

SEC. 19. TECHNICAL AND CONFORMING AMENDMENTS.

Section 505A of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355a) (as amended by sections 2(1), 5(b)(2), 9, 10, 11, and 17) is amended—

(1)(A) by striking “(j)(4)(D)(ii)” each place it appears and inserting “(j)(5)(D)(ii)”;

(B) by striking “(j)(4)(D)” each place it appears and inserting “(j)(5)(D)”;

(C) by striking “505(j)(4)(D)” each place it appears and inserting “505(j)(5)(D)”;

(2) by redesignating subsections (a), (g), (h), (i), (j), (k), (l), (m), (n), and (o) as subsections (b), (a), (g), (h), (n), (m), (i), (j), (k), and (l) respectively;

(3) by moving the subsections so as to appear in alphabetical order;

(4) in paragraphs (1), (2), and (3) of subsection (d), subsection (e), and subsection (m) (as redesignated by paragraph (2)), by striking “subsection (a) or (c)” and inserting “subsection (b) or (c)”;

(5) in subsection (g) (as redesignated by paragraph (2)), by striking “subsection (a) or (b)” and inserting “subsection (b) or (c)”.

POST TERRORISM MENTAL HEALTH IMPROVEMENT ACT

Mr. REID. Madam President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 236, S. 1729.

The PRESIDING OFFICER. The clerk will state the bill by title.

The legislative clerk read as follows:

A bill (S. 1729) to provide assistance with respect to the mental health needs of individuals affected by the terrorist attacks of September 11, 2001.

There being no objection, the Senate proceeded to consider the bill.

AMENDMENT NO. 2503

Mr. REID. Madam President, I understand that Senators KENNEDY and WARNER have a substitute amendment at the desk.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Nevada [Mr. REID], for Mr. KENNEDY, for himself, Mr. WARNER, Mr. FRIST, Mrs. CLINTON, Mr. WELLSTONE, Ms. COLLINS, Mrs. MURRAY, and Mr. DOMENICI, proposes an amendment numbered 2503.

Mr. REID. Madam President, I ask unanimous consent that further reading of the amendment be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

(Purpose: To provide for a complete substitute)

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Post Terrorism Mental Health Improvement Act”.

SEC. 2. PLANNING AND TRAINING GRANTS.

Section 520A of the Public Health Service Act (42 U.S.C. 290bb-32) is amended—

(1) in subsection (a)—

(A) in paragraph (2), by inserting before the semicolon the following: “, including the training of mental health professionals with respect to evidence-based practices in the treatment of individuals who are victims of a disaster”;

(B) in paragraph (3), by striking “and” at the end;

(C) in paragraph (4), by striking the period and inserting a semicolon; and

(D) by inserting after paragraph (4), the following:

“(5) the development of coordinated response plans for responding to the mental health needs (including the response efforts of private organizations) that arise from a disaster, including the development and expansion of the 2-1-1 or other universal hotline as appropriate; and

“(6) the establishment of a mental health disaster response clearinghouse.”;

(2) by redesignating subsection (f) as subsection (h); and

(3) by inserting after subsection (e) the following:

“(f) STATE COMMENTS.—With respect to a State or local public entity that submits an application for assistance under this section and that intends to use such assistance as provided for in subsection (a)(5), such entity shall provide notice of such application to the chief executive officer of the State, the State mental health department, and the State office responsible for emergency preparedness who shall consult with providers and organizations serving public safety officials and others involved in responding to the crisis, and provide such officer, department and office with the opportunity to comment on such application.

“(g) DEFINITION.—For purposes of subsection (a)(2), the term ‘mental health professional’ includes psychiatrists, psychologists, clinical psychiatric nurse specialists, mental health counselors, marriage and family therapists, clinical social workers, pastoral counselors, school psychologists, licensed professional counselors, school guidance counselors, and any other individual practicing in a mental health profession that is licensed or regulated by a State agency.”.

