Vienna, Ellaville, and Byromville, Georgia)'' (MM Docket No. 00–56, RM–9839, RM–9905, RM–9906) received on October 26, 2000; to the Committee on Commerce, Science, and Transportation.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. MCCAIN, from the Committee on Commerce, Science, and Transportation, with an amendment in the nature of a substitute:

S. 876: A bill to amend the Communications Act of 1934 to require that the broadcast of violent video programming be limited to hours when children are not reasonably likely to comprise a substantial portion of the audience (Rept. No. 106–509).

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. HARKIN:

S. 3243. A bill to enhance fair and open competition in the production and sale of agricultural commodities; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. SCHUMER:

S. 3244. A bill to amend title 49, United States Code, relating to the airport noise and access review program; to the Committee on Commerce, Science, and Transportation.

By Mr. KERRY:

S. 3245. A bill to provide for the transfer of the Coast Guard Station Scituate to the National Oceanic and Atmospheric Administration, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. HARKIN (for himself, Mr. LEAHY, Mr. WELLSTONE, Mr. HOLLINGS, Mr. FEINGOLD, Mr. LAUTENBERG, and Mr. SCHUMER):

S. 3246. A bill to prohibit the importation of any textile or apparel article that is produced, manufactured, or grown in Burma; to the Committee on Finance.

By Mr. HARKIN:

S. 3247. A bill to establish a Chief Labor Negotiator in the Office of the United States Trade Representative; to the Committee on Finance.

By Mr. BAYH (for himself and Mr. LUGAR):

S. 3248. A bill to authorize the Hoosier Automobile and Truck National Heritage Trail Area; to the Committee on Energy and Natural Resources.

By Mr. HARKIN (for himself, Mr. WELLSTONE, Mr. KENNEDY, Mrs. MURRAY, Mr. FEINGOLD, Mr. BINGAMAN, Mrs. BOXER, Ms. MIKULSKI, Mr. SARBANES, Mr. DODD, Mr. KERRY, Mr. AKAKA, Mr. LIEBERMAN, Mr. LEAHY, Mr. BAUCUS, and Mr. ROCKEFELLER):

S. 3249. A bill to amend the National Labor Relations Act and the Railway Labor Act to prevent discrimination based on participation in labor disputes; to the Committee on Health, Education, Labor, and Pensions.

By Mr. BROWNBACK (for himself, Mrs. FEINSTEIN, Mr. LUGAR, Mr. SCHUMER, Mr. GORTON, Mr. JOHNSON, Mr. HELMS, Mr. ALLARD, Mr. ASHCROFT, Mr. WYDEN, Mr. TORRICELLI, Mr. DEWINE, Mr. GRAMS, Mr. ROTH, Mrs. HUTCHISON, Mr. SMITH of Oregon, Mr. BOND, Mr. DURBIN, Mr. CLELAND, Mr. GRASSLEY, Ms. COLLINS, Mr. KYL, Mr. BREAUX, Mr. LAUTENBERG, Mr. HATCH, Mr. MURKOWSKI, Mrs. LINCOLN, Ms. LANDRIEU, Mr. SPECTER, Mr. VOINOVICH, Mr. MILLER, Mr. ROBB, Mr. INHOFE, Mr. CRAPO, Mr. BUNNING, Mr. EDWARDS, Ms. MIKULSKI, Mr. LOTT, Mr. DASCHLE, Mr. REID, Mr. SANTORUM, Mr. FITZGERALD, Ms. SNOWE, Mrs. BOXER, Mr. REED, Mr. LEVIN, Mr. MCCONNELL, Mr. HAGEL, Mr. GRAMM, Mr. MOYNIHAN, Mr. KENNEDY, Mr. L. CHAFEE, Mr. CAMPBELL, and Mr. ROCKEFELLER):

S. 3250. A bill to provide for a United States response in the event of a unilateral declaration of a Palestinian state; to the Committee on Foreign Relations.

By Mr. BIDEN:

S. 3251. A bill to authorize the Secretary of State to provide for the establishment of nonprofit entities for the Department's international educational, cultural, and arts programs; to the Committee on Foreign Relations.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. MURKOWSKI:

S. Con. Res. 156. A concurrent resolution to make a correction in the enrollment of the bill S. 1474; considered and agreed to.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

Mr. HARKIN:

S. 3243. A bill to enhance fair and open competition in the production and sale of agricultural commodities; to the Committee on Agriculture, Nutrition, and Forestry.

AGRICULTURAL PRODUCER PROTECTION ACT OF 2000

Mr. HARKIN. Mr. President, I am introducing the Agricultural Producer Protection Act of 2000, a bill which will help ensure an open competitive agricultural marketplace. There is no issue raising more concerns in agriculture today than the rapid increase of economic concentration and vertical integration. The structure of agriculture and the entire agribusiness and food sector is being massively transformed—and the pace is accelerating. Large agribusinesses through mergers, acquisitions, and strategic alliances are controlling more and more of the production and processing of our agricultural commodities. Beyond this horizontal concentration, these large firms are relying on production and marketing contracts to hasten the trend toward vertical integration in agriculture.

According to the Department of Agriculture, the top four fed cattle packers control 80 percent of the market, while the top four pork processors control almost 60 percent of the market. In the grain industry, the top four firms control 73 percent of the wet corn milling, 71 percent of soybean milling, and 56 percent of flour milling. This conglomeration of power is limiting producers' marketing choices and adversely affecting the prices they receive. While the market basket of food has only increased by 3 percent since 1984, the farm value of that market basket has plummeted 38 percent. In fact, the farmer's share of the retail food dollar has dropped from 47 percent in 1950 to 21 percent in 1999. In addition, the farm-to-wholesale price spreads for pork increased by 52 percent and for beef by 24 percent in the past five years.

But farmers are not the only ones at risk because of the conglomeration of economic power by a few large agribusinesses and the reductions in competition. Consumers are also at risk. I liken arrangement to an hourglass, with many farmers on one side and many consumers on the other side. In the middle is a choke point with just a few large agribusiness firms. We, as consumers, should not become reliant on an every dwindling number of companies for our food.

Agribusiness is changing the way they play the game and it is becoming increasingly clear that enforcement of the antitrust and competition laws—including the Sherman Act, the Clayton Act, the Federal Trade Commission Act, and the Packers and Stockyards Act—is not enough by itself to ensure healthy competition in agriculture. Congress must step in and clarify the rules of the game before the big conglomerates push the independent producers out entirely. That is what my legislation is designed to do.

Consolidation and vertical integration in the agricultural sector is resulting in a great disparity in bargaining power and a gross inequality in economic strength between agribusinesses and producers. The impacts of this disparity are being most dramatically seen in the increased use of contracting in agriculture. I recognize that it is probably inevitable that there will be more contracting for a number of reasons. However, as recognized by several state Attorneys General who have proposed model state contract legislation, contracting with large agribusinesses pose serious problems that our current laws do not reach.

First, large companies are increasingly leveraging their economic muscle and control of market information to dictate contract terms to the detriment of producers. Large companies often offer contracts to producers on a ''take it or leave it'' basis. The company tells the farmer to sign a form contract with no opportunity to negotiate different terms and with little or no ability to take time to think about whether or not to sign the contract.

Second, large agribusinesses are transferring a disproportionate share of the economic risks to farmers through contracts. The contractual risks producers will face under a contract are usually buried in pages of legalese and fine print. Producers are often stuck with unfair contract terms they did not even know existed because of the lack of opportunity to consult with an attorney or an accountant.

Third, increasing use of contracts threatens market transparency. Prevailing prices for agricultural commodities have traditionally been readily available through public transactions. The use of strict confidentiality clauses in contracts veil transactions in secrecy. These clauses prohibit farmers from comparing contracts and negotiating for a fair deal. Farmers are often prohibited from discussing their deals with other producers, let alone with a financial or market advisor, an attorney, or an accountant.

Fourth, once a producer enters into a contractual relationship with a company there is virtually no realistic protection from unfair practices, abuses, or retaliation. Most production contracts require producers to make substantial long term capital investments in buildings and equipment prior to ever getting a contract. Once a producer makes the financial commitment, they are offered short term contracts that must be continually renewed. Because of these financial obligations, producers often have no other alternative than to sign whatever contract is offered to them. This situation not only makes it easier for a company to retaliate against those who try to speak up for their rights but also eliminates virtually any bargaining power the producer may have had. They often have no other alternative than to take a contract which further exploits them with unfair terms and which further shifts the economic risks to producers. In addition, if a producer has to litigate individually against an agribusiness conglomerate it is very expensive and they are at a huge disadvantage.

The Agricultural Producer Protection Act of 2000 provides reasonable oversight of agricultural contracting that will address these problems and promote fair, equitable, and competitive markets in agriculture. The Act would: (1) require contracts to be written in plain language and disclose risks to producers; (2) provide contract producers three days to review and cancel production contracts; (3) prohibit confidentiality clauses in contracts; (4) provide producers with a first-priority lien for payments due under contracts; (5) prohibit producers from having contracts terminated out of retaliation; and (6) make it an unfair practice for processors to retaliate or discriminate against producers who exercise rights under the Act.

My legislation also recognizes that there must be a balance between providing oversight of contracting and addressing the root of the problem—the growing disparity in bargaining power between large agribusinesses and independent producers. Independent farmers can compete and thrive if the competition is based on productive efficiency and delivering abundant supplies of quality products at reasonable prices. But no matter how efficient farmers are, they cannot survive a contest based on who wields the most economic power.

Because of the increased levels of concentration and vertical integration in agriculture, it is imperative that Congress facilitate a more competitive and balanced marketplace for negotiations between large agribusinesses and producers. The Agricultural Producer Protection Act of 2000 provides farmers with the tools necessary to bargain more effectively with large agribusiness conglomerates for fair and truly competitive prices for the commodities they grow.

Congress passed the Agricultural Fair Practices Act of 1967 to ensure that farmers could join together to market their commodities without fear of interference or retribution from processors. Unfortunately, the law has several weaknesses which prevent it from truly helping producers generate enough market power to bargain effectively with large processors. The law: (1) does not require that processors bargain with association members; (2) contains a loophole allowing agribusinesses to refuse to bargain with producers for any reason besides belonging to an association, which makes it much easier to manufacture an excuse for why they refuse to deal with association members; and (3) does not give the Secretary of Agriculture authority to impose penalties for violations of the Act, which greatly reduces the incentive for processors to obey the law.

My legislation addresses these shortcomings. The Agricultural Producer Protection Act of 2000 sets up a procedure where farmers can voluntarily

form an association of producers and petition to the Secretary to become accredited. Once accredited, agribusinesses are required to bargain in good faith with the association of producers. This requirement will help producers organize in order to negotiate fairly and effectively on the price and marketing terms for their commodities. In addition, my legislation gives the Secretary increased investigative and enforcement authority to ensure that these large processors follow the law.

Finally, my legislation amends the Packers and Stockyards Act of 2000 to give the Secretary administrative enforcement authority to stop unfair practices in the poultry industry. Unlike the livestock industry, the Secretary does not currently have authority to take administrative actions, including holding hearings and assessing civil and criminal penalties for violations of the Packers and Stockyards Act in the poultry industry. My legislation addresses this discrepancy and responds to the Administration's repeated requests for this authority.

Unfortunately, current law has resulted in little being done to stop the rapid consolidation and vertical integration in agriculture which is threatening both farmers and consumers. We must address this trend now before it builds more momentum, making independent farmers a footnote in the history books and putting consumers at the mercy of large agribusiness companies.

My legislation attacks the problems resulting from agribusiness concentration and vertical integration in two very fundamental ways. First, it provides reasonable oversight of contracting practices in order to stop the current inequalities and unfair practices farmers are facing due to the lack of bargaining power. But, I also recognize that we must address the increasing disparity in bargaining power head on. My legislation gives producers the tools necessary to enhance their bargaining position in order to negotiate fairly and equitably on the price and marketing terms for their commodities. I believe both must be done in order to ensure a fair, open agricultural marketplace.

Mr. HARKIN (for himself, Mr. LEAHY, Mr. WELLSTONE, Mr. HOLLINGS, Mr. FEINGOLD, Mr. LAUTENBERG, and Mr. SCHUMER):

S. 3246. A bill to prohibit the importation of any textile or apparel article that is produced, manufactured, or grown in Burma; to the Committee on Finance.

BURMA APPAREL AND TEXTILE IMPORT BAN BILL

Mr. HARKIN. Mr. President, while we are encouraged by democratic gains in Serbia, the people of Burma continue to suffer at the hands of the world's most brutal military dictatorship—a regime which, perversely, calls itself the State Peace and Development Council (SPDC). Now more than ever, as a nation committed to democracy, freedom, and universal human and worker rights, America must dissociate itself from Burma's repressive regime. We must do all we can to deny any material support to the military dictators who rule that country with an iron fist. Amidst the most recent crackdown on pro-democracy forces launched in mid-August, we must demonstrate anew to the Burmese people our recognition of their nightmarish plight and our support for their noble struggle to achieve democratic governance.

A few yeas ago, Congress enacted some sanctions and President Clinton issued an Executive Order in response to a prolonged pattern of egregious human rights violations in Burma. At the heart of those measures is the existing prohibition on U.S. private companies making new investments in Burma's infrastructure. Pre-1997 investments were not affected.

Nevertheless, the ruling military junta in Burma has hung on to power and continues to blatantly violate internationally-recognized human and worker rights. The most recent State Department Human Rights Country Report on Burma cites ''credible reports that Burmese Army soldiers have committed rape, forced porterage, and extrajudicial killing.'' It mentions arbitrary arrests and the detention of at least 1300 political prisoners.

Human Rights Watch/Asia reports that children from ethnic minorities are forced to work under inhumane conditions for the Burmese Army, deprived of adequate medical care and sometimes dying from beatings.

The UN Special Rapporteur on Burma, just released a chilling and alarming account which puts the number of child soldiers at 50,000—the highest in the world. Sadly, the children most vulnerable to recruitment into the military are orphans, street children, and the children of ethnic minorities.

The same UN report also discussed how minorities in Burma continue to be the targets of violence. It deals vicious human rights violations aimed at minorities including extortion, rape, torture and other forms of physical abuse, forced labor, ''portering'', arbitrary arrests, long-term imprisonment, forcible relocation, and in some cases, extrajudicial executions. It also cites reports of massacres in the Shan state in the months of January, February and May of this year.

A 1998 International Labor Organization Commission of Inquiry has determined that forced labor in Burma is practiced in a ''widespread and systematic manner, with total disregard for the human dignity, safety, health and basic needs of the people.''

In one recent high-profile court case, California District Court Judge Ronald Lew found ''ample evidence in the record linking the Burmese Government's use of forced labor to human rights abuses.''

In sum, gross violations of human rights and systematic labor repression inside Burma go on and on, outside the purview of CNN and the rest of the international media.

But despite the onslaught of the Burmese military regime and their vow to destroy the National League for Democracy (NLD) by the end of this year. Aung San Suu Kyi, a remarkably courageous leader, stands steadfast—like a living Statue of Liberty—in her work with the Burmese people for democracy. We must never forget that she and her NLD colleagues won 392 of 485 seats in a democratic election held in 1990. But they have never been allowed to take office.

Still, Aung San Suu Kyi—the 1991 Nobel Peace Prize winner—and countless others are denied freedom of association, speech and movement on a daily basis. During the past two and a half months, she has come under renewed threats and intimidation. Last August, her vehicle was forced off the road by Burmese security forces when she tried to travel outside Rangoon to meet with her NLD colleagues. She sat in her car on the roadside for a week until a midnight raid of 200 riot police forced her back to her home and placed her under house arrest until September 14, 2000. Nevertheless, she tried again on September 21st, but she was prevented from boarding a train. The latest pathetic excuse from the authorities for abridging her freedom to travel within Burma on that occasion, was that all tickets had been sold out.

Mr. President, we must answer anew the cry of the Burmese people and their courageous leaders. That is why I wrote to President Clinton on September 12th and I ask that my letter be included in the RECORD at this time. In that letter, I spelled out in detail all of the reasons why a ban on apparel and textile imports from Burma makes good sense. As yet, I don't have a formal reply from the White House.

Accordingly, I am introducing legislation today with Senators LEAHY, WELLSTONE, HOLLINGS, FEINGOLD, LAUTENBERG, and SCHUMER to ban soaring imports of apparel and textiles from Burma. I am pleased that U.S. Congressman TOM LANTOS from California is introducing the companion bill in the U.S. House of Representatives at the same time.

Most Americans think that a trade ban with Burma already exists. This is simply not true.

In fact, imports of apparel and textiles from Burma are increasing, sending hundreds of millions of US dollars straight into the coffers of the Burmese military dictatorship. These ruthless military dictators and their drug-trafficking cohorts are spending this hard currency to purchase more guns and to buy loyalty among their troops to continue their policy of repression and cruelty.

According to the National Labor Committee, U.S. apparel imports from Burma between 1995 and 1999 increased

by 272%. The World Trade Atlas shows that in just one year (1998–1999), apparel imports more than doubled, dramatically rising from $61 million to $131 million. In particular, knit and woven apparel accounted for over 80% of US imports from Burma during 1999.

In other words, every time American consumers buy travel and sports bags, women's underwear, jumpers, shorts, tank tops and towels made in the Burmese gulag, they are unwittingly helping to sustain and tighten the repressive military junta's grip on power.

US apparel imports from Burma provide the SPDC with critically-needed hard currency because the military dictators directly own or have taken de facto control of production in many apparel and textile factories. They profit even more from a 5% export tax. As I said earlier, this hard currency is used to buy new weapons and ammunition from China and elsewhere, thus underwriting the perpetuation of modern-day slavery, forced labor and forced child labor in Burma.

But you don't have to take my word for it. At a recent news conference in Washington, DC, U Maung Maung, the General Secretary of the Federation of Trade Unions in Burma stated that ''the practice of purchasing garments made in Burma extends the continued exploitation of my people, including the use of slave labor by the regime, by further delaying the return of democratic government in Burma.'' At grave personal risk, he and other NLD leaders have disclosed that apparel and textile exports to America and other foreign markets are increasingly important in helping sustain the Burmese military junta in power.

Some may ask whether a ban on Burmese apparel and textile imports might harm American companies and consumers. Nothing could be further from the truth. Currently, U.S. apparel and textile imports from Burma account for less than one-half of one percent of total US apparel and textile imports.

Other may assert that enactment of this legislation would violate WTO rules. But if and when the Government of Burma should file a WTO complaint, I don't think we should shy away from such a case. It would present the opportunity to argue the view that WTO member nations should have the right, at a minimum, to enact laws to block imports of products made by forced labor or in flagrant violation of other internationally-recognized worker rights. In effect, if national governments cannot take a stand against trafficking in products made with forced labor in international trade, then under what human rights conditions or by what standards of civility will it ever be possible in the WTO system?

Mr. President, America must take a stronger stand in solidarity with the Burmese people and in defense of universal human rights and worker rights in that besieged nation. Banning apparel and textile imports from Burma reflects the belief of the American people that increased trade with foreign countries must promote respect for human rights and worker rights as well as property rights.

Mr. President, I ask unanimous consent that additional material be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

U.S. SENATE,
Washington, DC, September 12, 2000.

Hon. WILLIAM J. CLINTON,
President, Office of the White House, Washington, DC.

DEAR MR. PRESIDENT: I am writing to express concern that developments in trade between the U.S. and Burma may be strengthening the Burmese military junta. To support the duly-elected democratic government of Burma and promote internationally recognized human and worker rights, and to remedy this inconsistency in U.S. policy toward Burma, a ban on U.S.-Burmese trade in apparel seems warranted.

Since the U.S. instituted a ban on new investment in Burma at your initiative in May, 1997, little has changed. The authoritarian regime continues to actively violate human rights and tacitly condone narcotrafficking. A 1998 International Labor Organization (ILO) Commission of Inquiry detailed the military's ''widespread and systematic'' use of forced labor (Attachment 1). The most recent State Department Human Rights Country Report on Burma also addresses forced labor practices and other human rights violations; according to the Report, in March 2000, about 1300 political prisoners remained in detention (Attachment 2). Democratically-elected Aung San Suu Kyi and eight other leaders of the National League for Democracy have been confined to their homes since this Saturday, September 2, in yet another standoff with the State Peace and Development Council (SPDC). Furthermore, Burma continues to be the world's second leading producer of opium (Attachment 2).

I am concerned that allowing rapidly increasing apparel imports from Burma by U.S. importers implicitly supports the SPDC and may undermine the effects of divestment. Between 1995 and 1999, Burmese apparel imports by the U.S. skyrocketed by 272% and the trend continues (Attachment 8). Compared with last year's data, apparel imports rose 121% in the first five months of 2000 alone (Attachment 9). As U.S. apparel companies attracted by low production costs increase their apparel orders, critically-needed hard currency earnings in the form of U.S. dollars flow in ever-greater amounts into the coffers of the Burmese military. This revenue is spent on arms from China and elsewhere, further oppressing the Burmese people. We cannot ignore the impact that our dollars are having on the human rights and core labor standards of the people of Burma. Furthermore, a ban on apparel imports would not significantly hurt U.S. businesses or consumers, since Burma accounts for only 0.46% of U.S. apparel imports (Attachment 10).

As Burma's economy continues to deteriorate, the apparel industry serves as a valuable lifeline for the SPDC. Both labor and human rights organizations, and prominent leaders of the democratic Burmese government in exile, have emphasized the connection between apparel and Burma's military (Attachment 3 and 4). U Bo Hla Tint, Minister for North and South American Affairs of the National Coalition Government for the Union of Burma, stated in a recent press conference that ''it is the Burmese military that directly owns most of the garment and textile manufacturing facilities in Burma'' (Attachment 5). Furthermore, U Muang Muang, the General Secretary of the Federation of Trade Unions of Burma and the President of the Burma Institute for Democracy and Development, argued in a recent speech that ''the military regime and Burma's drug lords control most commercial activities in Burma and this is especially true of the garment and textile industry. By purchasing garments made in Burma, American companies are directly enriching and strengthening those most brutal and un-democratic elements in Burma that continue to oppress the people'' (Attachment 6). Not only does the SPDC benefit from direct ownership of apparel factories, but also from an export tax of 5% on all apparel leaving Burma (Attachment 7). We should act to curb this significant source of hard currency earnings to the SPDC.

A ban on apparel imports from Burma would further demonstrate U.S. opposition to the Burmese military junta and reinforce our commitment to universal human rights and internationally recognized worker rights. In addition, cutting back revenue for the SPDC may help lead to a more rapid demise of that brutal military regime and allow Aung San Suu Kyi and her National League for Democracy to assume their positions of power in a duly-elected democratic government.

I look forward to your reply. Thank you for your attention and thoughtful consideration of my concerns and proposal for a complete ban on apparel imports from Burma.

With best regards.

TOM HARKIN,
U.S. Senator.

Mr. HARKIN:

S. 3247. A bill to establish a Chief Labor Negotiator in the Office of the United States Trade Representative; to the Committee on Finance.

LEGISLATION TO ESTABLISH A CHIEF LABOR NEGOTIATOR

Mr. HARKIN. Mr. President, I am also introducing legislation today that would ensure working men and women the representation they deserve in future trade negotiations.

The Trade and Labor Negotiation Fairness Act would create a new, Presidentially-appointed and Senate-confirmed position of Chief Labor Negotiator at the United States Trade Representative's USTR office. The Chief Labor Negotiator would represent the interests of workers during trade negotiations.

Nearly three years ago, farmers and others in the U.S. agriculture sector felt they needed stronger representation and greater attention by USTR. So I called for the creation of a new position at USTR having ambassadorial rank and devoted solely to representing the U.S. in agricultural trade matters. I met with Ambassador Barshefsky and pursued my proposal in the Administration. Peter Scher was appointed early in 1997 to the new USTR position and was succeeded by Greg Frazier. Both of them have done a good job representing U.S. farmers and our agriculture sector.

Earlier this year, in the Trade and Development Act of 2000, Congress specified in statute that USTR shall

have a Chief Agricultural Negotiator. That position will exist regardless of who is in the White House or USTR. This position would have equal status to that of the Chief Agricultural Negotiator at USTR.

Why do we need a Chief Labor Negotiator at USTR? Because the crucial role that worker rights play in the global economy has been ignored for too long. Enforceable labor standards have been left out of the trade agreements the U.S. has negotiated.

U.S. working men and women are placed at a disadvantage by this unfair competition. If this trend continues, U.S.-based companies will face continuing pressure to lower their standards to compete in the global economy.

The result will be depressed wages, fewer benefits, unsafe working conditions for American workers, and little or no improvement in other countries.

We need to use trade negotiations to raise standards around the world—not drag down standards here at home. We must ensure that labor rights are a key consideration in future trade negotiations and an integral part of future trade agreements. The Chief Labor Negotiator's primary job would be to make this happen by ensuring that the interests of workers are represented in future trade negotiations.

I've heard the argument that other countries don't want to talk about labor rights in trade discussions. USTR needs to take the lead and insist labor standards are an essential part of future trade negotiations. Our own economy and the well being of our families depend on it. And if trade is truly going to improve living standards around the world, it is essential that labor standards are included in future trade agreements.

USTR needs someone who represents workers' interests—not on the sidelines, but in the room during discussion of future trade agreements. Because the Chief Labor Negotiator at USTR will have ambassadorial rank, that person will be able to meet with the highest-level trade officials of other countries—and to insist that labor standards are on the table and are included in future agreements.

Vice President GORE recognizes that. He has repeatedly said that as President, he would work to ensure workers' rights are included in future trade agreements. Establishing a Chief Labor Negotiator position at USTR would help him and future Presidents keep that commitment.

I urge my colleagues to review this bill over the coming weeks because I will be re-introducing it next year with the hope of getting it passed in the Senate and signed into law.

Mr. HARKIN (for himself, Mr. WELLSTONE, Mr. KENNEDY, Mrs. MURRAY, Mr. FEINGOLD, Mr. BINGAMAN, Mrs. BOXER, Ms. MIKULSKI, Mr. SARBANES, Mr. DODD, Mr. KERRY, Mr. AKAKA, Mr. LIEBERMAN, Mr. LEAHY, Mr. BAUCUS, and Mr. ROCKEFELLER):

S. 3249. A bill to amend the National Labor Relations Act and the Railway Labor Act to prevent discrimination based on participation in labor disputes; to the Committee on Health, Education, Labor, and Pensions.

WORKPLACE FAIRNESS ACT—STRIKER REPLACEMENT

Mr. HARKIN. Mr. President, I along with 15 of my colleagues are introducing a bill today that addresses an issue we haven't talked enough about in the Senate in recent years—but it's a critically important issue that we cannot continue to ignore.

I am talking about workers rights—specifically the erosion of a worker's fundamental right to strike, to protect that right.

Today, we are introducing the Workplace Fairness Act. This may sound familiar to many of my colleagues here in the Senate. It was a bill my good friend and former colleague Senator Howard Metzenbaum from Ohio introduced in the 102d and 103d Congress.

The Workplace Fairness Act would amend the National Labor Relations Act and the Railway Labor Act by prohibiting employers from hiring permanent replacement workers during a strike. It would also make it an unfair labor practice for an employer to refuse to allow a striking worker who has made an unconditional offer to return to go back to work.

Why do we need this legislation?

Because right now, a right to strike is a right to be permanently replaced—to lose your job. Every cut-rate, cut-throat employer knows they can break a union if they are willing to play hardball and ruin the lives of the people who have made their company what it is. In my own state of Iowa—Titan Tire Company out of Des Moines, is trying to drive out the union workers with permanent replacements—the union has been on strike for two and a half years now.

Over the past two decades, workers' right to strike has too often been undermined by the destructive practice of hiring permanent replacement workers. Since the 1980s, permanent replacements have been used again and again to break unions and to shift the balance between workers and management.

Titan Tire just outside is just one of many examples.

On May 1, 1998, the 650 members of the United Steelworkers of America, Local 164, who work in Des Moines Titan Tire plant, were forced into an Unfair Labor Practice Strike.

During the contract negotiations preceding this strike, Titan International Inc. President and CEO, Morry Taylor, attempted to eliminate pension and medical benefits and illegally move jobs and equipment out of the plant. He also forced employees to work excessive mandatory overtime, sometimes working people as many as 26 days in a row without a day off.

Well, the membership decided that Titan's final offer was impossible to accept, and they voted to strike. Two months later, in July, 1998, Titan began hiring permanent replacement workers.

During the past two and a half years, approximately 500 permanent replacement workers have been hired at the Des Moines plant. And little or no progress has been made toward reaching a fair settlement. In fact, on April 30, 2000, the day before the second anniversary of the Titan strike, Morrie Taylor predicted that the strike would never be settled.

Workers deserve better than this. Workers aren't disposable assets that can be thrown away when labor disputes arise.

When we considered this legislation in 1994, the Senator Labor and Human Resources Committee heard poignant testimony about the emotional and financial hardships caused by hiring permanent replacement workers. We heard about workers losing their homes; going without health insurance because of the high costs of COBRA coverage; feeling useless when they were permanently replaced after years of loyal service.

The right to strike—which we all know is a last resort since no worker takes the financial risk of a strike lightly—is fundamental to preserving workers' right to bargain for better wages and better working conditions. Without the right to strike, workers forego their fair share of bargaining power.

Permanent striker replacement not only affects the workers who were replaced. It affects other workers in competing companies. When one employer in an industry breaks a union, hires permanent replacements, and cuts salaries and benefits, it affects all the other companies in the industry. Now they either have to find a way to compete with the low-wages and shoddy benefits of a cut-rate, cut-throat business—or they have to follow suit.

Also, workers faced with being replaced are forced to make a choice. They can either stay with the union and fight for their jobs, or they can cross the picket line to avoid losing the job they've held for ten or twenty or thirty years.

Is this a free choice, as some of our colleagues would suggest? Or is this blackmail that takes away the rights and the dignity of the workers of this country? What does it mean to tell workers, ''you have the right to strike''—when we allow them to be summarily fired for exercising that right?

In reality, there is no legal right to strike today. And because there is no legal right to strike, there is no legal right to bargain collectively. And since there is no legal right to bargain collectively, there is no level playing field between workers and management.

In other words, Management gets to say that you must bargain on their terms—or find some other place to work. If you're permanently replaced,

that means you're out of work; you lose all your pension rights; you lose your seniority; you lose your job forever.

How did this happen? We've got to go back to the 1930's for the answer.

In response to widespread worker abuses—and union busting—Congress passed the National Labor Relations Act—the Wagner Act—in 1935 and it was signed into law by President Roosevelt. The Wagner Act guarantees workers the right to organize and bargain collectively and strike if necessary. It makes it illegal for companies to interfere with these rights. In fact, it specifies the right to strike and states: 'Nothing in this act—except as specifically provided herein—shall be construed so as to interfere with or impede or diminish in any way the right to strike.'

In 1938, the Supreme Court dealt the Wagner Act a mortal blow in the case *National Labor Relations Board (NLRB) versus Mackay Radio and Telegraph Co.* In that case, the Court said that Mackay Radio could hire permanent replacement workers for those engaged in an economic strike.

There are two types of strikes: economic and unfair labor practices. Employers must rehire employees in unfair labor practice strikes. The NLRB determines if the strike is economic or based on unfair labor practices. Union cannot know in advance whether NLRB will rule that their employer has engaged in unfair labor practices. So any employee participating in a strike runs a risk of permanently losing his or her job.

What's interesting is that following the Court's ruling, companies did not take advantage of this loophole until the 1980s. Before then, they recognized that doing that would upset this level playing field. For almost 40 years, management rarely hired permanent replacements.

That began to change in the 1980s. Since then, hiring permanent replacements has become a routine practice to break unions and shift the balance between workers and management.

Again Mr. President, the Workplace Fairness Act would restore the fundamental principle of fair labor-management relations—the right of workers to strike without having to fear losing their jobs.

Permanent striker replacement keeps us from moving forward as a nation into an era of high-wage, high-skilled, highly productive jobs in the global marketplace. Without the right to strike, workers' rights will continue to erode. The result will be fewer incentives and less motivation to produce good work, and companies will also suffer with less quality in their products.

Obviously, Mr. President, this legislation won't be adopted this year. But we are introducing it today to begin the debate and to signal our intent on raising it and other fundamental labor law reforms in the next session of Congress. Its time for us to level the playing field for hard-working Americans.

Mr. BIDEN:

S. 3251. A bill to authorize the Secretary of State to provide for the establishment of nonprofit entities for the Department's international educational, cultural, and arts programs; to the Committee on Foreign Relations.

ASSISTANCE FOR INTERNATIONAL EDUCATIONAL, CULTURAL, AND ARTS PROGRAMS OF THE DEPARTMENT OF STATE

Mr. BIDEN. Mr. President, I introduce legislation which would authorize the establishment of nonprofit entities to provide grants and other assistance for international educational, cultural and arts programs through the Department of State. This is an initiative I have discussed with officials of the Department of State and introduce today to initiate discussion on how to best stimulate a vibrant exchange of international educational, cultural and arts programs.

We are in a era in which cultural issues are increasingly central to international issues and diplomacy. Trade disputes, ethnic and regional conflicts and issues such as biotechnology all have cultural and intellectual underpinnings.

Cultural programs are increasingly necessary to promoting international understanding and achieving U.S. national objectives. American multinational companies and other Americans doing business overseas welcome opportunities to show their support for the unique cultures of nations in which they do business, as well as their interest in telling the story of America's diversity in other countries.

One way they could do this is by helping to sponsor cultural exchange programs arranged through the Department of State. The problem is that there is apparently no clear easy way to do that—no point of contact for corporations or others interested in supporting cultural diplomacy—no clear avenues to assist cultural programs supported by our government. There also are concerns about possible conflicts of interest. Moreover, many people in our own government are uncertain whether they should engage in presenting the creative, intellectual and cultural side of our nation.

Under this legislation Congress would authorize the establishment of private nonprofit organizations for the support of international cultural programs, making it both easy and attractive for private organizations to support cultural programs in cooperation with the Department of State. In so doing, we would affirm support for the promotion and presentation of the nation's intellectual and creative best as part of American diplomacy.

This initiative would support a broad range of cultural exchange programs—projects that send Americans abroad and that bring people from other countries to the United States. Its priority would be to support the organization and promotion of major, high-profile presentations of art exhibitions, musical and theatrical performances which represent the finest quality of creativity our nation produces. These should be presentations that reach large numbers of people, which contribute to achieving our national interests and which represent the diversity of American culture.

There would be authority to solicit support for specific cultural endeavors, offering individuals, foundations, multinationals corporations and other American businesses engaged overseas the opportunity to publicly support cross-cultural understanding in countries where they do business.

The nonprofit entity would work with the Bureau of Educational and Cultural Affairs as well as the Under Secretary for Public Diplomacy and Public Affairs at the Department of State.

Mr. President, that is the overall purpose of this legislation. I am sure we will be able to improve on how to encourage a vibrant exchange of cultural programs, and I welcome suggestions on how best to do that. It is for that purpose that I introduce this legislation at the end of this Congress, with the intention of reintroducing it next year with the benefit of those suggestions.

I ask consent that the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 3251

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

SEC. 1. FINDINGS.

The Congress makes the following findings:

(1) It is in the national interest of the United States to promote mutual understanding between the people of the United States and other nations.

(2) Among the means to be used in achieving this objective are a wide range of international educational and cultural exchange programs, including the J. William Fulbright Educational Exchange Program and the International Visitors Program.

(3) Cultural diplomacy, especially the presentation abroad of the finest of America's creative, visual and performing arts, is an especially effective means of advancing the U.S. national interest.

(4) The financial support available for international cultural and scholarly exchanges has declined by approximately 10 per cent in recent years.

(5) Funds appropriated for the purpose of ensuring that the excellence, diversity and vitality of the arts in the United States are presented to foreign audiences by and in cooperation with our diplomatic and consular representatives have declined dramatically.

(6) One of the ways to deepen and expand cultural and educational exchange programs is through the establishment of nonprofit entities to encourage the participation and financial support of multinational companies and other private sector contributors.

(7) The U.S. private sector should be encouraged to cooperate closely with the Secretary of State and her representatives to expand and spread appreciation of U.S. cultural and artistic accomplishments.

SEC. 2. AUTHORITY TO ESTABLISH NONPROFIT ENTITIES.

Section 105(f) of the Mutual Educational and Cultural Exchange Act of 1961, as amended, (22 U.S.C. 2255(f)) is further amended—

(1) by inserting ''(1)'' after ''(f)''; and by adding at the end the following new paragraphs:

(2) The Secretary of State is authorized to provide for the establishment of private, nonprofit entities to assist in carrying out the purposes of the Act. Any such entity shall not be considered an agency or instrumentality of the United States government, nor shall its employees be considered employees of the United States government for any purposes.

(3) The entities may, among other functions, (a) encourage participation and support by U.S. multinational companies and other elements of the private sector for cultural, arts and educational exchange programs, including those programs that will enhance international appreciation of America's cultural and artistic accomplishments; (b) solicit and receive contributions from the private sector to support these cultural arts and educational exchange programs; and (c) provide grants and other assistance for these programs.

(4) The Secretary of State is authorized to make such arrangements as are necessary to carry out the purposes of these entities, including the solicitation and receipt of funds for the entity; designation of a program in recognition of such contributions; and designation of members, including employees of the U.S. government, on any board or other body established to administer the entity.

(5) Any funds available to the Department of State may be made available to such entities to cover administrative and other costs for their establishment. Any such entity is authorized to invest any amounts provided to it by the Department of State, and such amounts, as well as any interest or earnings on such amounts, may be used by the entity to carry out its purposes.

ADDITIONAL COSPONSORS

S. 1536

At the request of Mr. DEWINE, the name of the Senator from Indiana (Mr. BAYH) was added as a cosponsor of S. 1536, a bill to amend the Older Americans Act of 1965 to extend authorizations of appropriations for programs under the Act, to modernize programs and services for older individuals, and for other purposes.

S. 2789

At the request of Mr. COCHRAN, the name of the Senator from Utah (Mr. BENNETT) was added as a cosponsor of S. 2789, a bill to amend the Congressional Award Act to establish a Congressional Recognition for Excellence in Arts Education Board.

S. 2938

At the request of Mr. BROWNBACK, the name of the Senator from Kentucky (Mr. MCCONNELL) was added as a cosponsor of S. 2938, a bill to prohibit United States assistance to the Palestinian Authority if a Palestinian state is declared unilaterally, and for other purposes.

S. 3139

At the request of Mr. ABRAHAM, the name of the Senator from Minnesota (Mr. GRAMS) was added as a cosponsor of S. 3139, a bill to ensure that no alien is removed, denied a benefit under the Immigration and Nationality Act, or otherwise deprived of liberty, based on evidence that is kept secret from the alien

S. 3147

At the request of Mr. ROBB, the names of the Senator from Ohio (Mr . VOINOVICH) and the Senator from Illinois (Mr. DURBIN) were added as cosponsors of S. 3147, a bill to authorize the establishment, on land of the Department of the Interior in the District of Columbia or its environs, of a memorial and gardens in honor and commemoration of Frederick Douglass.

S. 3181

At the request of Mr. INHOFE, his name was added as a cosponsor of S. 3181, a bill to establish the White House Commission on the National Moment of Remembrance, and for other purposes.

At the request of Mr. HAGEL, the names of the Senator from Maine (Ms. COLLINS) and the Senator from Wyoming (Mr. ENZI) were added as cosponsors of S. 3181, supra.

S. 3183

At the request of Ms. LANDRIEU, the name of the Senator from Georgia (Mr. CLELAND) was added as a cosponsor of S. 3183, a bill to require the Secretary of the Treasury to mint coins in commemoration of the contributions of Dr. Martin Luther King, Jr., to the United States.

S. CON. RES. 153

At the request of Mr. DURBIN, the name of the Senator from Ohio (Mr. VOINOVICH) was added as a cosponsor of S. Con. Res. 153, a concurrent resolution expressing the sense of Congress with respect to the parliamentary elections held in Belarus on October 15, 2000, and for other purposes.

SENATE CONCURRENT RESOLUTION 156—TO MAKE A CORRECTION IN THE ENROLLMENT OF THE BILL S. 1474

Mr. MURKOWSKI submitted the following concurrent resolution; which was considered and agreed to:

S. CON. RES. 156

Resolved by the Senate (the House of Representatives concurring), That, in the enrollment of the bill (S. 1474) providing for the conveyance of the Palmetto Bend project to the State of Texas, the Secretary of the Senate shall make the following correction:

In section 7(a), insert ''not'' after ''shall''.

AMENDMENTS SUBMITTED

OLDER AMERICANS AMENDMENTS OF 1999

GREGG AMENDMENT NO. 4343

Mr. GREGG proposed an amendment to the bill (H.R. 782) to amend the Older Americans Act of 1965 to authorize appropriations for fiscal years 2000 through 2003; as follows:

Beginning on page 151, strike line 1 through line 23, page 153, and insert the following:

''(d) RESPONSIBILITY TESTS.—

''(1) IN GENERAL.—Before final selection of a grantee, the Secretary shall make an assessment of the applicant agency or State's overall responsibility to administer Federal funds.

''(2) REVIEW.—

''(A) IN GENERAL.—As part of the assessment described in paragraph (1), the Secretary shall conduct a review of the available records to assess the applicant agency or State's proven ability and history with regard to the management of other grants, including Department of Labor grants, and may consider any other information.

''(B) EXISTING GRANTEES.—As part of the assessment described in paragraph (1), any applicant agency or State who in the prior year received funds under this title shall be assessed in accordance with subparagraph (A), and particular consideration shall be given to such agency or State's proven ability to manage funds under this title.

''(C) TIME FOR REVIEW.—The Secretary shall conduct the review described in this paragraph in a timely manner to ensure that, if such agency or State is determined to be not responsible and ineligible as a grantee, any competition of funds from such agency or State who in the prior year received funds under this title will be accomplished without disruption to any employment of older individuals provided under this title. Such competition shall be performed in accordance with paragraph (7).

''(3) FAILURE TO SATISFY TEST.—The failure to satisfy any 1 responsibility test that is listed in paragraph (4), except for those listed in subparagraphs (A), (B), and (C) of such paragraph, does not establish that the organization is not responsible unless such failure is substantial or persistent (for 2 or more consecutive years).

''(4) TEST.—The responsibility test shall include the following factors:

''(A) Efforts by the Secretary to recover debts, after 3 demand letters have been sent, that are established by final agency action and have been unsuccessful, or that there has been failure to comply with an approved repayment plan.

''(B) Established fraud or criminal activity of a significant nature within the organization.

''(C) Established misuse of funds, including the use of funds to lobby or litigate against any Federal entity or official or to provide compensation for any lobbying or litigation activity identified by the Secretary, independent Inspector General audits, or other official inquiries or investigations by the Federal Government.

''(D) Serious administrative deficiencies identified by the Secretary, such as failure to maintain a financial management system as required by Federal regulations.

''(E) Willful obstruction of the audit process.

''(F) Failure to provide services to applicants as agreed to in a current or recent grant or to meet applicable performance measures.

''(G) Failure to correct deficiencies brought to the grantee's attention in writing as a result of monitoring activities, reviews, assessments, or other activities.

''(H) Failure to return a grant closeout package or outstanding advances within 90 days of the grant expiration date or receipt of closeout package, whichever is later, unless an extension has been requested and granted.

''(I) Failure to submit required reports.

''(J) Failure to properly report and dispose of government property as instructed by the Secretary.

''(K) Failure to have maintained effective cash management or cost controls resulting in excess cash on hand.

''(L) Failure to ensure that a subrecipient complies with its Office of Management and Budget Circular A–133 audit requirements specified at section 667.200(b) of title 20, Code of Federal Regulations.

''(M) Failure to audit a subrecipient within the required period.

''(N) Final disallowed costs in excess of 2 percent of the grant or contract award if, in the judgment of the grant officer, the disallowances are egregious findings.

''(O) Failure to establish a mechanism to resolve a subrecipient's audit in a timely fashion.

''(5) DETERMINATION.—Applicants that are determined to be not responsible under paragraph (4), shall not be selected as a grantee, and shall not receive a grant, or be allowed to enter into a contract, to provide goods, services, or employment with funds made available under this title.

''(6) AUTHORITY TO BAR PROVIDERS.—If, after notice and an opportunity for a hearing, the Secretary determines that an applicant agency or State who in the prior year received funds under this title, is not responsible under paragraph (4), and that funds expended under such title by a recipient of a grant, directly or indirectly, by a grant to or contract with a provider to provide employment for older individuals, have not been expended in compliance with this title or a regulation issued to carry out this title, then the Secretary shall issue an order barring such provider, for a period not to exceed 5 years as specified in such order, from receiving a grant, or entering into a contract, to provide goods, services, or employment with funds made available under this title.

''(7) COMPETITION FOR FUNDS.—

''(A) IN GENERAL.—In the case of an applicant agency or State, who has in the prior year received funds under this title, and who has been determined to be not responsible under paragraph (4), the Secretary shall establish procedures to conduct a competition for the funds to carry out such project among any and all eligible entities that meet the responsibility test under paragraph (4), except that any existing grantee that is the subject of the corrective action under subsection (e) shall not be eligible to compete for such funds.

''(B) USE OF FUNDS.—The eligible applicant or State that receives the grant through the competition shall continue service to the geographic areas formerly served by the grantee that previously received the grant.

''(8) DISALLOWED COSTS.—Interest on disallowed costs shall accrue in accordance with the Debt Collection Improvement Act of 1996.

''(9) ADDITIONAL AUDITS.—With respect to unspent funds under this title that are returned to the Department of Labor at the end of the program year, the Secretary may use such funds (not to exceed $1,000,000 annually) to provide for additional auditing and oversight activities of grantees receiving funds under this title.

SMITHSONIAN ASTROPHYSICAL OBSERVATORY SUBMILLIMETER ARRAY LEGISLATION

FRIST (AND OTHERS) AMENDMENT NO. 4344

Mr. JEFFORDS (for Mr. FRIST (for himself, Mr. KENNEDY, Mr. JEFFORDS, Mr. DODD, Mr. ENZI, Mr. HARKIN, Mr. HUTCHINSON, Ms. MIKULSKI, Ms. COLLINS, Mr. WELLSTONE, Mrs. MURRAY, Mr. GORTON, and Mr. GRAHAM)) proposed an amendment to the bill (S. 2498) to authorize the Smithsonian Institution to plan, design, construct, and equip laboratory, administrative, and support space to house base operations for the Smithsonian Astrophysical Observatory Submillimeter Array located on Mauna Kea at Hilo, Hawaii; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Public Health Improvement Act''.

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

Sec. 1. Short title; table of contents.

TITLE I—EMERGING THREATS TO PUBLIC HEALTH

Sec. 101. Short title.
Sec. 102. Amendments to the Public Health Service Act.

TITLE II—CLINICAL RESEARCH ENHANCEMENT

Sec. 201. Short title.
Sec. 202. Findings and purpose.
Sec. 203. Increasing the involvement of the National Institutes of Health in clinical research.
Sec. 204. General clinical research centers.
Sec. 205. Loan repayment program regarding clinical researchers.
Sec. 206. Definition.
Sec. 207. Oversight by General Accounting Office.

TITLE III—RESEARCH LABORATORY INFRASTRUCTURE

Sec. 301. Short title.
Sec. 302. Findings.
Sec. 303. Biomedical and behavioral research facilities.
Sec. 304. Construction program for National Primate Research Centers.
Sec. 305. Shared instrumentation grant program.

TITLE IV—CARDIAC ARREST SURVIVAL

Subtitle A—Recommendations for Federal Buildings

Sec. 401. Short title.
Sec. 402. Findings.
Sec. 403. Recommendations and guidelines of Secretary of Health and Human Services regarding automated external defibrillators for Federal buildings.
Sec. 404. Good samaritan protections regarding emergency use of automated external defibrillators.

Subtitle B—Rural Access to Emergency Devices

Sec. 411. Short title.
Sec. 412. Findings.
Sec. 413. Grants.

TITLE V—LUPUS RESEARCH AND CARE

Sec. 501. Short title.
Sec. 502. Findings.

Subtitle A—Research on Lupus

Sec. 511. Expansion and intensification of activities.

Subtitle B—Delivery of Services Regarding Lupus

Sec. 521. Establishment of program of grants.
Sec. 522. Certain requirements.
Sec. 523. Technical assistance.
Sec. 524. Definitions.
Sec. 525. Authorization of appropriations.

TITLE VI—PROSTATE CANCER RESEARCH AND PREVENTION

Sec. 601. Short title.
Sec. 602. Amendments to the Public Health Service Act.

TITLE VII—ORGAN PROCUREMENT AND DONATION

Sec. 701. Organ procurement organization certification.
Sec. 702. Designation of Give Thanks, Give Life Day.

TITLE VIII—ALZHEIMER'S CLINICAL RESEARCH AND TRAINING

Sec. 801. Alzheimer's clinical research and training awards.

TITLE IX—SEXUALLY TRANSMITTED DISEASE CLINICAL RESEARCH AND TRAINING

Sec. 901. Sexually transmitted disease clinical research and training awards.

TITLE X—MISCELLENOUS PROVISIONS

Sec. 1001. Technical correction to the Children's Health Act of 2000.

TITLE I—EMERGING THREATS TO PUBLIC HEALTH

SEC. 101. SHORT TITLE.

This title may be cited as the ''Public Health Threats and Emergencies Act''.

SEC. 102. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by striking section 319 and inserting the following:

''SEC. 319. PUBLIC HEALTH EMERGENCIES.

''(a) EMERGENCIES.—If the Secretary determines, after consultation with such public health officials as may be necessary, that—

''(1) a disease or disorder presents a public health emergency; or

''(2) a public health emergency, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exists,

the Secretary may take such action as may be appropriate to respond to the public health emergency, including making grants and entering into contracts and conducting and supporting investigations into the cause, treatment, or prevention of a disease or disorder as described in paragraphs (1) and (2).

''(b) PUBLIC HEALTH EMERGENCY FUND.—

''(1) IN GENERAL.—There is established in the Treasury a fund to be designated as the 'Public Health Emergency Fund' to be made available to the Secretary without fiscal year limitation to carry out subsection (a) only if a public health emergency has been declared by the Secretary under such subsection. There is authorized to be appropriated to the Fund such sums as may be necessary.

''(2) REPORT.—Not later than 90 days after the end of each fiscal year, the Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Commerce and the Committee on Appropriations of the House of Representatives a report describing—

''(A) the expenditures made from the Public Health Emergency Fund in such fiscal year; and

''(B) each public health emergency for which the expenditures were made and the activities undertaken with respect to each emergency which was conducted or supported by expenditures from the Fund.

''(c) SUPPLEMENT NOT SUPPLANT.—Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section.

"SEC. 319A. NATIONAL NEEDS TO COMBAT THREATS TO PUBLIC HEALTH.

''(a) CAPACITIES.—

''(1) IN GENERAL.—Not later than 1 year after the date of enactment of this section, the Secretary, and such Administrators, Directors, or Commissioners, as may be appropriate, and in collaboration with State and local health officials, shall establish reasonable capacities that are appropriate for national, State, and local public health systems and the personnel or work forces of such systems. Such capacities shall be revised every 10 years, or more frequently as the Secretary determines to be necessary.

''(2) BASIS.—The capacities established under paragraph (1) shall improve, enhance or expand the capacity of national, state and local public health agencies to detect and respond effectively to significant public health threats, including major outbreaks of infectious disease, pathogens resistant to antimicrobial agents and acts of bioterrorism. Such capacities may include the capacity to—

''(A) recognize the clinical signs and epidemiological characteristic of significant outbreaks of infectious disease;

''(B) identify disease-causing pathogens rapidly and accurately;

''(C) develop and implement plans to provide medical care for persons infected with disease-causing agents and to provide preventive care as needed for individuals likely to be exposed to disease-causing agents;

''(D) communicate information relevant to significant public health threats rapidly to local, State and national health agencies, and health care providers; or

''(E) develop or implement policies to prevent the spread of infectious disease or antimicrobial resistance.

''(b) SUPPLEMENT NOT SUPPLANT.—Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section.

''(c) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to the States to assist such States in fulfilling the requirements of this section.

''(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $4,000,000 for fiscal year 2001, and such sums as may be necessary for each subsequent fiscal year through 2006.

"SEC. 319B. ASSESSMENT OF PUBLIC HEALTH NEEDS.

''(a) PROGRAM AUTHORIZED.—Not later than 1 year after the date of enactment of this section and every 10 years thereafter, the Secretary shall award grants to States, or consortia of 2 or more States or political subdivisions of States, to perform, in collaboration with local public health agencies, an evaluation to determine the extent to which the States or local public health agencies can achieve the capacities applicable to State and local public health agencies described in subsection (a) of section 319A. The Secretary shall provide technical assistance to States, or consortia of 2 or more States or political subdivisions of States, in addition to awarding such grants.

''(b) PROCEDURE.—

''(1) IN GENERAL.—A State, or a consortium of 2 or more States or political subdivisions of States, may contract with an outside entity to perform the evaluation described in subsection (a).

''(2) METHODS.—To the extent practicable, the evaluation described in subsection (a) shall be completed by using methods, to be developed by the Secretary in collaboration with State and local health officials, that facilitate the comparison of evaluations conducted by a State to those conducted by other States receiving funds under this section.

''(c) REPORT.—Not later than 1 year after the date on which a State, or a consortium of 2 or more States or political subdivisions of States, receives a grant under this subsection, such State, or a consortium of 2 or more States or political subdivisions of States, shall prepare and submit to the Secretary a report describing the results of the evaluation described in subsection (a) with respect to such State, or consortia of 2 or more States or political subdivisions of States.

''(d) SUPPLEMENT NOT SUPPLANT.—Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section.

''(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $45,000,000 for fiscal year 2001, and such sums as may be necessary for each subsequent fiscal year through 2003.

"SEC. 319C. GRANTS TO IMPROVE STATE AND LOCAL PUBLIC HEALTH AGENCIES.

''(a) PROGRAM AUTHORIZED.—The Secretary shall award competitive grants to eligible entities to address core public health capacity needs using the capacities developed under section 319A, with a particular focus on building capacity to identify, detect, monitor, and respond to threats to the public health.

''(b) ELIGIBLE ENTITIES.—A State or political subdivision of a State, or a consortium of 2 or more States or political subdivisions of States, that has completed an evaluation under section 319B(a), or an evaluation that is substantially equivalent as determined by the Secretary under section 319B(a), shall be eligible for grants under subsection (a).

''(c) USE OF FUNDS.—An eligible entity that receives a grant under subsection (a), may use funds received under such grant to—

''(1) train public health personnel;

''(2) develop, enhance, coordinate, or improve participation in an electronic network by which disease detection and public health related information can be rapidly shared among national, regional, State, and local public health agencies and health care providers;

''(3) develop a plan for responding to public health emergencies, including significant outbreaks of infectious diseases or bioterrorism attacks, which is coordinated with the capacities of applicable national, State, and local health agencies and health care providers; and

''(4) enhance laboratory capacity and facilities.

''(d) REPORT.—No later than January 1, 2005, the Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Commerce and the Committee on Appropriations of the House of Representatives a report that describes the activities carried out under sections 319A, 319B, and 319C.

''(e) SUPPLEMENT NOT SUPPLANT.—Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section.

''(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $50,000,000 for fiscal year 2001, and such sums as may be necessary for each subsequent fiscal year through 2006.

"SEC. 319D. REVITALIZING THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

''(a) FINDINGS.—Congress finds that the Centers for Disease Control and Prevention have an essential role in defending against and combatting public health threats of the twenty-first century and requires secure and modern facilities that are sufficient to enable such Centers to conduct this important mission.

''(b) AUTHORIZATION OF APPROPRIATIONS.—For the purposes of achieving the mission of the Centers for Disease Control and Prevention described in subsection (a), for constructing new facilities and renovating existing facilities of such Centers, including laboratories, laboratory support buildings, health communication facilities, office buildings and other facilities and infrastructure, for better conducting the capacities described in section 319A, and for supporting related public health activities, there are authorized to be appropriated $180,000,000 for fiscal year 2001, and such sums as may be necessary for each subsequent fiscal year through 2010.

"SEC. 319E. COMBATING ANTIMICROBIAL RESISTANCE.

''(a) TASK FORCE.—

''(1) IN GENERAL.—The Secretary shall establish an Antimicrobial Resistance Task Force to provide advice and recommendations to the Secretary and coordinate Federal programs relating to antimicrobial resistance. The Secretary may appoint or select a committee, or other organization in existence as of the date of enactment of this section, to serve as such a task force, if such committee, or other organization meets the requirements of this section.

''(2) MEMBERS OF TASK FORCE.—The task force described in paragraph (1) shall be composed of representatives from such Federal agencies, and shall seek input from public health constituencies, manufacturers, veterinary and medical professional societies and others, as determined to be necessary by the Secretary, to develop and implement a comprehensive plan to address the public health threat of antimicrobial resistance.

''(3) AGENDA.—

''(A) IN GENERAL.—The task force described in paragraph (1) shall consider factors the Secretary considers appropriate, including—

''(i) public health factors contributing to increasing antimicrobial resistance;

''(ii) public health needs to detect and monitor antimicrobial resistance;

''(iii) detection, prevention, and control strategies for resistant pathogens;

''(iv) the need for improved information and data collection;

''(v) the assessment of the risk imposed by pathogens presenting a threat to the public health; and

''(vi) any other issues which the Secretary determines are relevant to antimicrobial resistance.

''(B) DETECTION AND CONTROL.—The Secretary, in consultation with the task force described in paragraph (1) and State and local public health officials, shall—

''(i) develop, improve, coordinate or enhance participation in a surveillance plan to detect and monitor emerging antimicrobial resistance; and

''(ii) develop, improve, coordinate or enhance participation in an integrated information system to assimilate, analyze, and exchange antimicrobial resistance data between public health departments.

''(4) MEETINGS.—The task force described under paragraph (1) shall convene not less than twice a year, or more frequently as the Secretary determines to be appropriate.

''(b) RESEARCH AND DEVELOPMENT OF NEW ANTIMICROBIAL DRUGS AND DIAGNOSTICS.—The Secretary and the Director of Agricultural Research Services, consistent with the recommendations of the task force established under subsection (a), shall conduct and support research, investigations, experiments, demonstrations, and studies in the health sciences that are related to—

''(1) the development of new therapeutics, including vaccines and antimicrobials, against resistant pathogens;

''(2) the development or testing of medical diagnostics to detect pathogens resistant to antimicrobials;

''(3) the epidemiology, mechanisms, and pathogenesis of antimicrobial resistance;

''(4) the sequencing of the genomes of priority pathogens as determined by the Director of the National Institutes of Health in consultation with the task force established under subsection (a); and

''(5) other relevant research areas.

''(c) EDUCATION OF MEDICAL AND PUBLIC HEALTH PERSONNEL.—The Secretary, after consultation with the Assistant Secretary for Health, the Surgeon General, the Director of the Centers for Disease Control and Prevention, the Administrator of the Health Resources and Services Administration, the Director of the Agency for Healthcare Research and Quality, members of the task force described in subsection (a), professional organizations and societies, and such other public health officials as may be necessary, shall—

''(1) develop and implement educational programs to increase the awareness of the general public with respect to the public health threat of antimicrobial resistance and the appropriate use of antibiotics;

''(2) develop and implement educational programs to instruct health care professionals in the prudent use of antibiotics; and

''(3) develop and implement programs to train laboratory personnel in the recognition or identification of resistance in pathogens.

''(d) GRANTS.—

''(1) IN GENERAL.—The Secretary shall award competitive grants to eligible entities to enable such entities to increase the capacity to detect, monitor, and combat antimicrobial resistance.

''(2) ELIGIBLE ENTITIES.—Eligible entities for grants under paragraph (1) shall be State or local public health agencies, Indian tribes or tribal organizations, or other public or private nonprofit entities.

''(3) USE OF FUNDS.—An eligible entity receiving a grant under paragraph (1) shall use funds from such grant for activities that are consistent with the factors identified by the task force under subsection (a)(3), which may include activities that—

''(A) provide training to enable such entity to identify patterns of resistance rapidly and accurately;

''(B) develop, improve, coordinate or enhance participation in information systems by which data on resistant infections can be shared rapidly among relevant national, State, and local health agencies and health care providers; and

''(C) develop and implement policies to control the spread of antimicrobial resistance.

''(e) GRANTS FOR DEMONSTRATION PROGRAMS.—

''(1) IN GENERAL.—The Secretary shall award competitive grants to eligible entities to establish demonstration programs to promote judicious use of antimicrobial drugs or control the spread of antimicrobial-resistant pathogens.

''(2) ELIGIBLE ENTITIES.—Eligible entities for grants under paragraph (1) may include hospitals, clinics, institutions of long-term care, professional medical societies, or other public or private nonprofit entities.

''(3) TECHNICAL ASSISTANCE.—The Secretary shall provide appropriate technical assistance to eligible entities that receive grants under paragraph (1).

''(f) SUPPLEMENT NOT SUPPLANT.—Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section.

''(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, $40,000,000 for fiscal year 2001, and such sums as may be necessary for each subsequent fiscal year through 2006.

''SEC. 319F. PUBLIC HEALTH COUNTERMEASURES TO A BIOTERRORIST ATTACK.

''(a) WORKING GROUP ON PREPAREDNESS FOR ACTS OF BIOTERRORISM.—The Secretary, in coordination with the Secretary of Defense, shall establish a joint interdepartmental working group on preparedness and readiness for the medical and public health effects of a bioterrorist attack on the civilian population. Such joint working group shall—

''(1) coordinate research on pathogens likely to be used in a bioterrorist attack on the civilian population as well as therapies to treat such pathogens;

''(2) coordinate research and development into equipment to detect pathogens likely to be used in a bioterrorist attack on the civilian population and protect against infection from such pathogens;

''(3) develop shared standards for equipment to detect and to protect against infection from pathogens likely to be used in a bioterrorist attack on the civilian population; and

''(4) coordinate the development, maintenance, and procedures for the release of, strategic reserves of vaccines, drugs, and medical supplies which may be needed rapidly after a bioterrorist attack upon the civilian population.

''(b) WORKING GROUP ON THE PUBLIC HEALTH AND MEDICAL CONSEQUENCES OF BIOTERRORISM.—

''(1) IN GENERAL.—The Secretary, in collaboration with the Director of the Federal Emergency Management Agency, the Attorney General, and the Secretary of Agriculture, shall establish a joint interdepartmental working group to address the public health and medical consequences of a bioterrorist attack on the civilian population.

''(2) FUNCTIONS.—Such working group shall—

''(A) assess the priorities for and enhance the preparedness of public health institutions, providers of medical care, and other emergency service personnel to detect, diagnose, and respond to a bioterrorist attack; and

''(B) in the recognition that medical and public health professionals are likely to provide much of the first response to such an attack, develop, coordinate, enhance, and assure the quality of joint planning and training programs that address the public health and medical consequences of a bioterrorist attack on the civilian population between—

''(i) local firefighters, ambulance personnel, police and public security officers, or other emergency response personnel; and

''(ii) hospitals, primary care facilities, and public health agencies.

''(3) WORKING GROUP MEMBERSHIP.—In establishing such working group, the Secretary shall act through the Assistant Secretary for Health and the Director of the Centers for Disease Control and Prevention.

''(4) COORDINATION.—The Secretary shall ensure coordination and communication between the working groups established in this subsection and subsection (a).

''(c) GRANTS.—

''(1) IN GENERAL.—The Secretary, in coordination with the working group established under subsection (b), shall, on a competitive basis and following scientific or technical review, award grants to or enter into cooperative agreements with eligible entities to enable such entities to increase their capacity to detect, diagnose, and respond to acts of bioterrorism upon the civilian population.

''(2) ELIGIBILITY.—To be an eligible entity under this subsection, such entity must be a State, political subdivision of a State, a consortium of 2 or more States or political subdivisions of States, or a hospital, clinic, or primary care facility.

''(3) USE OF FUNDS.—An entity that receives a grant under this subsection shall use such funds for activities that are consistent with the priorities identified by the working group under subsection (b), including—

''(A) training health care professionals and public health personnel to enhance the ability of such personnel to recognize the symptoms and epidemiological characteristics of exposure to a potential bioweapon;

''(B) addressing rapid and accurate identification of potential bioweapons;

''(C) coordinating medical care for individuals exposed to bioweapons; and

''(D) facilitating and coordinating rapid communication of data generated from a bioterrorist attack between national, State, and local health agencies, and health care providers.

''(4) COORDINATION.—The Secretary, in awarding grants under this subsection, shall—

''(A) notify the Director of the Office of Justice Programs, and the Director of the National Domestic Preparedness Office annually as to the amount and status of grants awarded under this subsection; and

''(B) coordinate grants awarded under this subsection with grants awarded by the Office of Emergency Preparedness and the Centers for Disease Control and Prevention for the purpose of improving the capacity of health care providers and public health agencies to respond to bioterrorist attacks on the civilian population.

''(5) ACTIVITIES.—An entity that receives a grant under this subsection shall, to the greatest extent practicable, coordinate activities carried out with such funds with the activities of a local Metropolitan Medical Response System.

''(d) FEDERAL ASSISTANCE.—The Secretary shall ensure that the Department of Health and Human Services is able to provide such assistance as may be needed to State and local health agencies to enable such agencies to respond effectively to bioterrorist attacks.

''(e) EDUCATION.—The Secretary, in collaboration with members of the working group described in subsection (b), and professional organizations and societies, shall—

''(1) develop and implement educational programs to instruct public health officials, medical professionals, and other personnel working in health care facilities in the recognition and care of victims of a bioterrorist attack; and

''(2) develop and implement programs to train laboratory personnel in the recognition and identification of a potential bioweapon.

''(f) FUTURE RESOURCE DEVELOPMENT.—The Secretary shall consult with the working group described in subsection (a), to develop priorities for and conduct research, investigations, experiments, demonstrations, and studies in the health sciences related to—

''(1) the epidemiology and pathogenesis of potential bioweapons;

''(2) the development of new vaccines or other therapeutics against pathogens likely to be used in a bioterrorist attack;

''(3) the development of medical diagnostics to detect potential bioweapons; and

''(4) other relevant research areas.

''(g) GENERAL ACCOUNTING OFFICE REPORT.—Not later than 180 days after the date of enactment of this section, the Comptroller General shall submit to the Committee on Health, Education, Labor, and Pensions and

the Committee on Appropriations of the Senate and the Committee on Commerce and the Committee on Appropriations of the House of Representatives a report that describes—

''(1) Federal activities primarily related to research on, preparedness for, and the management of the public health and medical consequences of a bioterrorist attack against the civilian population;

''(2) the coordination of the activities described in paragraph (1);

''(3) the amount of Federal funds authorized or appropriated for the activities described in paragraph (1); and

''(4) the effectiveness of such efforts in preparing national, State, and local authorities to address the public health and medical consequences of a potential bioterrorist attack against the civilian population.

''(h) SUPPLEMENT NOT SUPPLANT.—Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section.

''(i) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $215,000,000 for fiscal year 2001, and such sums as may be necessary for each subsequent fiscal year through 2006.

''SEC. 319G. DEMONSTRATION PROGRAM TO ENHANCE BIOTERRORISM TRAINING, COORDINATION, AND READINESS.

''(a) IN GENERAL.—The Secretary shall make grants to not more than three eligible entities to carry out demonstration programs to improve the detection of pathogens likely to be used in a bioterrorist attack, the development of plans and measures to respond to bioterrorist attacks, and the training of personnel involved with the various responsibilities and capabilities needed to respond to acts of bioterrorism upon the civilian population. Such awards shall be made on a competitive basis and pursuant to scientific and technical review.

''(b) ELIGIBLE ENTITIES.—Eligible entities for grants under subsection (a) are States, political subdivisions of States, and public or private non-profit organizations.

''(c) SPECIFIC CRITERIA.—In making grants under subsection (a), the Secretary shall take into account the following factors:

''(1) Whether the eligible entity involved is proximate to, and collaborates with, a major research university with expertise in scientific training, identification of biological agents, medicine, and life sciences.

''(2) Whether the entity is proximate to, and collaborates with, a laboratory that has expertise in the identification of biological agents.

''(3) Whether the entity demonstrates, in the application for the program, support and participation of State and local governments and research institutions in the conduct of the program.

''(4) Whether the entity is proximate to, and collaborates with, or is, an academic medical center that has the capacity to serve an uninsured or underserved population, and is equipped to educate medical personnel.

''(5) Such other factors as the Secretary determines to be appropriate.

''(d) DURATION OF AWARD.—The period during which payments are made under a grant under subsection (a) may not exceed five years. The provision of such payments shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments.

'' (e) SUPPLEMENT NOT SUPPLANT.—Grants under subsection (a) shall be used to supplement, and not supplant, other Federal, State, or local public funds provided for the activities described in such subsection.

''(f) GENERAL ACCOUNTING OFFICE REPORT.—Not later than 180 days after the conclusion of the demonstration programs carried out under subsection (a), the Comptroller General of the United States shall submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate, and the Committee on Commerce and the Committee on Appropriations of the House of Representatives, a report that describes the ability of grantees under such subsection to detect pathogens likely to be used in a bioterrorist attack, develop plans and measures for dealing with such threats, and train personnel involved with the various responsibilities and capabilities needed to deal with bioterrorist threats.

''(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $6,000,000 for fiscal year 2001, and such sums as may be necessary through fiscal year 2006.''.

TITLE II—CLINICAL RESEARCH ENHANCEMENT

SEC. 201. SHORT TITLE.

This title may be cited as the ''Clinical Research Enhancement Act of 1999''.

SEC. 202. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress makes the following findings:

(1) Clinical research is critical to the advancement of scientific knowledge and to the development of cures and improved treatment for disease.

(2) Tremendous advances in biology are opening doors to new insights into human physiology, pathophysiology and disease, creating extraordinary opportunities for clinical research.

(3) Clinical research includes translational research which is an integral part of the research process leading to general human applications. It is the bridge between the laboratory and new methods of diagnosis, treatment, and prevention and is thus essential to progress against cancer and other diseases.

(4) The United States will spend more than $1,200,000,000,000 on health care in 1999, but the Federal budget for health research at the National Institutes of Health was $15,600,000,000 only 1 percent of that total.

(5) Studies at the Institute of Medicine, the National Research Council, and the National Academy of Sciences have all addressed the current problems in clinical research.

(6) The Director of the National Institutes of Health has recognized the current problems in clinical research and appointed a special panel, which recommended expanded support for existing National Institutes of Health clinical research programs and the creation of new initiatives to recruit and retain clinical investigators.

(7) The current level of training and support for health professionals in clinical research is fragmented, undervalued, and underfunded.

(8) Young investigators are not only apprentices for future positions but a crucial source of energy, enthusiasm, and ideas in the day-to-day research that constitutes the scientific enterprise. Serious questions about the future of life-science research are raised by the following:

(A) The number of young investigators applying for grants dropped by 54 percent between 1985 and 1993.

(B) The number of physicians applying for first-time National Institutes of Health research project grants fell from 1226 in 1994 to 963 in 1998, a 21 percent reduction.

(C) Newly independent life-scientists are expected to raise funds to support their new research programs and a substantial proportion of their own salaries.

(9) The following have been cited as reasons for the decline in the number of active clinical researchers, and those choosing this career path:

(A) A medical school graduate incurs an average debt of $85,619, as reported in the Medical School Graduation Questionnaire by the Association of American Medical Colleges (AAMC).

(B) The prolonged period of clinical training required increases the accumulated debt burden.

(C) The decreasing number of mentors and role models.

(D) The perceived instability of funding from the National Institutes of Health and other Federal agencies.

(E) The almost complete absence of clinical research training in the curriculum of training grant awardees.

(F) Academic Medical Centers are experiencing difficulties in maintaining a proper environment for research in a highly competitive health care marketplace, which are compounded by the decreased willingness of third party payers to cover health care costs for patients engaged in research studies and research procedures.

(10) In 1960, general clinical research centers were established under the Office of the Director of the National Institutes of Health with an initial appropriation of $3,000,000.

(11) Appropriations for general clinical research centers in fiscal year 1999 equaled $200,500,000.

(12) Since the late 1960s, spending for general clinical research centers has declined from approximately 3 percent to 1 percent of the National Institutes of Health budget.

(13) In fiscal year 1999, there were 77 general clinical research centers in operation, supplying patients in the areas in which such centers operate with access to the most modern clinical research and clinical research facilities and technologies.

(b) PURPOSE.—It is the purpose of this title to provide additional support for and to expand clinical research programs.

SEC. 203. INCREASING THE INVOLVEMENT OF THE NATIONAL INSTITUTES OF HEALTH IN CLINICAL RESEARCH.

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

''SEC. 409C. CLINICAL RESEARCH.

''(a) IN GENERAL.—The Director of National Institutes of Health shall undertake activities to support and expand the involvement of the National Institutes of Health in clinical research.

''(b) REQUIREMENTS.—In carrying out subsection (a), the Director of National Institutes of Health shall—

''(1) consider the recommendations of the Division of Research Grants Clinical Research Study Group and other recommendations for enhancing clinical research; and

''(2) establish intramural and extramural clinical research fellowship programs directed specifically at medical and dental students and a continuing education clinical research training program at the National Institutes of Health.

''(c) SUPPORT FOR THE DIVERSE NEEDS OF CLINICAL RESEARCH.—The Director of National Institutes of Health, in cooperation with the Directors of the Institutes, Centers, and Divisions of the National Institutes of Health, shall support and expand the resources available for the diverse needs of the clinical research community, including inpatient, outpatient, and critical care clinical research.

''(d) PEER REVIEW.—The Director of National Institutes of Health shall establish peer review mechanisms to evaluate applications for the awards and fellowships provided for in subsection (b)(2) and section 409D. Such review mechanisms shall include individuals who are exceptionally qualified to appraise the merits of potential clinical research training and research grant proposals.''.

SEC. 204. GENERAL CLINICAL RESEARCH CENTERS.

(a) GRANTS.—Subpart 1 of part E of title IV of the Public Health Service Act (42 U.S.C. 287 et seq.) is amended by adding at the end the following:

"SEC. 481C. GENERAL CLINICAL RESEARCH CENTERS.

''(a) GRANTS.—The Director of the National Center for Research Resources shall award grants for the establishment of general clinical research centers to provide the infrastructure for clinical research including clinical research training and career enhancement. Such centers shall support clinical studies and career development in all settings of the hospital or academic medical center involved.

''(b) ACTIVITIES.—In carrying out subsection (a), the Director of National Institutes of Health shall expand the activities of the general clinical research centers through the increased use of telecommunications and telemedicine initiatives.

''(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each fiscal year.''.

(b) ENHANCEMENT AWARDS.—Part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.), as amended by section 203, is further amended by adding at the end the following:

"SEC. 409D. ENHANCEMENT AWARDS.

''(a) MENTORED PATIENT-ORIENTED RESEARCH CAREER DEVELOPMENT AWARDS.—

''(1) GRANTS.—

''(A) IN GENERAL.—The Director of the National Institutes of Health shall make grants (to be referred to as 'Mentored Patient-Oriented Research Career Development Awards') to support individual careers in clinical research at general clinical research centers or at other institutions that have the infrastructure and resources deemed appropriate for conducting patient-oriented clinical research.

''(B) USE.—Grants under subparagraph (A) shall be used to support clinical investigators in the early phases of their independent careers by providing salary and such other support for a period of supervised study.

''(2) APPLICATIONS.—An application for a grant under this subsection shall be submitted by an individual scientist at such time as the Director may require.

''(3) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subsection, there are authorized to be appropriated such sums as may be necessary for each fiscal year.

''(b) MID-CAREER INVESTIGATOR AWARDS IN PATIENT-ORIENTED RESEARCH.—

''(1) GRANTS.—

''(A) IN GENERAL.—The Director of the National Institutes of Health shall make grants (to be referred to as 'Mid-Career Investigator Awards in Patient-Oriented Research') to support individual clinical research projects at general clinical research centers or at other institutions that have the infrastructure and resources deemed appropriate for conducting patient-oriented clinical research.

''(B) USE.—Grants under subparagraph (A) shall be used to provide support for mid-career level clinicians to allow such clinicians to devote time to clinical research and to act as mentors for beginning clinical investigators.

''(2) APPLICATIONS.—An application for a grant under this subsection shall be submitted by an individual scientist at such time as the Director requires.

''(3) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subsection, there are authorized to be appropriated such sums as may be necessary for each fiscal year.

''(c) GRADUATE TRAINING IN CLINICAL INVESTIGATION AWARD.—

''(1) IN GENERAL.—The Director of the National Institutes of Health shall make grants (to be referred to as 'Graduate Training in Clinical Investigation Awards') to support individuals pursuing master's or doctoral degrees in clinical investigation.

''(2) APPLICATIONS.—An application for a grant under this subsection shall be submitted by an individual scientist at such time as the Director may require.

''(3) LIMITATIONS.—Grants under this subsection shall be for terms of 2 years or more and shall provide stipend, tuition, and institutional support for individual advanced degree programs in clinical investigation.

''(4) DEFINITION.—As used in this subsection, the term 'advanced degree programs in clinical investigation' means programs that award a master's or Ph.D. degree in clinical investigation after 2 or more years of training in areas such as the following:

''(A) Analytical methods, biostatistics, and study design.

''(B) Principles of clinical pharmacology and pharmacokinetics.

''(C) Clinical epidemiology.

''(D) Computer data management and medical informatics.

''(E) Ethical and regulatory issues.

''(F) Biomedical writing.

''(5) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subsection, there are authorized to be appropriated such sums as may be necessary for each fiscal year.

''(d) CLINICAL RESEARCH CURRICULUM AWARDS.—

''(1) IN GENERAL.—The Director of the National Institutes of Health shall make grants (to be referred to as 'Clinical Research Curriculum Awards') to institutions for the development and support of programs of core curricula for training clinical investigators, including medical students. Such core curricula may include training in areas such as the following:

''(A) Analytical methods, biostatistics, and study design.

''(B) Principles of clinical pharmacology and pharmacokinetics.

''(C) Clinical epidemiology.

''(D) Computer data management and medical informatics.

''(E) Ethical and regulatory issues.

''(F) Biomedical writing.

''(2) APPLICATIONS.—An application for a grant under this subsection shall be submitted by an individual institution or a consortium of institutions at such time as the Director may require. An institution may submit only 1 such application.

''(3) LIMITATIONS.—Grants under this subsection shall be for terms of up to 5 years and may be renewable.

''(4) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subsection, there are authorized to be appropriated such sums as may be necessary for each fiscal year.''.

SEC. 205. LOAN REPAYMENT PROGRAM REGARDING CLINICAL RESEARCHERS.

Part G of title IV of the Public Health Service Act is amended by inserting after section 487E (42 U.S.C. 288–5) the following:

"SEC. 487F. LOAN REPAYMENT PROGRAM REGARDING CLINICAL RESEARCHERS.

''(a) IN GENERAL.—The Secretary, acting through the Director of the National Institutes of Health, shall establish a program to enter into contracts with qualified health professionals under which such health professionals agree to conduct clinical research, in consideration of the Federal Government agreeing to repay, for each year of service conducting such research, not more than $35,000 of the principal and interest of the educational loans of such health professionals.

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

''(c) FUNDING.—

''(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each fiscal year.

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

SEC. 206. DEFINITION.

Section 409 of the Public Health Service Act (42 U.S.C. 284d) is amended—

(1) by striking ''For purposes'' and inserting ''(a) HEALTH SERVICE RESEARCH.—For purposes''; and

(2) by adding at the end the following:

''(b) CLINICAL RESEARCH.—As used in this title, the term 'clinical research' means patient oriented clinical research conducted with human subjects, or research on the causes and consequences of disease in human populations involving material of human origin (such as tissue specimens and cognitive phenomena) for which an investigator or colleague directly interacts with human subjects in an outpatient or inpatient setting to clarify a problem in human physiology, pathophysiology or disease, or epidemiologic or behavioral studies, outcomes research or health services research, or developing new technologies, therapeutic interventions, or clinical trials.''.

SEC. 207. OVERSIGHT BY GENERAL ACCOUNTING OFFICE.

Not later than 18 months after the date of enactment of this Act, the Comptroller General of the United States shall submit to the Congress a reporting describing the extent to which the National Institutes of Health has complied with the amendments made by this title.

TITLE III—RESEARCH LABORATORY INFRASTRUCTURE

SEC. 301. SHORT TITLE.

This title may be cited as the ''Twenty-First Century Research Laboratories Act''.

SEC. 302. FINDINGS.

Congress finds that—

(1) the National Institutes of Health is the principal source of Federal funding for medical research at universities and other research institutions in the United States;

(2) the National Institutes of Health has received a substantial increase in research funding from Congress for the purpose of expanding the national investment of the United States in behavioral and biomedical research;

(3) the infrastructure of our research institutions is central to the continued leadership of the United States in medical research;

(4) as Congress increases the investment in cutting-edge basic and clinical research, it is critical that Congress also examine the current quality of the laboratories and buildings where research is being conducted, as well as the quality of laboratory equipment used in research;

(5) many of the research facilities and laboratories in the United States are outdated and inadequate;

(6) the National Science Foundation found, in a 1998 report on the status of biomedical research facilities, that over 60 percent of research-performing institutions indicated that they had an inadequate amount of medical research space;

(7) the National Science Foundation reports that academic institutions have deferred nearly $11,000,000,000 in renovation and construction projects because of a lack of funds; and

(8) future increases in Federal funding for the National Institutes of Health must include increased support for the renovation and construction of extramural research facilities in the United States and the purchase of state-of-the-art laboratory instrumentation.

SEC. 303. BIOMEDICAL AND BEHAVIORAL RESEARCH FACILITIES.

Section 481A of the Public Health Service Act (42 U.S.C. 287a–2 et seq.) is amended to read as follows:

"SEC. 481A. BIOMEDICAL AND BEHAVIORAL RESEARCH FACILITIES.

''(a) MODERNIZATION AND CONSTRUCTION OF FACILITIES.—

''(1) IN GENERAL.—The Director of NIH, acting through the Director of the Center, may make grants or contracts to public and nonprofit private entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities, subject to the provisions of this section.

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

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

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

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

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

''(2) DUTIES.—

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

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

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

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

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

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

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

''(3) MEMBERSHIP.—

''(A) IN GENERAL.—Subject to subparagraph (B), the Board shall be composed of 15 members to be appointed by the Director of the Center, and such ad-hoc or temporary members as the Director of the Center determines to be appropriate. All members of the Board, including temporary and ad-hoc members, shall be voting members.

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

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

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

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

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

''(D) are experienced with emerging centers of excellence, as described in subsection (c)(2).

''(5) CERTAIN AUTHORITIES.—

''(A) WORKSHOPS AND CONFERENCES.—In carrying out paragraph (2), the Board may convene workshops and conferences, and collect data as the Board considers appropriate.

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

''(6) TERMS.—

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

''(B) STAGGERED TERMS.—Members appointed to the Board shall serve staggered terms as specified by the Director of the Center when making the appointments.

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

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

''(c) REQUIREMENTS FOR GRANTS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

''(2) INSTITUTIONS OF EMERGING EXCELLENCE.—From the amount appropriated under subsection (i) for a fiscal year up to $50,000,000, the Director of the Center shall make available 25 percent of such amount, and from the amount appropriated under such subsection for a fiscal year that is over $50,000,000, the Director of the Center shall make available up to 25 percent of such amount, for grants under subsection (a) to applicants that in addition to meeting the requirements established in paragraph (1), have demonstrated emerging excellence in biomedical or behavioral research, as follows:

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

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

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

''(D) The applicant—

''(i) has been designated as a center of excellence under section 739;

''(ii) is located in a geographic area whose population includes a significant number of individuals with health status deficit, and the applicant provides health services to such individuals; or

''(iii) is located in a geographic area in which a deficit in health care technology,

services, or research resources may adversely affect the health status of the population of the area in the future, and the applicant is carrying out activities with respect to protecting the health status of such population.

''(d) REQUIREMENT OF APPLICATION.—The Director of the Center may make a grant under subsection (a) only if an application for the grant is submitted to the Director and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Director determines to be necessary to carry out this section.

''(e) AMOUNT OF GRANT; PAYMENTS.—

''(1) AMOUNT.—The amount of any grant awarded under subsection (a) shall be determined by the Director of the Center, except that such amount shall not exceed—

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

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

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

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

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

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

''(4) WAIVER OF LIMITATIONS.—The limitations imposed under paragraph (1) may be waived at the discretion of the Director for applicants meeting the conditions described in subsection (c).

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

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

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

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

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

''(h) REPORT TO CONGRESS.—The Director of the Center shall prepare and submit to the appropriate committees of Congress a biennial report concerning the status of the biomedical and behavioral research facilities and the availability and condition of technologically sophisticated laboratory equipment in the United States. Such reports shall be developed in concert with the report prepared by the National Science Foundation on the needs of research facilities of universities as required under section 108 of the National Science Foundation Authorization Act for Fiscal Year 1986 (42 U.S.C. 1886).

''(i) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $250,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.''.

SEC. 304. CONSTRUCTION PROGRAM FOR NATIONAL PRIMATE RESEARCH CENTERS.

Section 481B(a) of the Public Health Service Act (42 U.S.C. 287a–3(a)) is amended by striking ''1994'' and all that follows through ''$5,000,000'' and inserting ''2000 through 2002, reserve from the amounts appropriated under section 481A(i) such sums as necessary''.

SEC. 305. SHARED INSTRUMENTATION GRANT PROGRAM.

(a) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated $100,000,000 for fiscal year 2000, and such sums as may be necessary for each subsequent fiscal year, to enable the Secretary of Health and Human Services, acting through the Director of the National Center for Research Resources, to provide for the continued operation of the Shared Instrumentation Grant Program (initiated in fiscal year 1992 under the authority of section 479 of the Public Health Service Act (42 U.S.C. 287 et seq.)).

(b) REQUIREMENTS FOR GRANTS.—In determining whether to award a grant to an applicant under the program described in subsection (a), the Director of the National Center for Research Resources shall consider—

(1) the extent to which an award for the specific instrument involved would meet the scientific needs and enhance the planned research endeavors of the major users by providing an instrument that is unavailable or to which availability is highly limited;

(2) with respect to the instrument involved, the availability and commitment of the appropriate technical expertise within the major user group or the applicant institution for use of the instrumentation;

(3) the adequacy of the organizational plan for the use of the instrument involved and the internal advisory committee for oversight of the applicant, including sharing arrangements if any;

(4) the applicant's commitment for continued support of the utilization and maintenance of the instrument; and

(5) the extent to which the specified instrument will be shared and the benefit of the proposed instrument to the overall research community to be served.

(c) PEER REVIEW.—In awarding grants under the program described in subsection (a) Director of the National Center for Research Resources shall comply with the peer review requirements in section 492 of the Public Health Service Act (42 U.S.C. 289a).

TITLE IV—CARDIAC ARREST SURVIVAL

Subtitle A—Recommendations for Federal Buildings

SEC. 401. SHORT TITLE.

This subtitle may be cited as the ''Cardiac Arrest Survival Act of 2000''.

SEC. 402. FINDINGS.

Congress makes the following findings:

(1) Over 700 lives are lost every day to sudden cardiac arrest in the United States alone.

(2) Two out of every three sudden cardiac deaths occur before a victim can reach a hospital.

(3) More than 95 percent of these cardiac arrest victims will die, many because of lack of readily available life saving medical equipment.

(4) With current medical technology, up to 30 percent of cardiac arrest victims could be saved if victims had access to immediate medical response, including defibrillation and cardiopulmonary resuscitation.

(5) Once a victim has suffered a cardiac arrest, every minute that passes before returning the heart to a normal rhythm decreases the chance of survival by 10 percent.

(6) Most cardiac arrests are caused by abnormal heart rhythms called ventricular fibrillation. Ventricular fibrillation occurs when the heart's electrical system malfunctions, causing a chaotic rhythm that prevents the heart from pumping oxygen to the victim's brain and body.

(7) Communities that have implemented programs ensuring widespread public access to defibrillators, combined with appropriate training, maintenance, and coordination with local emergency medical systems, have dramatically improved the survival rates from cardiac arrest.

(8) Automated external defibrillator devices have been demonstrated to be safe and effective, even when used by lay people, since the devices are designed not to allow a user to administer a shock until after the device has analyzed a victim's heart rhythm and determined that an electric shock is required.

(9) Increasing public awareness regarding automated external defibrillator devices and encouraging their use in Federal buildings will greatly facilitate their adoption.

(10) Limiting the liability of Good Samaritans and acquirers of automated external defibrillator devices in emergency situations may encourage the use of automated external defibrillator devices, and result in saved lives.

SEC. 403. RECOMMENDATIONS AND GUIDELINES OF SECRETARY OF HEALTH AND HUMAN SERVICES REGARDING AUTOMATED EXTERNAL DEFIBRILLATORS FOR FEDERAL BUILDINGS.

Part B of title II of the Public Health Service Act (42 U.S.C. 238 et seq.) is amended by adding at the end the following:

''RECOMMENDATIONS AND GUIDELINES REGARDING AUTOMATED EXTERNAL DEFIBRILLATORS FOR FEDERAL BUILDINGS

''SEC. 247. (a) GUIDELINES ON PLACEMENT.—The Secretary shall establish guidelines with respect to placing automated external defibrillator devices in Federal buildings. Such guidelines shall take into account the extent to which such devices may be used by lay persons, the typical number of employees and visitors in the buildings, the extent of the need for security measures regarding the buildings, buildings or portions of buildings in which there are special circumstances such as high electrical voltage or extreme heat or cold, and such other factors as the Secretary determines to be appropriate.

''(b) RELATED RECOMMENDATIONS.—The Secretary shall publish in the Federal Register the recommendations of the Secretary on the appropriate implementation of the placement of automated external defibrillator devices under subsection (a), including procedures for the following:

''(1) Implementing appropriate training courses in the use of such devices, including the role of cardiopulmonary resuscitation.

''(2) Proper maintenance and testing of the devices.

''(3) Ensuring coordination with appropriate licensed professionals in the oversight of training of the devices.

''(4) Ensuring coordination with local emergency medical systems regarding the placement and incidents of use of the devices.

''(c) CONSULTATIONS; CONSIDERATION OF CERTAIN RECOMMENDATIONS.—In carrying out this section, the Secretary shall—

''(1) consult with appropriate public and private entities;

''(2) consider the recommendations of national and local public-health organizations for improving the survival rates of individuals who experience cardiac arrest in non-hospital settings by minimizing the time elapsing between the onset of cardiac arrest and the initial medical response, including defibrillation as necessary; and

''(3) consult with and counsel other Federal agencies where such devices are to be used.

''(d) DATE CERTAIN FOR ESTABLISHING GUIDELINES AND RECOMMENDATIONS.—The Secretary shall comply with this section not later than 180 days after the date of the enactment of the Cardiac Arrest Survival Act of 2000.

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

''(1) The term 'automated external defibrillator device' has the meaning given such term in section 248.

''(2) The term 'Federal building' includes a building or portion of a building leased or rented by a Federal agency, and includes buildings on military installations of the United States.''.

SEC. 404. GOOD SAMARITAN PROTECTIONS REGARDING EMERGENCY USE OF AUTOMATED EXTERNAL DEFIBRILLATORS.

Part B of title II of the Public Health Service Act, as amended by section 403, is amended by adding at the end the following:

''LIABILITY REGARDING EMERGENCY USE OF AUTOMATED EXTERNAL DEFIBRILLATORS

''SEC. 248. (a) GOOD SAMARITAN PROTECTIONS REGARDING AEDS.—Except as provided in subsection (b), any person who uses or attempts to use an automated external defibrillator device on a victim of a perceived medical emergency is immune from civil liability for any harm resulting from the use or attempted use of such device; and in addition, any person who acquired the device is immune from such liability, if the harm was not due to the failure of such acquirer of the device—

''(1) to notify local emergency response personnel or other appropriate entities of the most recent placement of the device within a reasonable period of time after the device was placed;

''(2) to properly maintain and test the device; or

''(3) to provide appropriate training in the use of the device to an employee or agent of the acquirer when the employee or agent was the person who used the device on the victim, except that such requirement of training does not apply if—

''(A) the employee or agent was not an employee or agent who would have been reasonably expected to use the device; or

''(B) the period of time elapsing between the engagement of the person as an employee or agent and the occurrence of the harm (or between the acquisition of the device and the occurrence of the harm, in any case in which the device was acquired after such engagement of the person) was not a reasonably sufficient period in which to provide the training.

''(b) INAPPLICABILITY OF IMMUNITY.—Immunity under subsection (a) does not apply to a person if—

''(1) the harm involved was caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the victim who was harmed; or

''(2) the person is a licensed or certified health professional who used the automated external defibrillator device while acting within the scope of the license or certification of the professional and within the scope of the employment or agency of the professional; or

''(3) the person is a hospital, clinic, or other entity whose purpose is providing health care directly to patients, and the harm was caused by an employee or agent of the entity who used the device while acting within the scope of the employment or agency of the employee or agent; or

''(4) the person is an acquirer of the device who leased the device to a health care entity (or who otherwise provided the device to such entity for compensation without selling the device to the entity), and the harm was caused by an employee or agent of the entity who used the device while acting within the scope of the employment or agency of the employee or agent.

''(c) RULES OF CONSTRUCTION.—

''(1) IN GENERAL.—The following applies with respect to this section:

''(A) This section does not establish any cause of action, or require that an automated external defibrillator device be placed at any building or other location.

''(B) With respect to a class of persons for which this section provides immunity from civil liability, this section supersedes the law of a State only to the extent that the State has no statute or regulations that provide persons in such class with immunity for civil liability arising from the use by such persons of automated external defibrillator devices in emergency situations (within the meaning of the State law or regulation involved).

''(C) This section does not waive any protection from liability for Federal officers or employees under—

''(i) section 224; or

''(ii) sections 1346(b), 2672, and 2679 of title 28, United States Code, or under alternative benefits provided by the United States where the availability of such benefits precludes a remedy under section 1346(b) of title 28.

''(2) CIVIL ACTIONS UNDER FEDERAL LAW.—

''(A) IN GENERAL.—The applicability of subsections (a) and (b) includes applicability to any action for civil liability described in subsection (a) that arises under Federal law.

''(B) FEDERAL AREAS ADOPTING STATE LAW.—If a geographic area is under Federal jurisdiction and is located within a State but out of the jurisdiction of the State, and if, pursuant to Federal law, the law of the State applies in such area regarding matters for which there is no applicable Federal law, then an action for civil liability described in subsection (a) that in such area arises under the law of the State is subject to subsections (a) through (c) in lieu of any related State law that would apply in such area in the absence of this subparagraph.

''(d) FEDERAL JURISDICTION.—In any civil action arising under State law, the courts of the State involved have jurisdiction to apply the provisions of this section exclusive of the jurisdiction of the courts of the United States.

''(e) DEFINITIONS.—

''(1) PERCEIVED MEDICAL EMERGENCY.—For purposes of this section, the term 'perceived medical emergency' means circumstances in which the behavior of an individual leads a reasonable person to believe that the individual is experiencing a life-threatening medical condition that requires an immediate medical response regarding the heart or other cardiopulmonary functioning of the individual.

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

''(A) The term 'automated external defibrillator device' means a defibrillator device that—

''(i) is commercially distributed in accordance with the Federal Food, Drug, and Cosmetic Act;

''(ii) is capable of recognizing the presence or absence of ventricular fibrillation, and is capable of determining without intervention by the user of the device whether defibrillation should be performed;

''(iii) upon determining that defibrillation should be performed, is able to deliver an electrical shock to an individual; and

''(iv) in the case of a defibrillator device that may be operated in either an automated or a manual mode, is set to operate in the automated mode.

''(B)(i) The term 'harm' includes physical, nonphysical, economic, and noneconomic losses.

''(ii) The term 'economic loss' means any pecuniary loss resulting from harm (including the loss of earnings or other benefits related to employment, medical expense loss, replacement services loss, loss due to death, burial costs, and loss of business or employment opportunities) to the extent recovery for such loss is allowed under applicable State law.

''(iii) The term 'noneconomic losses' means losses for physical and emotional pain, suffering, inconvenience, physical impairment, mental anguish, disfigurement, loss of enjoyment of life, loss of society and companionship, loss of consortium (other than loss of domestic service), hedonic damages, injury to reputation and all other nonpecuniary losses of any kind or nature.''.

Subtitle B—Rural Access to Emergency Devices

SEC. 411. SHORT TITLE.

This subtitle may be cited as the ''Rural Access to Emergency Devices Act'' or the ''Rural AED Act''.

SEC. 412. FINDINGS.

Congress makes the following findings:

(1) Heart disease is the leading cause of death in the United States.

(2) The American Heart Association estimates that 250,000 Americans die from sudden cardiac arrest each year.

(3) A cardiac arrest victim's chance of survival drops 10 percent for every minute that passes before his or her heart is returned to normal rhythm.

(4) Because most cardiac arrest victims are initially in ventricular fibrillation, and the only treatment for ventricular fibrillation is defibrillation, prompt access to defibrillation to return the heart to normal rhythm is essential.

(5) Lifesaving technology, the automated external defibrillator, has been developed to allow trained lay rescuers to respond to cardiac arrest by using this simple device to shock the heart into normal rhythm.

(6) Those people who are likely to be first on the scene of a cardiac arrest situation in many communities, particularly smaller and rural communities, lack sufficient numbers of automated external defibrillators to respond to cardiac arrest in a timely manner.

(7) The American Heart Association estimates that more than 50,000 deaths could be prevented each year if defibrillators were more widely available to designated responders.

(8) Legislation should be enacted to encourage greater public access to automated

external defibrillators in communities across the United States.

SEC. 413. GRANTS.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Rural Health Outreach Office of the Health Resources and Services Administration, shall award grants to community partnerships that meet the requirements of subsection (b) to enable such partnerships to purchase equipment and provide training as provided for in subsection (c).

(b) COMMUNITY PARTNERSHIPS.—A community partnership meets the requirements of this subsection if such partnership—

(1) is composed of local emergency response entities such as community training facilities, local emergency responders, fire and rescue departments, police, community hospitals, and local non-profit entities and for-profit entities concerned about cardiac arrest survival rates;

(2) evaluates the local community emergency response times to assess whether they meet the standards established by national public health organizations such as the American Heart Association and the American Red Cross; and

(3) submits to the Secretary of Health and Human Services an application at such time, in such manner, and containing such information as the Secretary may require.

(c) USE OF FUNDS.—Amounts provided under a grant under this section shall be used—

(1) to purchase automated external defibrillators that have been approved, or cleared for marketing, by the Food and Drug Administration; and

(2) to provide defibrillator and basic life support training in automated external defibrillator usage through the American Heart Association, the American Red Cross, or other nationally recognized training courses.

(d) REPORT.—Not later than 4 years after the date of enactment of this Act, the Secretary of Health and Human Services shall prepare and submit to the appropriate committees of Congress a report containing data relating to whether the increased availability of defibrillators has affected survival rates in the communities in which grantees under this section operated. The procedures under which the Secretary obtains data and prepares the report under this subsection shall not impose an undue burden on program participants under this section.

(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated $25,000,000 for fiscal years 2001 through 2003 to carry out this section.

TITLE V—LUPUS RESEARCH AND CARE

SEC. 501. SHORT TITLE.

This title may be cited as the ''Lupus Research and Care Amendments of 2000''.

SEC. 502. FINDINGS.

The Congress finds that—

(1) lupus is a serious, complex, inflammatory, autoimmune disease of particular concern to women;

(2) lupus affects women nine times more often than men;

(3) there are three main types of lupus: systemic lupus, a serious form of the disease that affects many parts of the body; discoid lupus, a form of the disease that affects mainly the skin; and drug-induced lupus caused by certain medications;

(4) lupus can be fatal if not detected and treated early;

(5) the disease can simultaneously affect various areas of the body, such as the skin, joints, kidneys, and brain, and can be difficult to diagnose because the symptoms of lupus are similar to those of many other diseases;

(6) lupus disproportionately affects African-American women, as the prevalence of the disease among such women is three times the prevalence among white women, and an estimated 1 in 250 African-American women between the ages of 15 and 65 develops the disease;

(7) it has been estimated that between 1,400,000 and 2,000,000 Americans have been diagnosed with the disease, and that many more have undiagnosed cases;

(8) current treatments for the disease can be effective, but may lead to damaging side effects;

(9) many victims of the disease suffer debilitating pain and fatigue, making it difficult to maintain employment and lead normal lives; and

(10) in fiscal year 1996, the amount allocated by the National Institutes of Health for research on lupus was $33,000,000, which is less than one-half of 1 percent of the budget for such Institutes.

Subtitle A—Research on Lupus

SEC. 511. EXPANSION AND INTENSIFICATION OF ACTIVITIES.

Subpart 4 of part C of title IV of the Public Health Service Act (42 U.S.C. 285d et seq.) is amended by inserting after section 441 the following:

''LUPUS

''SEC. 441A. (a) IN GENERAL.—The Director of the Institute shall expand and intensify research and related activities of the Institute with respect to lupus.

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

''(c) PROGRAMS FOR LUPUS.—In carrying out subsection (a), the Director of the Institute shall conduct or support research to expand the understanding of the causes of, and to find a cure for, lupus. Activities under such subsection shall include conducting and supporting the following:

''(1) Research to determine the reasons underlying the elevated prevalence of lupus in women, including African-American women.

''(2) Basic research concerning the etiology and causes of the disease.

''(3) Epidemiological studies to address the frequency and natural history of the disease and the differences among the sexes and among racial and ethnic groups with respect to the disease.

''(4) The development of improved diagnostic techniques.

''(5) Clinical research for the development and evaluation of new treatments, including new biological agents.

''(6) Information and education programs for health care professionals and the public.

''(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2003.''.

Subtitle B—Delivery of Services Regarding Lupus

SEC. 521. ESTABLISHMENT OF PROGRAM OF GRANTS.

(a) IN GENERAL.—The Secretary of Health and Human Services shall in accordance with this subtitle make grants to provide for projects for the establishment, operation, and coordination of effective and cost-efficient systems for the delivery of essential services to individuals with lupus and their families.

(b) RECIPIENTS OF GRANTS.—A grant under subsection (a) may be made to an entity only if the entity is a public or nonprofit private entity, which may include a State or local government; a public or nonprofit private hospital, community-based organization, hospice, ambulatory care facility, community health center, migrant health center, or homeless health center; or other appropriate public or nonprofit private entity.

(c) CERTAIN ACTIVITIES.—To the extent practicable and appropriate, the Secretary shall ensure that projects under subsection (a) provide services for the diagnosis and disease management of lupus. Activities that the Secretary may authorize for such projects may also include the following:

(1) Delivering or enhancing outpatient, ambulatory, and home-based health and support services, including case management and comprehensive treatment services, for individuals with lupus; and delivering or enhancing support services for their families.

(2) Delivering or enhancing inpatient care management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities of individuals with lupus.

(3) Improving the quality, availability, and organization of health care and support services (including transportation services, attendant care, homemaker services, day or respite care, and providing counseling on financial assistance and insurance) for individuals with lupus and support services for their families.

(d) INTEGRATION WITH OTHER PROGRAMS.—To the extent practicable and appropriate, the Secretary shall integrate the program under this subtitle with other grant programs carried out by the Secretary, including the program under section 330 of the Public Health Service Act.

SEC. 522. CERTAIN REQUIREMENTS.

A grant may be made under section 521 only if the applicant involved makes the following agreements:

(1) Not more than 5 percent of the grant will be used for administration, accounting, reporting, and program oversight functions.

(2) The grant will be used to supplement and not supplant funds from other sources related to the treatment of lupus.

(3) The applicant will abide by any limitations deemed appropriate by the Secretary on any charges to individuals receiving services pursuant to the grant. As deemed appropriate by the Secretary, such limitations on charges may vary based on the financial circumstances of the individual receiving services.

(4) The grant will not be expended to make payment for services authorized under section 521(a) to the extent that payment has been made, or can reasonably be expected to be made, with respect to such services—

(A) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

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

(5) The applicant will, at each site at which the applicant provides services under section 521(a), post a conspicuous notice informing individuals who receive the services of any Federal policies that apply to the applicant with respect to the imposition of charges on such individuals.

SEC. 523. TECHNICAL ASSISTANCE.

The Secretary may provide technical assistance to assist entities in complying with the requirements of this subtitle in order to make such entities eligible to receive grants under section 521.

SEC. 524. DEFINITIONS.

For purposes of this subtitle:

(1) OFFICIAL POVERTY LINE.—The term ''official poverty line'' means the poverty line

established by the Director of the Office of Management and Budget and revised by the Secretary in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

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

SEC. 525. AUTHORIZATION OF APPROPRIATIONS.

For the purpose of carrying out this subtitle, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2003.

TITLE VI—PROSTATE CANCER RESEARCH AND PREVENTION

SEC. 601. SHORT TITLE.

This title may be cited as the ''Prostate Cancer Research and Prevention Act''.

SEC. 602. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

(a) PREVENTIVE HEALTH MEASURES.—Section 317D of the Public Health Service Act (42 U.S.C. 247b–5) is amended—

(1) by striking subsection (a) and inserting the following:

''(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States and local health departments for the purpose of enabling such States and departments to carry out programs that may include the following:

''(1) To identify factors that influence the attitudes or levels of awareness of men and health care practitioners regarding screening for prostate cancer.

''(2) To evaluate, in consultation with the Agency for Health Care Policy and Research and the National Institutes of Health, the effectiveness of screening strategies for prostate cancer.

''(3) To identify, in consultation with the Agency for Health Care Policy and Research, issues related to the quality of life for men after prostrate cancer screening and followup.

''(4) To develop and disseminate public information and education programs for prostate cancer, including appropriate messages about the risks and benefits of prostate cancer screening for the general public, health care providers, policy makers and other appropriate individuals.

''(5) To improve surveillance for prostate cancer.

''(6) To address the needs of underserved and minority populations regarding prostate cancer.

''(7) Upon a determination by the Secretary, who shall take into consideration recommendations by the United States Preventive Services Task Force and shall seek input, where appropriate, from professional societies and other private and public entities, that there is sufficient consensus on the effectiveness of prostate cancer screening—

''(A) to screen men for prostate cancer as a preventive health measure;

''(B) to provide appropriate referrals for the medical treatment of men who have been screened under subparagraph (A) and to ensure, to the extent practicable, the provision of appropriate followup services and support services such as case management;

''(C) to establish mechanisms through which State and local health departments can monitor the quality of screening procedures for prostate cancer, including the interpretation of such procedures; and

''(D) to improve, in consultation with the Health Resources and Services Administration, the education, training, and skills of health practitioners (including appropriate allied health professionals) in the detection and control of prostate cancer.

''(8) To evaluate activities conducted under paragraphs (1) through (7) through appropriate surveillance or program monitoring activities.''; and

(2) in subsection (l)(1), by striking ''1998'' and inserting ''2004''.

(b) NATIONAL INSTITUTES OF HEALTH.—Section 417B(c) of the Public Health Service Act (42 U.S.C. 286a–8(c)) is amended by striking ''and 1996'' and inserting ''through 2004''.

TITLE VII—ORGAN PROCUREMENT AND DONATION

SEC. 701. ORGAN PROCUREMENT ORGANIZATION CERTIFICATION.

(a) SHORT TITLE.—This section may be cited as the ''Organ Procurement Organization Certification Act of 2000''.

(b) FINDINGS.—Congress makes the following findings:

(1) Organ procurement organizations play an important role in the effort to increase organ donation in the United States.

(2) The current process for the certification and recertification of organ procurement organizations conducted by the Department of Health and Human Services has created a level of uncertainty that is interfering with the effectiveness of organ procurement organizations in raising the level of organ donation.

(3) The General Accounting Office, the Institute of Medicine, and the Harvard School of Public Health have identified substantial limitations in the organ procurement organization certification and recertification process and have recommended changes in that process.

(4) The limitations in the recertification process include:

(A) An exclusive reliance on population-based measures of performance that do not account for the potential in the population for organ donation and do not permit consideration of other outcome and process standards that would more accurately reflect the relative capability and performance of each organ procurement organization.

(B) A lack of due process to appeal to the Secretary of Health and Human Services for recertification on either substantive or procedural grounds.

(5) The Secretary of Health and Human Services has the authority under section 1138(b)(1)(A)(i) of the Social Security Act (42 U.S.C. 1320b–8(b)(1)(A)(i)) to extend the period for recertification of an organ procurement organization from 2 to 4 years on the basis of its past practices in order to avoid the inappropriate disruption of the nation's organ system.

(6) The Secretary of Health and Human Services can use the extended period described in paragraph (5) for recertification of all organ procurement organizations to—

(A) develop improved performance measures that would reflect organ donor potential and interim outcomes, and to test these measures to ensure that they accurately measure performance differences among the organ procurement organizations; and

(B) improve the overall certification process by incorporating process as well as outcome performance measures, and developing equitable processes for appeals.

(c) CERTIFICATION AND RECERTIFICATION OF ORGAN PROCUREMENT ORGANIZATIONS.—Section 371(b)(1) of the Public Health Service Act (42 U.S.C. 273(b)(1)) is amended—

(1) by redesignating subparagraphs (D) through (G) as subparagraphs (E) through (H), respectively;

(2) by realigning the margin of subparagraph (F) (as so redesignated) so as to align with subparagraph (E) (as so redesignated); and

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

''(D) notwithstanding any other provision of law, has met the other requirements of this section and has been certified or recertified by the Secretary within the previous 4-year period as meeting the performance standards to be a qualified organ procurement organization through a process that either—

''(i) granted certification or recertification within such 4-year period with such certification or recertification in effect as of January 1, 2000, and remaining in effect through the earlier of—

''(I) January 1, 2002; or

''(II) the completion of recertification under the requirements of clause (ii); or

''(ii) is defined through regulations that are promulgated by the Secretary by not later than January 1, 2002, that—

''(I) require recertifications of qualified organ procurement organizations not more frequently than once every 4 years;

''(II) rely on outcome and process performance measures that are based on empirical evidence, obtained through reasonable efforts, of organ donor potential and other related factors in each service area of qualified organ procurement organizations;

''(III) use multiple outcome measures as part of the certification process; and

''(IV) provide for a qualified organ procurement organization to appeal a decertification to the Secretary on substantive and procedural grounds;''.

SEC. 702. DESIGNATION OF GIVE THANKS, GIVE LIFE DAY.

(a) FINDINGS.—Congress finds that—

(1) traditionally, Thanksgiving is a time for families to take time out of their busy lives to come together and to give thanks for the many blessings in their lives;

(2) approximately 21,000 men, women, and children in the United States are given the gift of life each year through transplantation surgery, made possible by the generosity of organ and tissue donations;

(3) more than 66,000 Americans are awaiting their chance to prolong their lives by finding a matching donor;

(4) nearly 5,000 of these patients each year (or 13 patients each day) die while waiting for a donated heart, liver, kidney, or other organ;

(5) nationwide there are up to 15,000 potential donors annually, but families' consent to donation is received for less than 6,000;

(6) the need for organ donations greatly exceeds the supply available;

(7) designation as an organ donor on a driver's license or voter's registration is a valuable step, but does not ensure donation when an occasion arises;

(8) the demand for transplantation will likely increase in the coming years due to the growing safety of transplantation surgery due to improvements in technology and drug developments, prolonged life expectancy, and increased prevalence of diseases that may lead to organ damage and failure, including hypertension, alcoholism, and hepatitis C infection;

(9) the need for a more diverse donor pool, including a variety of racial and ethnic minorities, will continue to grow in the coming years;

(10) the final decision on whether a potential donor can share the gift of life usually is made by surviving family members regardless of the patient's initial intent;

(11) many Americans have indicated a willingness to donate their organs and tissues but have not discussed this critical matter with the family members who are most likely to make the decision, if the occasion arises, as to whether that person will be an organ and tissue donor;

(12) some family members may be reluctant to give consent to donate their deceased loved one's organs and tissues at a very difficult and emotional time if that person has

not clearly expressed a desire or willingness to do so;

(13) the vast majority of Americans are likely to spend part of Thanksgiving Day with some of those family members who would be approached to make such a decision; and

(14) it is fitting for families to spend a portion of that day discussing how they might give life to others on a day devoted to giving thanks for their own blessings.

(b) DESIGNATION.—November 23, 2000, Thanksgiving Day, is hereby designated as a day to ''Give Thanks, Give Life'' and to discuss organ and tissue donation with other family members so that informed decisions can be made if the occasion to donate arises.

TITLE VIII—ALZHEIMER'S CLINICAL RESEARCH AND TRAINING

SEC. 801. ALZHEIMER'S CLINICAL RESEARCH AND TRAINING AWARDS.

Subpart 5 of part C of title IV of the Public Health Service Act (42 U.S.C. 285e et seq.) is amended—

(1) by redesignating section 445I as section 445J; and

(2) by inserting after section 445H the following:

''SEC. 445I. ALZHEIMER'S CLINICAL RESEARCH AND TRAINING AWARDS.

''(a) IN GENERAL.—The Director of the Institute is authorized to establish and maintain a program to enhance and promote the translation of new scientific knowledge into clinical practice related to the diagnosis, care and treatment of individuals with Alzheimer's disease.

''(b) SUPPORT OF PROMISING CLINICIANS.—In order to foster the application of the most current developments in the etiology, pathogenesis, diagnosis, prevention and treatment of Alzheimer's disease, amounts made available under this section shall be directed to the support of promising clinicians through awards for research, study, and practice at centers of excellence in Alzheimer's disease research and treatment.

''(c) EXCELLENCE IN CERTAIN FIELDS.—Research shall be carried out under awards made under subsection (b) in environments of demonstrated excellence in neuroscience, neurobiology, geriatric medicine, and psychiatry and shall foster innovation and integration of such disciplines or other environments determined suitable by the Director of the Institute.

''(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $2,250,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2002 through 2005.''.

TITLE IX—SEXUALLY TRANSMITTED DISEASE CLINICAL RESEARCH AND TRAINING

SEC. 901. SEXUALLY TRANSMITTED DISEASE CLINICAL RESEARCH AND TRAINING AWARDS.

Subpart 6 of part C of title IV of the Public Health Service Act (42 U.S.C. 285f et seq.) is amended by adding at the end the following:

''SEC. 447B. SEXUALLY TRANSMITTED DISEASE CLINICAL RESEARCH AND TRAINING AWARDS.

''(a) IN GENERAL.—The Director of the Institute is authorized to establish and maintain a program to enhance and promote the translation of new scientific knowledge into clinical practice related to the diagnosis, care and treatment of individuals with sexually transmitted diseases.

''(b) SUPPORT OF PROMISING CLINICIANS.—In order to foster the application of the most current developments in the etiology, pathogenesis, diagnosis, prevention and treatment of sexually transmitted diseases, amounts made available under this section shall be directed to the support of promising clinicians through awards for research, study, and practice at centers of excellence in sexually transmitted disease research and treatment.

''(c) EXCELLENCE IN CERTAIN FIELDS.—Research shall be carried out under awards made under subsection (b) in environments of demonstrated excellence in the etiology and pathogenesis of sexually transmitted diseases and shall foster innovation and integration of such disciplines or other environments determined suitable by the Director of the Institute.

''(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $2,250,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2002 through 2005.''.

TITLE X—MISCELLENOUS PROVISIONS

SEC. 1001. TECHNICAL CORRECTION TO THE CHILDREN'S HEALTH ACT OF 2000.

(a) IN GENERAL.—Section 2701 of the Children's Health Act of 2000 is amended by striking ''part 45 of title 46'' and inserting ''part 46 of title 45''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) takes effect on the date of enactment of the Children's Health Act of 2000.

PAUL COVERDELL NATIONAL FORENSIC SCIENCES IMPROVEMENT ACT OF 2000

SESSIONS AMENDMENT NO. 4345

Mr. BROWNBACK (for Mr. SESSIONS) proposed an amendment to the bill (S. 3045) to improve the quality, timeliness, and credibility of forensic science services for criminal justice purposes; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Paul Coverdell National Forensic Sciences Improvement Act of 2000''.

SEC. 2. IMPROVING THE QUALITY, TIMELINESS, AND CREDIBILITY OF FORENSIC SCIENCE SERVICES FOR CRIMINAL JUSTICE PURPOSES.

(a) DESCRIPTION OF DRUG CONTROL AND SYSTEM IMPROVEMENT GRANT PROGRAM.—Section 501(b) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 375(b)) is amended—

(1) in paragraph (25), by striking ''and'' at the end;

(2) in paragraph (26), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(27) improving the quality, timeliness, and credibility of forensic science services for criminal justice purposes.''.

(b) STATE APPLICATIONS.—Section 503(a) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3753(a)) is amended by adding at the end the following:

''(13) If any part of the amount received from a grant under this part is to be used to improve the quality, timeliness, and credibility of forensic science services for criminal justice purposes, a certification that, as of the date of enactment of this paragraph, the State, or unit of local government within the State, has an established—

''(A) forensic science laboratory or forensic science laboratory system, that—

''(i) employs 1 or more full-time scientists—

''(I) whose principal duties are the examination of physical evidence for law enforcement agencies in criminal matters; and

''(II) who provide testimony with respect to such physical evidence to the criminal justice system;

''(ii) employs generally accepted practices and procedures, as established by appropriate accrediting organizations; and

''(iii) is accredited by the Laboratory Accreditation Board of the American Society of Crime Laboratory Directors or the National Association of Medical Examiners, or will use a portion of the grant amount to prepare and apply for such accreditation by not later than 2 years after the date on which a grant is initially awarded under this paragraph; or

''(B) medical examiner's office (as defined by the National Association of Medical Examiners) that—

''(i) employs generally accepted practices and procedures, as established by appropriate accrediting organizations; and

''(ii) is accredited by the Laboratory Accreditation Board of the American Society of Crime Laboratory Directors or the National Association of Medical Examiners, or will use a portion of the grant amount to prepare and apply for such accreditation by not later than 2 years after the date on which a grant is initially awarded under this paragraph.''.

(c) PAUL COVERDELL FORENSIC SCIENCES IMPROVEMENT GRANTS.—

(1) IN GENERAL.—Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3711 et seq.) is amended by adding at the end the following:

''PART BB—PAUL COVERDELL FORENSIC SCIENCES IMPROVEMENT GRANTS

''SEC. 2801. GRANT AUTHORIZATION.

''The Attorney General shall award grants to States in accordance with this part.

''SEC. 2802. APPLICATIONS.

''To request a grant under this part, a State shall submit to the Attorney General—

''(1) a certification that the State has developed a consolidated State plan for forensic science laboratories operated by the State or by other units of local government within the State under a program described in section 2804(a), and a specific description of the manner in which the grant will be used to carry out that plan;

''(2) a certification that any forensic science laboratory system, medical examiner's office, or coroner's office in the State, including any laboratory operated by a unit of local government within the State, that will receive any portion of the grant amount uses generally accepted laboratory practices and procedures, established by accrediting organizations; and

''(3) a specific description of any new facility to be constructed as part of the program described in paragraph (1), and the estimated costs of that facility, and a certification that the amount of the grant used for the costs of the facility will not exceed the limitations set forth in section 2804(c).

''SEC. 2803. ALLOCATION.

''(a) IN GENERAL.—

''(1) POPULATION ALLOCATION.—Seventy-five percent of the amount made available to carry out this part in each fiscal year shall be allocated to each State that meets the requirements of section 2802 so that each State shall receive an amount that bears the same ratio to the 75 percent of the total amount made available to carry out this part for that fiscal year as the population of the State bears to the population of all States.

''(2) DISCRETIONARY ALLOCATION.—Twenty-five percent of the amount made available to carry out this part in each fiscal year shall be allocated pursuant to the Attorney General's discretion to States with above average rates of part 1 violent crimes based on the average annual number of part 1 violent crimes reported by such State to the Federal Bureau of Investigation for the 3 most recent

calendar years for which such data is available.

''(3) MINIMUM REQUIREMENT.—Each State shall receive not less than 0.6 percent of the amount made available to carry out this part in each fiscal year.

''(4) PROPORTIONAL REDUCTION.—If the amounts available to carry out this part in each fiscal year are insufficient to pay in full the total payment that any State is otherwise eligible to receive under paragraph (3), then the Attorney General shall reduce payments under paragraph (1) for such payment period to the extent of such insufficiency. Reductions under the preceding sentence shall be allocated among the States (other than States whose payment is determined under paragraph (3)) in the same proportions as amounts would be allocated under paragraph (1) without regard to paragraph (3).

''(b) STATE DEFINED.—In this section, the term 'State' means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands, except that—

''(1) for purposes of the allocation under this section, American Samoa and the Commonwealth of the Northern Mariana Islands shall be considered as 1 State; and

''(2) for purposes of paragraph (1), 67 percent of the amount allocated shall be allocated to American Samoa, and 33 percent shall be allocated to the Commonwealth of the Northern Mariana Islands.

''SEC. 2804. USE OF GRANTS.

''(a) IN GENERAL.—A State that receives a grant under this part shall use the grant to carry out all or a substantial part of a program intended to improve the quality and timeliness of forensic science or medical examiner services in the State, including such services provided by the laboratories operated by the State and those operated by units of local government within the State.

''(b) PERMITTED CATEGORIES OF FUNDING.—Subject to subsections (c) and (d), a grant awarded under this part—

''(1) may only be used for program expenses relating to facilities, personnel, computerization, equipment, supplies, accreditation and certification, education, and training; and

''(2) may not be used for any general law enforcement or nonforensic investigatory function.

''(c) FACILITIES COSTS.—

''(1) STATES RECEIVING MINIMUM GRANT AMOUNT.—With respect to a State that receives a grant under this part in an amount that does not exceed 0.6 percent of the total amount made available to carry out this part for a fiscal year, not more than 80 percent of the total amount of the grant may be used for the costs of any new facility constructed as part of a program described in subsection (a).

''(2) OTHER STATES.—With respect to a State that receives a grant under this part in an amount that exceeds 0.6 percent of the total amount made available to carry out this part for a fiscal year—

''(A) not more than 80 percent of the amount of the grant up to that 0.6 percent may be used for the costs of any new facility constructed as part of a program described in subsection (a); and

''(B) not more than 40 percent of the amount of the grant in excess of that 0.6 percent may be used for the costs of any new facility constructed as part of a program described in subsection (a).

''(d) ADMINISTRATIVE COSTS.—Not more than 10 percent of the total amount of a grant awarded under this part may be used for administrative expenses.

''SEC. 2805. ADMINISTRATIVE PROVISIONS.

''(a) REGULATIONS.—The Attorney General may promulgate such guidelines, regulations, and procedures as may be necessary to carry out this part, including guidelines, regulations, and procedures relating to the submission and review of applications for grants under section 2802.

''(b) EXPENDITURE RECORDS.—

''(1) RECORDS.—Each State, or unit of local government within the State, that receives a grant under this part shall maintain such records as the Attorney General may require to facilitate an effective audit relating to the receipt of the grant, or the use of the grant amount.

''(2) ACCESS.—The Attorney General and the Comptroller General of the United States, or a designee thereof, shall have access, for the purpose of audit and examination, to any book, document, or record of a State, or unit of local government within the State, that receives a grant under this part, if, in the determination of the Attorney General, Comptroller General, or designee thereof, the book, document, or record is related to the receipt of the grant, or the use of the grant amount.

''SEC. 2806. REPORTS.

''(a) REPORTS TO ATTORNEY GENERAL.—For each fiscal year for which a grant is awarded under this part, each State that receives such a grant shall submit to the Attorney General a report, at such time and in such manner as the Attorney General may reasonably require, which report shall include—

''(1) a summary and assessment of the program carried out with the grant;

''(2) the average number of days between submission of a sample to a forensic science laboratory or forensic science laboratory system in that State operated by the State or by a unit of local government and the delivery of test results to the requesting office or agency; and

''(3) such other information as the Attorney General may require.

''(b) REPORTS TO CONGRESS.—Not later than 90 days after the last day of each fiscal year for which 1 or more grants are awarded under this part, the Attorney General shall submit to the Speaker of the House of Representatives and the President pro tempore of the Senate, a report, which shall include—

''(1) the aggregate amount of grants awarded under this part for that fiscal year; and

''(2) a summary of the information provided under subsection (a).''.

(2) AUTHORIZATION OF APPROPRIATIONS.—

(A) IN GENERAL.—Section 1001(a) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3753(a)) is amended by adding at the end the following:

''(24) There are authorized to be appropriated to carry out part BB, to remain available until expended—

''(A) $35,000,000 for fiscal year 2001;

''(B) $85,400,000 for fiscal year 2002;

''(C) $134,733,000 for fiscal year 2003;

''(D) $128,067,000 for fiscal year 2004;

''(E) $56,733,000 for fiscal year 2005; and

''(F) $42,067,000 for fiscal year 2006.''.

(B) BACKLOG ELIMINATION.—There is authorized to be appropriated $30,000,000 for fiscal year 2001 for the elimination of DNA convicted offender database sample backlogs and for other related purposes, as provided in the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 2001.

(3) TABLE OF CONTENTS.—Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3711 et seq.) is amended by striking the table of contents.

(4) REPEAL OF 20 PERCENT FLOOR FOR CITA CRIME LAB GRANTS.—Section 102(e)(2) of the Crime Identification Technology Act of 1998 (42 U.S.C. 14601(e)(2)) is amended—

(A) in subparagraph (B), by adding ''and'' at the end; and

(B) by striking subparagraph (C) and redesignating subparagraph (D) as subparagraph (C).

SEC. 3. CLARIFICATION REGARDING CERTAIN CLAIMS.

(a) IN GENERAL.—Section 983(a)(2)(C)(ii) of title 18, United States Code, is amended by striking ''(and provide customary documentary evidence of such interest if available) and state that the claim is not frivolous''.

(b) EFFECTIVE DATE.—The amendment made by this section shall take effect as if included in the amendment made by section 2(a) of Public Law 106–185.

SEC. 4. SENSE OF CONGRESS REGARDING THE OBLIGATION OF GRANTEE STATES TO ENSURE ACCESS TO POST-CONVICTION DNA TESTING AND COMPETENT COUNSEL IN CAPITAL CASES.

(a) FINDINGS.—Congress finds that—

(1) over the past decade, deoxyribonucleic acid testing (referred to in this section as ''DNA testing'') has emerged as the most reliable forensic technique for identifying criminals when biological material is left at a crime scene;

(2) because of its scientific precision, DNA testing can, in some cases, conclusively establish the guilt or innocence of a criminal defendant;

(3) in other cases, DNA testing may not conclusively establish guilt or innocence, but may have significant probative value to a finder of fact;

(4) DNA testing was not widely available in cases tried prior to 1994;

(5) new forensic DNA testing procedures have made it possible to get results from minute samples that could not previously be tested, and to obtain more informative and accurate results than earlier forms of forensic DNA testing could produce, resulting in some cases of convicted inmates being exonerated by new DNA tests after earlier tests had failed to produce definitive results;

(6) DNA testing can and has resulted in the post-conviction exoneration of more than 75 innocent men and women, including some under sentence of death;

(7) in more than a dozen cases, post-conviction DNA testing that has exonerated an innocent person has also enhanced public safety by providing evidence that led to the apprehension of the actual perpetrator;

(8) experience has shown that it is not unduly burdensome to make DNA testing available to inmates in appropriate cases;

(9) under current Federal and State law, it is difficult to obtain post-conviction DNA testing because of time limits on introducing newly discovered evidence;

(10) the National Commission on the Future of DNA Evidence, a Federal panel established by the Department of Justice and comprised of law enforcement, judicial, and scientific experts, has urged that post-conviction DNA testing be permitted in the relatively small number of cases in which it is appropriate, notwithstanding procedural rules that could be invoked to preclude such testing, and notwithstanding the inability of an inmate to pay for the testing;

(11) only a few States have adopted post-conviction DNA testing procedures;

(12) States have received millions of dollars in DNA-related grants, and more funding is needed to improve State forensic facilities and to reduce the nationwide backlog of DNA samples from convicted offenders and crime scenes that need to be tested or re-tested using upgraded methods;

(13) States that accept such financial assistance should not deny the promise of truth and justice for both sides of our adversarial system that DNA testing offers;

(14) post-conviction DNA testing and other post-conviction investigative techniques have shown that innocent people have been sentenced to death in this country;

(15) a constitutional error in capital cases is incompetent defense lawyers who fail to present important evidence that the defendant may have been innocent or does not deserve to be sentenced to death; and

(16) providing quality representation to defendants facing loss of liberty or life is essential to fundamental due process and the speedy final resolution of judicial proceedings.

(b) SENSE OF CONGRESS.—It is the sense of Congress that—

(1) Congress should condition forensic science-related grants to a State or State forensic facility on the State's agreement to ensure post-conviction DNA testing in appropriate cases; and

(2) Congress should work with the States to improve the quality of legal representation in capital cases through the establishment of standards that will assure the timely appointment of competent counsel with adequate resources to represent defendants in capital cases at each stage of the proceedings.

Amend the title to read as follows: ''A bill to improve the quality, timeliness, and credibility of forensic science services for criminal justice purposes, and for other purposes.''.

BIRMINGHAM PLEDGE LEGISLATION

SESSIONS AMENDMENTS NOS. 4346–4347

Mr. BROWNBACK (for Mr. SESSIONS) proposed two amendments to the joint resolution (H.J. Res. 102) recognizing that the Birmingham Pledge has made a significant contribution in fostering racial harmony and reconciliation in the United States and around the world, and for other purposes; as follows:

AMENDMENT NO. 4346

Strike all after the resolved clause and insert the following:

That—

(1) Congress recognizes that the Birmingham Pledge is a significant contribution toward fostering racial harmony and reconciliation in the United States and around the world;

(2) Congress commends the creators, promoters, and signatories of the Birmingham Pledge for the steps they are taking to make the United States and the world a better place for all people; and

(3) it is the sense of Congress that a particular week should be designated as ''National Birmingham Pledge Week.''.

AMENDMENT NO. 4347

Strike the preamble and insert the following:

Whereas Birmingham, Alabama, was the scene of racial strife in the United States in the 1950s and 1960s;

Whereas since the 1960s, the people of Birmingham have made substantial progress toward racial equality, which has improved the quality of life for all its citizens and led to economic prosperity;

Whereas out of the crucible of Birmingham's role in the civil rights movement of the 1950s and 1960s, a present-day grassroots movement has arisen to continue the effort to eliminate racial and ethnic divisions in the United States and around the world;

Whereas that grassroots movement has found expression in the Birmingham Pledge, which was authored by Birmingham attorney James E. Rotch, is sponsored by the Community Affairs Committee of Operation New Birmingham, and is promoted by a broad cross section of the community of Birmingham;

Whereas the Birmingham Pledge reads as follows:

''I believe that every person has worth as an individual.

''I believe that every person is entitled to dignity and respect, regardless of race or color.

''I believe that every thought and every act of racial prejudice is harmful; if it is in my thought or act, then it is harmful to me as well as to others.

''Therefore, from this day forward I will strive daily to eliminate racial prejudice from my thoughts and actions.

''I will discourage racial prejudice by others at every opportunity.

''I will treat all people with dignity and respect; and I will strive to honor this pledge, knowing that the world will be a better place because of my effort.'';

Whereas commitment and adherence to the Birmingham Pledge increases racial harmony by helping individuals communicate in a positive way concerning the diversity of the people of the United States and by encouraging people to make a commitment to racial harmony;

Whereas individuals who sign the Birmingham Pledge give evidence of their commitment to its message;

Whereas more than 70,000 people have signed the Birmingham Pledge, including the President, Members of Congress, Governors, State legislators, mayors, county commissioners, city council members, and other persons around the world;

Whereas the Birmingham Pledge has achieved national and international recognition;

Whereas efforts to obtain signatories to the Birmingham Pledge are being organized and conducted in communities around the world;

Whereas every Birmingham Pledge signed and returned to Birmingham is recorded at the Birmingham Civil Rights Institute, Birmingham, Alabama, as a permanent testament to racial reconciliation, peace, and harmony; and

Whereas the Birmingham Pledge, the motto for which is ''Sign It, Live It'', is a powerful tool for facilitating dialogue on the Nation's diversity and the need for people to take personal steps to achieve racial harmony and tolerance in communities: Now, therefore, be it

AMERICAN MUSEUM OF SCIENCE AND ENERGY LEGISLATION

MURKOWSKI (AND OTHERS) AMENDMENT NO. 4348

Mr. BROWNBACK (for Mr. MURKOWSKI (for himself, Mr. FRIST, and Mr. BINGAMAN)) proposed an amendment to the bill (H.R. 4940) to designate the museum operated by the Secretary of Energy in Oak Ridge, Tennessee, as the ''American Museum of Science and Energy,'' and for other purposes; as follows:

Strike all after the enacting clause and insert the following:

''SECTION 1. DESIGNATION OF AMERICAN MUSEUM OF SCIENCE AND ENERGY.

''(a) IN GENERAL.—The Museum—

''(1) is designated as the ''American Museum of Science and Energy''; and

''(2) shall be the official museum of science and energy of the United States.

''(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the Museum is deemed to be a reference to the 'American Museum of Science and Energy'.

''(c) PROPERTY OF THE UNITED STATES.—

''(1) IN GENERAL.—The name American Museum of Science and Energy is declared the property of the United States.

''(2) USE.—The Museum shall have the sole right throughout the United States and its possessions to have and use the name 'American Museum of Science and Energy'.

''(3) EFFECT ON OTHER RIGHTS.—This subsection shall not be construed to conflict or interfere with established or vested rights.

''SEC. 2. AUTHORITY.

''To carry out the activities of the Museum, the Secretary may—

''(1) accept and dispose of any gift, devise, or bequest of services or property, real or personal, that is—

''(A) designated in a written document by the person making the gift, devise, or bequest as intended for the Museum; and

''(B) determined by the Secretary to be suitable and beneficial for use by the Museum;

''(2) operate a retail outlet on the premises of the Museum for the purpose of selling or distributing items (including mementos, food, educational materials, replicas, and literature) that are—

''(A) relevant to the contents of the Museum; and

''(B) informative, educational, and tasteful;

''(3) collect reasonable fees where feasible and appropriate;

''(4) exhibit, perform, display, and publish materials and information of or relating to the Museum in any media or place;

''(5) consistent with guidelines approved by the Secretary, lease space on the premises of the Museum at reasonable rates and for uses consistent with such guidelines; and

''(6) use the proceeds of activities authorized under this section to pay the costs of the Museum.

''SEC. 3. MUSEUM VOLUNTEERS.

''(a) AUTHORITY TO USE VOLUNTEERS.—The Secretary may recruit, train, and accept the services of individuals or entities as volunteers for services or activities related to the Museum.

''(b) STATUS OF VOLUNTEERS.—

''(1) IN GENERAL.—Except as provided in paragraph (2), service by a volunteer under subsection (a) shall not be considered Federal employment.

''(2) EXCEPTIONS.—

''(A) FEDERAL TORT CLAIMS ACT.—For purposes of chapter 171 of title 28, United States Code, a volunteer under subsection (a) shall be treated as an employee of the government (as defined in section 2671 of that title).

''(B) COMPENSATION FOR WORK INJURIES.—For purposes of subchapter I of chapter 81 of title 5, United States Code, a volunteer described in subsection (a) shall be treated as an employee (as defined in section 8101 of title 5, United States Code).

''(c) COMPENSATION.—A volunteer under subsection (a) shall serve without pay, but may receive nominal awards and reimbursement for incidental expenses, including expenses for a uniform or transportation in furtherance of Museum activities.

''SEC. 4. DEFINITIONS.

''For purposes of this Act:

''(1) MUSEUM.—The term 'Museum' means the museum operated by the Secretary of Energy and located at 300 South Tulane Avenue in Oak Ridge, Tennessee.

''(2) SECRETARY.—The term 'Secretary' means the Secretary of Energy or a designated representative of the Secretary.''.

HEALTH CARE FAIRNESS ACT OF 1999

FRIST (AND OTHERS) AMENDMENT NO. 4349

Mr. BROWNBACK (for Mr. FRIST (for himself, Mr. KENNEDY, Mr. JEFFORDS, Mr. DODD, Mr. DEWINE, Ms. MIKULSKI, Mr. ENZI, Mr. WELLSTONE, Mr. HUTCHINSON, Mrs. MURRAY, Ms. COLLINS, Mr. AKAKA, Mr. BOND, Mr. LAUTENBERG, Mr. HATCH, Mr. CLELAND, and Mr. SESSIONS)) proposed an amendment to the bill (S. 1880) to amend the Public Health Service Act to improve the health of minority individuals; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Minority Health and Health Disparities Research and Education Act of 2000''.

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

Sec. 1. Short title; table of contents.
Sec. 2. Findings.
TITLE I—IMPROVING MINORITY HEALTH AND REDUCING HEALTH DISPARITIES THROUGH NATIONAL INSTITUTES OF HEALTH; ESTABLISHMENT OF NATIONAL CENTER
Sec. 101. Establishment of National Center on Minority Health and Health Disparities.
Sec. 102. Centers of excellence for research education and training.
Sec. 103. Extramural loan repayment program for minority health disparities research.
Sec. 104. General provisions regarding the Center.
Sec. 105. Report regarding resources of National Institutes of Health dedicated to minority and other health disparities research.
TITLE II—HEALTH DISPARITIES RESEARCH BY AGENCY FOR HEALTHCARE RESEARCH AND QUALITY
Sec. 201. Health disparities research by Agency for Healthcare Research and Quality.
TITLE III—DATA COLLECTION RELATING TO RACE OR ETHNICITY
Sec. 301. Study and report by National Academy of Sciences.
TITLE IV—HEALTH PROFESSIONS EDUCATION
Sec. 401. Health professions education in health disparities.
Sec. 402. National conference on health professions education and health disparities.
Sec. 403. Advisory responsibilities in health professions education in health disparities and cultural competency.
TITLE V—PUBLIC AWARENESS AND DISSEMINATION OF INFORMATION ON HEALTH DISPARITIES
Sec. 501. Public awareness and information dissemination.
TITLE VI—MISCELLANEOUS PROVISIONS
Sec. 601. Departmental definition regarding minority individuals.
Sec. 602. Conforming provision regarding definitions.
Sec. 603. Effective date.

SEC. 2. FINDINGS.

The Congress finds as follows:

(1) Despite notable progress in the overall health of the Nation, there are continuing disparities in the burden of illness and death experienced by African Americans, Hispanics, Native Americans, Alaska Natives, and Asian Pacific Islanders, compared to the United States population as a whole.

(2) The largest numbers of the medically underserved are white individuals, and many of them have the same health care access problems as do members of minority groups. Nearly 20,000,000 white individuals live below the poverty line with many living in nonmetropolitan, rural areas such as Appalachia, where the high percentage of counties designated as health professional shortage areas (47 percent) and the high rate of poverty contribute to disparity outcomes. However, there is a higher proportion of racial and ethnic minorities in the United States represented among the medically underserved.

(3) There is a national need for minority scientists in the fields of biomedical, clinical, behavioral, and health services research. Ninety percent of minority physicians educated at Historically Black Medical Colleges live and serve in minority communities.

(4) Demographic trends inspire concern about the Nation's ability to meet its future scientific, technological and engineering workforce needs. Historically, non-Hispanic white males have made up the majority of the United States scientific, technological, and engineering workers.

(5) The Hispanic and Black population will increase significantly in the next 50 years. The scientific, technological, and engineering workforce may decrease if participation by underepresented minorities remains the same.

(6) Increasing rates of Black and Hispanic workers can help ensure strong scientific, technological, and engineering workforce.

(7) Individuals such as underepresented minorities and women in the scientific, technological, and engineering workforce enable society to address its diverse needs.

(8) If there had not been a substantial increase in the number of science and engineering degrees awarded to women and underepresented minorities over the past few decades, the United States would be facing even greater shortages in scientific, technological, and engineering workers.

(9) In order to effectively promote a diverse and strong 21st Century scientific, technological, and engineering workforce, Federal agencies should expand or add programs that effectively overcome barriers such as educational transition from one level to the next and student requirements for financial resources.

(10) Federal agencies should work in concert with the private nonprofit sector to emphasize the recruitment and retention of qualified individuals from ethnic and gender groups that are currently underrepresented in the scientific, technological, and engineering workforce.

(11) Behavioral and social sciences research has increased awareness and understanding of factors associated with health care utilization and access,patient attitudes toward health services, and risk and protective behaviors that affect health and illness. These factors have the potential to then be modified to help close the health disparities gap among ethnic minority populations. In addition, there is a shortage of minority behavioral science researchers and behavioral health care professionals. According to the National Science Foundation, only 15.5 percent of behavioral research-oriented psychology doctorate degrees were awarded to minority students in 1997. In addition, only 17.9 percent of practice-oriented psychology doctorate degrees were awarded to ethnic minorities.

TITLE I—IMPROVING MINORITY HEALTH AND REDUCING HEALTH DISPARITIES THROUGH NATIONAL INSTITUTES OF HEALTH; ESTABLISHMENT OF NATIONAL CENTER

SEC. 101. ESTABLISHMENT OF NATIONAL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES.

(a) IN GENERAL.—Part E of title IV of the Public Health Service Act (42 U.S.C. 287 et seq.) is amended by adding at the end the following subpart:

''Subpart 6—National Center on Minority Health and Health Disparities

''SEC. 485E. PURPOSE OF CENTER.

''(a) IN GENERAL.—The general purpose of the National Center on Minority Health and Health Disparities (in this subpart referred to as the 'Center') is the conduct and support of research, training, dissemination of information, and other programs with respect to minority health conditions and other populations with health disparities.

''(b) PRIORITIES.—The Director of the Center shall in expending amounts appropriated under this subpart give priority to conducting and supporting minority health disparities research.

''(c) MINORITY HEALTH DISPARITIES RESEARCH.—For purposes of this subpart:

''(1) The term 'minority health disparities research' means basic, clinical, and behavioral research on minority health conditions (as defined in paragraph (2)), including research to prevent, diagnose, and treat such conditions.

''(2) The term 'minority health conditions', with respect to individuals who are members of minority groups, means all diseases, disorders, and conditions (including with respect to mental health and substance abuse)—

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

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

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

''(3) The term 'minority group' has the meaning given the term 'racial and ethnic minority group' in section 1707.

''(4) The terms 'minority' and 'minorities' refer to individuals from a minority group.

''(d) HEALTH DISPARITY POPULATIONS.—For purposes of this subpart:

''(1) A population is a health disparity population if, as determined by the Director of the Center after consultation with the Director of the Agency for Healthcare Research and Quality, there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population.

''(2) The Director shall give priority consideration to determining whether minority groups qualify as health disparity populations under paragraph (1).

''(3) The term 'health disparities research' means basic, clinical, and behavioral research on health disparity populations (including individual members and communities of such populations) that relates to health disparities as defined under paragraph (1), including the causes of such disparities and methods to prevent, diagnose, and treat such disparities.

''(e) COORDINATION OF ACTIVITIES.—The Director of the Center shall act as the primary

Federal official with responsibility for coordinating all minority health disparities research and other health disparities research conducted or supported by the National Institutes of Health, and—

''(1) shall represent the health disparities research program of the National Institutes of Health, including the minority health disparities research program, at all relevant Executive branch task forces, committees and planning activities; and

''(2) shall maintain communications with all relevant Public Health Service agencies, including the Indian Health Service, and various other departments of the Federal Government to ensure the timely transmission of information concerning advances in minority health disparities research and other health disparities research between these various agencies for dissemination to affected communities and health care providers.

''(f) COLLABORATIVE COMPREHENSIVE PLAN AND BUDGET.—

''(1) IN GENERAL.—Subject to the provisions of this section and other applicable law, the Director of NIH, the Director of the Center, and the directors of the other agencies of the National Institutes of Health in collaboration (and in consultation with the advisory council for the Center) shall—

''(A) establish a comprehensive plan and budget for the conduct and support of all minority health disparities research and other health disparities research activities of the agencies of the National Institutes of Health (which plan and budget shall be first established under this subsection not later than 12 months after the date of the enactment of this subpart);

''(B) ensure that the plan and budget establish priorities among the health disparities research activities that such agencies are authorized to carry out;

''(C) ensure that the plan and budget establish objectives regarding such activities, describes the means for achieving the objectives, and designates the date by which the objectives are expected to be achieved;

''(D) ensure that, with respect to amounts appropriated for activities of the Center, the plan and budget give priority in the expenditure of funds to conducting and supporting minority health disparities research;

''(E) ensure that all amounts appropriated for such activities are expended in accordance with the plan and budget;

''(F) review the plan and budget not less than annually, and revise the plan and budget as appropriate;

''(G) ensure that the plan and budget serve as a broad, binding statement of policies regarding minority health disparities research and other health disparities research activities of the agencies, but do not remove the responsibility of the heads of the agencies for the approval of specific programs or projects, or for other details of the daily administration of such activities, in accordance with the plan and budget; and

''(H) promote coordination and collaboration among the agencies conducting or supporting minority health or other health disparities research.

''(2) CERTAIN COMPONENTS OF PLAN AND BUDGET.—With respect to health disparities research activities of the agencies of the National Institutes of Health, the Director of the Center shall ensure that the plan and budget under paragraph (1) provide for—

''(A) basic research and applied research, including research and development with respect to products;

''(B) research that is conducted by the agencies;

''(C) research that is supported by the agencies;

''(D) proposals developed pursuant to solicitations by the agencies and for proposals developed independently of such solicitations; and

''(E) behavioral research and social sciences research, which may include cultural and linguistic research in each of the agencies.

''(3) MINORITY HEALTH DISPARITIES RESEARCH.—The plan and budget under paragraph (1) shall include a separate statement of the plan and budget for minority health disparities research.

''(g) PARTICIPATION IN CLINICAL RESEARCH.—The Director of the Center shall work with the Director of NIH and the directors of the agencies of the National Institutes of Health to carry out the provisions of section 492B that relate to minority groups.

''(h) RESEARCH ENDOWMENTS.—

''(1) IN GENERAL.—The Director of the Center may carry out a program to facilitate minority health disparities research and other health disparities research by providing for research endowments at centers of excellence under section 736.

''(2) ELIGIBILITY.—The Director of the Center may provide for a research endowment under paragraph (1) only if the institution involved meets the following conditions:

''(A) The institution does not have an endowment that is worth in excess of an amount equal to 50 percent of the national average of endowment funds at institutions that conduct similar biomedical research or training of health professionals.

''(B) The application of the institution under paragraph (1) regarding a research endowment has been recommended pursuant to technical and scientific peer review and has been approved by the advisory council under subsection (j).

''(i) CERTAIN ACTIVITIES.—In carrying out subsection (a), the Director of the Center—

''(1) shall assist the Director of the National Center for Research Resources in carrying out section 481(c)(3) and in committing resources for construction at Institutions of Emerging Excellence;

''(2) shall establish projects to promote cooperation among Federal agencies, State, local, tribal, and regional public health agencies, and private entities in health disparities research; and

''(3) may utilize information from previous health initiatives concerning minorities and other health disparity populations.

''(j) ADVISORY COUNCIL.—

''(1) IN GENERAL.—The Secretary shall, in accordance with section 406, establish an advisory council to advise, assist, consult with, and make recommendations to the Director of the Center on matters relating to the activities described in subsection (a), and with respect to such activities to carry out any other functions described in section 406 for advisory councils under such section. Functions under the preceding sentence shall include making recommendations on budgetary allocations made in the plan under subsection (f), and shall include reviewing reports under subsection (k) before the reports are submitted under such subsection.

''(2) MEMBERSHIP.—With respect to the membership of the advisory council under paragraph (1), a majority of the members shall be individuals with demonstrated expertise regarding minority health disparity and other health disparity issues; representatives of communities impacted by minority and other health disparities shall be included; and a diversity of health professionals shall be represented. The membership shall in addition include a representative of the Office of Behavioral and Social Sciences Research under section 404A.

''(k) ANNUAL REPORT.—The Director of the Center shall prepare an annual report on the activities carried out or to be carried out by the Center, and shall submit each such report to the Committee on Health, Education, Labor, and Pensions of the Senate, the Committee on Commerce of the House of Representatives, the Secretary, and the Director of NIH. With respect to the fiscal year involved, the report shall—

''(1) describe and evaluate the progress made in health disparities research conducted or supported by the national research institutes;

''(2) summarize and analyze expenditures made for activities with respect to health disparities research conducted or supported by the National Institutes of Health;

''(3) include a separate statement applying the requirements of paragraphs (1) and (2) specifically to minority health disparities research; and

''(4) contain such recommendations as the Director considers appropriate.

''(l) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subpart, there are authorized to be appropriated $100,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 through 2005. Such authorization of appropriations is in addition to other authorizations of appropriations that are available for the conduct and support of minority health disparities research or other health disparities research by the agencies of the National Institutes of Health.''.

(b) CONFORMING AMENDMENT.—Part A of title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended—

(1) in section 401(b)(2)—

(A) in subparagraph (F), by moving the subparagraph two ems to the left; and

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

''(G) The National Center on Minority Health and Health Disparities.''; and

(2) by striking section 404.

SEC. 102. CENTERS OF EXCELLENCE FOR RESEARCH EDUCATION AND TRAINING.

Subpart 6 of part E of title IV of the Public Health Service Act, as added by section 101(a) of this Act, is amended by adding at the end the following section:

''SEC. 485F. CENTERS OF EXCELLENCE FOR RESEARCH EDUCATION AND TRAINING.

''(a) IN GENERAL.—The Director of the Center shall make awards of grants or contracts to designated biomedical and behavioral research institutions under paragraph (1) of subsection (c), or to consortia under paragraph (2) of such subsection, for the purpose of assisting the institutions in supporting programs of excellence in biomedical and behavioral research training for individuals who are members of minority health disparity populations or other health disparity populations.

''(b) REQUIRED USE OF FUNDS.—An award may be made under subsection (a) only if the applicant involved agrees that the grant will be expended—

''(1) to train members of minority health disparity populations or other health disparity populations as professionals in the area of biomedical or behavioral research or both; or

''(2) to expand, remodel, renovate, or alter existing research facilities or construct new research facilities for the purpose of conducting minority health disparities research and other health disparities research.

''(c) CENTERS OF EXCELLENCE.—

''(1) IN GENERAL.—For purposes of this section, a designated biomedical and behavioral research institution is a biomedical and behavioral research institution that—

''(A) has a significant number of members of minority health disparity populations or other health disparity populations enrolled

as students in the institution (including individuals accepted for enrollment in the institution);

''(B) has been effective in assisting such students of the institution to complete the program of education or training and receive the degree involved;

''(C) has made significant efforts to recruit minority students to enroll in and graduate from the institution, which may include providing means-tested scholarships and other financial assistance as appropriate; and

''(D) has made significant recruitment efforts to increase the number of minority or other members of health disparity populations serving in faculty or administrative positions at the institution.

''(2) CONSORTIUM.—Any designated biomedical and behavioral research institution involved may, with other biomedical and behavioral institutions (designated or otherwise), including tribal health programs, form a consortium to receive an award under subsection (a).

''(3) APPLICATION OF CRITERIA TO OTHER PROGRAMS.—In the case of any criteria established by the Director of the Center for purposes of determining whether institutions meet the conditions described in paragraph (1), this section may not, with respect to minority health disparity populations or other health disparity populations, be construed to authorize, require, or prohibit the use of such criteria in any program other than the program established in this section.

''(d) DURATION OF GRANT.—The period during which payments are made under a grant under subsection (a) may not exceed 5 years. Such payments shall be subject to annual approval by the Director of the Center and to the availability of appropriations for the fiscal year involved to make the payments.

''(e) MAINTENANCE OF EFFORT.—

''(1) IN GENERAL.—With respect to activities for which an award under subsection (a) is authorized to be expended, the Director of the Center may not make such an award to a designated research institution or consortium for any fiscal year unless the institution, or institutions in the consortium, as the case may be, agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the institutions involved for the fiscal year preceding the fiscal year for which such institutions receive such an award.

''(2) USE OF FEDERAL FUNDS.—With respect to any Federal amounts received by a designated research institution or consortium and available for carrying out activities for which an award under subsection (a) is authorized to be expended, the Director of the Center may make such an award only if the institutions involved agree that the institutions will, before expending the award, expend the Federal amounts obtained from sources other than the award.

''(f) CERTAIN EXPENDITURES.—The Director of the Center may authorize a designated biomedical and behavioral research institution to expend a portion of an award under subsection (a) for research endowments.

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

''(1) The term 'designated biomedical and behavioral research institution' has the meaning indicated for such term in subsection (c)(1). Such term includes any health professions school receiving an award of a grant or contract under section 736.

''(2) The term 'program of excellence' means any program carried out by a designated biomedical and behavioral research institution with an award under subsection (a), if the program is for purposes for which the institution involved is authorized in subsection (b) to expend the grant.

''(h) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of making grants under subsection (a), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

SEC. 103. EXTRAMURAL LOAN REPAYMENT PROGRAM FOR MINORITY HEALTH DISPARITIES RESEARCH.

Subpart 6 of part E of title IV of the Public Health Service Act, as amended by section 102 of this Act, is amended by adding at the end the following section:

''SEC. 485G. LOAN REPAYMENT PROGRAM FOR MINORITY HEALTH DISPARITIES RESEARCH.

''(a) IN GENERAL.—The Director of the Center shall establish a program of entering into contracts with qualified health professionals under which such health professionals agree to engage in minority health disparities research or other health disparities research in consideration of the Federal Government agreeing to repay, for each year of engaging in such research, not more than $35,000 of the principal and interest of the educational loans of such health professionals.

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

''(c) REQUIREMENT REGARDING HEALTH DISPARITY POPULATIONS.—The Director of the Center shall ensure that not fewer than 50 percent of the contracts entered into under subsection (a) are for appropriately qualified health professionals who are members of a health disparity population.

''(d) PRIORITY.—With respect to minority health disparities research and other health disparities research under subsection (a), the Secretary shall ensure that priority is given to conducting projects of biomedical research.

''(e) FUNDING.—

''(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.

''(2) AVAILABILITY OF APPROPRIATIONS.—Amounts available for carrying out this section shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which the amounts were made available.''.

SEC. 104. GENERAL PROVISIONS REGARDING THE CENTER.

Subpart 6 of part E of title IV of the Public Health Service Act, as amended by section 103 of this Act, is amended by adding at the end the following section:

''SEC. 485H. GENERAL PROVISIONS REGARDING THE CENTER.

''(a) ADMINISTRATIVE SUPPORT FOR CENTER.—The Secretary, acting through the Director of the National Institutes of Health, shall provide administrative support and support services to the Director of the Center and shall ensure that such support takes maximum advantage of existing administrative structures at the agencies of the National Institutes of Health.

''(b) EVALUATION AND REPORT.—

''(1) EVALUATION.—Not later than 5 years after the date of the enactment of this subpart, the Secretary shall conduct an evaluation to—

''(A) determine the effect of this subpart on the planning and coordination of health disparities research programs at the agencies of the National Institutes of Health;

''(B) evaluate the extent to which this subpart has eliminated the duplication of administrative resources among such Institutes, centers and divisions; and

''(C) provide, to the extent determined by the Secretary to be appropriate, recommendations concerning future legislative modifications with respect to this subpart, for both minority health disparities research and other health disparities research.

''(2) MINORITY HEALTH DISPARITIES RESEARCH.—The evaluation under paragraph (1) shall include a separate statement that applies subparagraphs (A) and (B) of such paragraph to minority health disparities research.

''(3) REPORT.—Not later than 1 year after the date on which the evaluation is commenced under paragraph (1), the Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Commerce of the House of Representatives, a report concerning the results of such evaluation.''.

SEC. 105. REPORT REGARDING RESOURCES OF NATIONAL INSTITUTES OF HEALTH DEDICATED TO MINORITY AND OTHER HEALTH DISPARITIES RESEARCH.

Not later than December 1, 2003, the Director of the National Center on Minority Health and Health Disparities (established by the amendment made by section 101(a)), after consultation with the advisory council for such Center, shall submit to the Congress, the Secretary of Health and Human Services, and the Director of the National Institutes of Health a report that provides the following:

(1) Recommendations for the methodology that should be used to determine the extent of the resources of the National Institutes of Health that are dedicated to minority health disparities research and other health disparities research, including determining the amount of funds that are used to conduct and support such research. With respect to such methodology, the report shall address any discrepancies between the methodology used by such Institutes as of the date of the enactment of this Act and the methodology used by the Institute of Medicine as of such date.

(2) A determination of whether and to what extent, relative to fiscal year 1999, there has been an increase in the level of resources of the National Institutes of Health that are dedicated to minority health disparities research, including the amount of funds used to conduct and support such research. The report shall include provisions describing whether and to what extent there have been increases in the number and amount of awards to minority serving institutions.

TITLE II—HEALTH DISPARITIES RESEARCH BY AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

SEC. 201. HEALTH DISPARITIES RESEARCH BY AGENCY FOR HEALTHCARE RESEARCH AND QUALITY.

(a) GENERAL.—Part A of title IX of the Public Health Service Act (42 U.S.C. 299 et seq.) is amended—

(1) in section 902, by striking subsection (g); and

(2) by adding at the end the following:

''SEC. 903. RESEARCH ON HEALTH DISPARITIES.

''(a) IN GENERAL.—The Director shall—

''(1) conduct and support research to identify populations for which there is a significant disparity in the quality, outcomes, cost, or use of health care services or access to and satisfaction with such services, as compared to the general population;

''(2) conduct and support research on the causes of and barriers to reducing the health disparities identified in paragraph (1), taking into account such factors as socioeconomic

status, attitudes toward health, the language spoken, the extent of formal education, the area or community in which the population resides, and other factors the Director determines to be appropriate;

''(3) conduct and support research and support demonstration projects to identify, test, and evaluate strategies for reducing or eliminating health disparities, including development or identification of effective service delivery models, and disseminate effective strategies and models;

''(4) develop measures and tools for the assessment and improvement of the outcomes, quality, and appropriateness of health care services provided to health disparity populations;

''(5) in carrying out section 902(c), provide support to increase the number of researchers who are members of health disparity populations, and the health services research capacity of institutions that train such researchers; and

''(6) beginning with fiscal year 2003, annually submit to the Congress a report regarding prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations.

''(b) RESEARCH AND DEMONSTRATION PROJECTS.—

''(1) IN GENERAL.—In carrying out subsection (a), the Director shall conduct and support research and support demonstrations to—

''(A) identify the clinical, cultural, socioeconomic, geographic, and organizational factors that contribute to health disparities, including minority health disparity populations, which research shall include behavioral research, such as examination of patterns of clinical decisionmaking, and research on access, outreach, and the availability of related support services (such as cultural and linguistic services);

''(B) identify and evaluate clinical and organizational strategies to improve the quality, outcomes, and access to care for health disparity populations, including minority health disparity populations;

''(C) test such strategies and widely disseminate those strategies for which there is scientific evidence of effectiveness; and

''(D) determine the most effective approaches for disseminating research findings to health disparity populations, including minority populations.

''(2) USE OF CERTAIN STRATEGIES.—In carrying out this section, the Director shall implement research strategies and mechanisms that will enhance the involvement of individuals who are members of minority health disparity populations or other health disparity populations, health services researchers who are such individuals, institutions that train such individuals as researchers, members of minority health disparity populations or other health disparity populations for whom the Agency is attempting to improve the quality and outcomes of care, and representatives of appropriate tribal or other community-based organizations with respect to health disparity populations. Such research strategies and mechanisms may include the use of—

''(A) centers of excellence that can demonstrate, either individually or through consortia, a combination of multi-disciplinary expertise in outcomes or quality improvement research, linkages to relevant sites of care, and a demonstrated capacity to involve members and communities of health disparity populations, including minority health disparity populations, in the planning, conduct, dissemination, and translation of research;

''(B) provider-based research networks, including health plans, facilities, or delivery system sites of care (especially primary care), that make extensive use of health care providers who are members of health disparity populations or who serve patients in such populations and have the capacity to evaluate and promote quality improvement;

''(C) service delivery models (such as health centers under section 330 and the Indian Health Service) to reduce health disparities; and

''(D) innovative mechanisms or strategies that will facilitate the translation of past research investments into clinical practices that can reasonably be expected to benefit these populations.

''(c) QUALITY MEASUREMENT DEVELOPMENT.—

''(1) IN GENERAL.—To ensure that health disparity populations, including minority health disparity populations, benefit from the progress made in the ability of individuals to measure the quality of health care delivery, the Director shall support the development of quality of health care measures that assess the experience of such populations with health care systems, such as measures that assess the access of such populations to health care, the cultural competence of the care provided, the quality of the care provided, the outcomes of care, or other aspects of health care practice that the Director determines to be important.

''(2) EXAMINATION OF CERTAIN PRACTICES.—The Director shall examine the practices of providers that have a record of reducing health disparities or have experience in providing culturally competent health services to minority health disparity populations or other health disparity populations. In examining such practices of providers funded under the authorities of this Act, the Director shall consult with the heads of the relevant agencies of the Public Health Service.

''(3) REPORT.—Not later than 36 months after the date of the enactment of this section, the Secretary, acting through the Director, shall prepare and submit to the appropriate committees of Congress a report describing the state-of-the-art of quality measurement for minority and other health disparity populations that will identify critical unmet needs, the current activities of the Department to address those needs, and a description of related activities in the private sector.

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

''(1) The term 'health disparity population' has the meaning given such term in section 485E, except that in addition to the meaning so given, the Director may determine that such term includes populations for which there is a significant disparity in the quality, outcomes, cost, or use of health care services or access to or satisfaction with such services as compared to the general population.

''(2) The term 'minority', with respect to populations, refers to racial and ethnic minority groups as defined in section 1707.''.

(b) FUNDING.—Section 927 of the Public Health Service Act (42 U.S.C. 299c–6) is amended by adding at the end the following:

''(d) HEALTH DISPARITIES RESEARCH.—For the purpose of carrying out the activities under section 903, there are authorized to be appropriated $50,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 through 2005.''.

TITLE III—DATA COLLECTION RELATING TO RACE OR ETHNICITY

SEC. 301. STUDY AND REPORT BY NATIONAL ACADEMY OF SCIENCES.

(a) STUDY.—The National Academy of Sciences shall conduct a comprehensive study of the Department of Health and Human Services' data collection systems and practices, and any data collection or reporting systems required under any of the programs or activities of the Department, relating to the collection of data on race or ethnicity, including other Federal data collection systems (such as the Social Security Administration) with which the Department interacts to collect relevant data on race and ethnicity.

(b) REPORT.—Not later than 1 year after the date of enactment of this Act, the National Academy of Sciences shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives, a report that—

(1) identifies the data needed to support efforts to evaluate the effects of socioeconomic status, race and ethnicity on access to health care and other services and on disparity in health and other social outcomes and the data needed to enforce existing protections for equal access to health care;

(2) examines the effectiveness of the systems and practices of the Department of Health and Human Services described in subsection (a), including pilot and demonstration projects of the Department, and the effectiveness of selected systems and practices of other Federal, State, and tribal agencies and the private sector, in collecting and analyzing such data;

(3) contains recommendations for ensuring that the Department of Health and Human Services, in administering its entire array of programs and activities, collects, or causes to be collected, reliable and complete information relating to race and ethnicity; and

(4) includes projections about the costs associated with the implementation of the recommendations described in paragraph (3), and the possible effects of the costs on program operations.

(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for fiscal year 2001.

TITLE IV—HEALTH PROFESSIONS EDUCATION

SEC. 401. HEALTH PROFESSIONS EDUCATION IN HEALTH DISPARITIES.

(a) IN GENERAL.—Part B of title VII of the Public Health Service Act (42 U.S.C. 293 et seq.) is amended by inserting after section 740 the following:

''SEC. 741. GRANTS FOR HEALTH PROFESSIONS EDUCATION.

''(a) GRANTS FOR HEALTH PROFESSIONS EDUCATION IN HEALTH DISPARITIES AND CULTURAL COMPETENCY.—

''(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make awards of grants, contracts, or cooperative agreements to public and nonprofit private entities (including tribal entities) for the purpose of carrying out research and demonstration projects (including research and demonstration projects for continuing health professions education) for training and education of health professionals for the reduction of disparities in health care outcomes and the provision of culturally competent health care.

''(2) ELIGIBLE ENTITIES.—Unless specifically required otherwise in this title, the Secretary shall accept applications for grants or contracts under this section from health professions schools, academic health centers, State or local governments, or other appropriate public or private nonprofit entities (or consortia of entities, including entities promoting multidisciplinary approaches) for funding and participation in health professions training activities. The Secretary may accept applications from for-profit private

entities as determined appropriate by the Secretary.

''(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out subsection (a), $3,500,000 for fiscal year 2001, $7,000,000 for fiscal year 2002, $7,000,000 for fiscal year 2003, and $3,500,000 for fiscal year 2004.''.

(b) NURSING EDUCATION.—Part A of title VIII of the Public Health Service Act (42 U.S.C. 296 et seq.) is amended—

(1) by redesignating section 807 as section 808; and

(2) by inserting after section 806 the following:

''SEC. 807. GRANTS FOR HEALTH PROFESSIONS EDUCATION.

''(a) GRANTS FOR HEALTH PROFESSIONS EDUCATION IN HEALTH DISPARITIES AND CULTURAL COMPETENCY.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make awards of grants, contracts, or cooperative agreements to eligible entities for the purpose of carrying out research and demonstration projects (including research and demonstration projects for continuing health professions education) for training and education for the reduction of disparities in health care outcomes and the provision of culturally competent health care. Grants under this section shall be the same as provided in section 741.''.

''(b) AUTHORIZATION OF APPROPRIATIONS.—There are to be appropriated to carry out subsection (a) such sums as may be necessary for each of the fiscal years 2001 through 2004.''.

SEC. 402. NATIONAL CONFERENCE ON HEALTH PROFESSIONS EDUCATION AND HEALTH DISPARITIES.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the ''Secretary''), acting through the Administrator of the Health Resources and Services Administration, shall convene a national conference on health professions education as a method for reducing disparities in health outcomes.

(b) PARTICIPANTS.—The Secretary shall include in the national conference convened under subsection (a) advocacy groups and educational entities as described in section 741 of the Public Health Service Act (as added by section 401), tribal health programs, health centers under section 330 of such Act, and other interested parties.

(c) ISSUES.—The national conference convened under subsection (a) shall include, but is not limited to, issues that address the role and impact of health professions education on the reduction of disparities in health outcomes, including the role of education on cultural competency. The conference shall focus on methods to achieve reductions in disparities in health outcomes through health professions education (including continuing education programs) and strategies for outcomes measurement to assess the effectiveness of education in reducing disparities.

(d) PUBLICATION OF FINDINGS.—Not later than 6 months after the national conference under subsection (a) has convened, the Secretary shall publish in the Federal Register a summary of the proceedings and findings of the conference.

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

SEC. 403. ADVISORY RESPONSIBILITIES IN HEALTH PROFESSIONS EDUCATION IN HEALTH DISPARITIES AND CULTURAL COMPETENCY.

Section 1707 of the Public Health Service Act (42 U.S.C. 300u-6) is amended—

(1) in subsection (b), by adding at the end the following paragraph:

''(10) Advise in matters related to the development, implementation, and evaluation of health professions education in decreasing disparities in health care outcomes, including cultural competency as a method of eliminating health disparities.'';

(2) in subsection (c)(2), by striking ''paragraphs (1) through (9)'' and inserting ''paragraphs (1) through (10)''; and

(3) in subsection (d), by amending paragraph (1) to read as follows:

''(1) RECOMMENDATIONS REGARDING LANGUAGE.—

''(A) PROFICIENCY IN SPEAKING ENGLISH.—The Deputy Assistant Secretary shall consult with the Director of the Office of International and Refugee Health, the Director of the Office of Civil Rights, and the Directors of other appropriate departmental entities regarding recommendations for carrying out activities under subsection (b)(9).

''(B) HEALTH PROFESSIONS EDUCATION REGARDING HEALTH DISPARITIES.—The Deputy Assistant Secretary shall carry out the duties under subsection (b)(10) in collaboration with appropriate personnel of the Department of Health of Human Services, other Federal agencies, and other offices, centers, and institutions, as appropriate, that have responsibilities under the Minority Health and Health Disparities Research and Education Act of 2000.''.

TITLE V—PUBLIC AWARENESS AND DISSEMINATION OF INFORMATION ON HEALTH DISPARITIES

SEC. 501. PUBLIC AWARENESS AND INFORMATION DISSEMINATION.

(a) PUBLIC AWARENESS ON HEALTH DISPARITIES.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall conduct a national campaign to inform the public and health care professionals about health disparities in minority and other underserved populations by disseminating information and materials available on specific diseases affecting these populations and programs and activities to address these disparities. The campaign shall—

(1) have a specific focus on minority and other underserved communities with health disparities; and

(2) include an evaluation component to assess the impact of the national campaign in raising awareness of health disparities and information on available resources.

(b) DISSEMINATION OF INFORMATION ON HEALTH DISPARITIES.—The Secretary shall develop and implement a plan for the dissemination of information and findings with respect to health disparities under titles I, II, III, and IV of this Act. The plan shall—

(1) include the participation of all agencies of the Department of Health and Human Services that are responsible for serving populations included in the health disparities research; and

(2) have agency-specific strategies for disseminating relevant findings and information on health disparities and improving health care services to affected communities.

TITLE VI—MISCELLANEOUS PROVISIONS

SEC. 601. DEPARTMENTAL DEFINITION REGARDING MINORITY INDIVIDUALS.

Section 1707(g)(1) of the Public Health Service Act (42 U.S.C. 300u–6) is amended—

(1) by striking ''Asian Americans and'' and inserting ''Asian Americans;''; and

(2) by inserting ''Native Hawaiians and other'' before ''Pacific Islanders;''.

SEC. 602. CONFORMING PROVISION REGARDING DEFINITIONS.

For purposes of this Act, the term ''racial and ethnic minority group'' has the meaning given such term in section 1707 of the Public Health Service Act.

SEC. 603. EFFECTIVE DATE.

This Act and the amendments made by this Act take effect October 1, 2000, or upon the date of the enactment of this Act, whichever occurs later.

PRIVILEGES OF THE FLOOR

Mr. KENNEDY. Mr. President, I ask unanimous consent that David Bowen, a fellow on the committee, be granted privileges of the floor for the remainder of the session.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. REID. Mr. President, I ask unanimous consent that a fellow from the office of Senator JOHNSON, Bryan Kaatz, be allowed floor privileges during the remainder of this day.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. HARKIN. Mr. President, I ask unanimous consent that floor privileges be granted to Jerry Pannullo, John Sparrow, Valerie Mark, and Ben Gann of the Finance Committee staff until the end of the session. I make that request on behalf of Senator MOYNIHAN.

The PRESIDING OFFICER. Without objection, it is so ordered.

TARIFF SUSPENSION AND TRADE ACT OF 2000

Mr. BROWNBACK. Mr. President, I ask unanimous consent that the Chair lay before the Senate a message from the House to accompany H.R. 4868.

There being no objection, the Presiding Officer laid before the Senate the following message from the House of Representatives:

Resolved, That the House agree to the amendment of the Senate to the bill (H.R. 4868) entitled ''An Act to amend the Harmonized Tariff Schedule of the United States to modify temporarily certain rates of duty, to make other technical amendments to the trade laws, and for other purposes'', with the following House amendment to Senate amendment:

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Tariff Suspension and Trade Act of 2000''.

SEC. 2. TABLE OF CONTENTS.

The table of contents of this Act is as follows:

Sec. 1. Short title.
Sec. 2. Table of contents.
TITLE I—TARIFF PROVISIONS
Sec. 1001. Reference; expired provisions.
Subtitle A—Temporary Duty Suspensions and Reductions
CHAPTER 1—NEW DUTY SUSPENSIONS AND REDUCTIONS
Sec. 1101. HIV/AIDS drug.
Sec. 1102. HIV/AIDS drug.
Sec. 1103. Triacetoneamine.
Sec. 1104. Instant print film in rolls.
Sec. 1105. Color instant print film.
Sec. 1106. Mixtures of sennosides and mixtures of sennosides and their salts.
Sec. 1107. Cibacron red LS–B HC.
Sec. 1108. Cibacron brilliant blue FN–G.