SEC. 3. GRANTS TO DIRECTLY AFFECTED AREAS TO ADDRESS LONG-TERM NEEDS.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall award grants to eligible State and local governments and other public entities to enable such entities to respond to the long-term mental health needs arising from the terrorist attacks of September 11, 2001.

(b) ELIGIBILITY.—To be eligible to receive a grant under subsection (a) an entity shall—

(1) be a State or local government or other public entity that is located in an area that is directly affected (as determined by the Secretary) by the terrorist attacks of September 11, 2001; and

(2) prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

(c) USE OF FUNDS.—A grantee shall use amounts received under a grant under subsection (a)—

(1) to carry out activities to locate individuals who may be affected by the terrorist attacks of September 11, 2001 and in need of mental health services;

(2) to provide treatment for those individuals identified under paragraph (1) who are suffering from a serious psychiatric illness as a result of such terrorist attack, including paying the costs of necessary medications; and

(3) to carry out other activities determined appropriate by the Secretary.

(d) SUPPLEMENT NOT SUPPLANT.—Amounts expended for treatments under subsection (c)(2) shall be used to supplement and not supplant amounts otherwise made available for such treatments (including medications) under any other Federal, State, or local program or under any health insurance coverage.

(e) USE OF PRIVATE ENTITIES AND EXISTING PROVIDERS.—To the extent appropriate, a grantee under subsection (a) shall—

(1) enter into contracts with private, non-profit entities to carry out activities under the grant; and

(2) to the extent feasible, utilize providers that are already serving the affected population, including providers used by public safety officials.

(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section such sums as may be necessary in each of fiscal years 2002 through 2005.

SEC. 4. RESEARCH.

Part A of title II of the Public Health Service Act (42 U.S.C. 202 et seq.) is amended by adding at the end the following:

“SEC. 229. RESEARCH.

“Notwithstanding any other provision of law, the Secretary may waive any restriction on the amount of supplemental funding that may be provided to any disaster-related scientific research project that is funded by the Secretary.”.

SEC. 5. CHILDREN WHO EXPERIENCE VIOLENCE-RELATED STRESS.

(a) IN GENERAL.—Section 582(f) of the Public Health Service Act (42 U.S.C. 290hh-1(f)) is amended by striking “2002 and 2003” and inserting “2002 through 2005”.

(b) SENSE OF CONGRESS.—It is the sense of Congress that the program established under section 582 of the Public Health Service Act (42 U.S.C. 290hh-1) should be fully funded.

Mr. KENNEDY. Madam President, mental illnesses inflicted by tragedies like the assault on the World Trade Center and the Pentagon are a serious problem. Every American family is at risk, whether a loved one worked at the World Trade Center or the Pentagon, or whether the family simply watched the attack on television from a continent away. Studies of other disasters teach us that the most vulnerable are those who are most directly affected, but even those less directly touched by these tragedies are vulnerable.

The hearing on September 26 made it clear that Congress has an obligation to assure that these mental health needs are met and that we are better prepared for the mental health consequences of future tragedies. Our witnesses, as well as other experts in the field, identified four key needs: better advance planning and preparedness, training of mental health professionals to treat the specific mental health needs arising from disasters, resources to identify and treat those who will suffer long-term mental health problems as a result of the September 11 attack, research on how to improve our responses to the needs of disaster victims.

The legislation passed through the Senate today by unanimous consent intended to meet all four of these needs. This help is essential for the individuals and families who were injured or lost a loved one, for the brave public safety officers who put their lives on the line trying to rescue or recover victims, and for the many other Americans of all ages in communities across the country who have suffered psychological trauma as the result of these

attacks. The bill was developed in close collaboration with Senator WARNER. Senator FRIST, Senator CLINTON, Senator WELLSTONE, and Senator GREGG made important contributions and I thank them for their efforts.

It is my hope that it will be approved by the House, and that it will be followed by an adequate allocation of funds to help all those who need it.

Mr. WARNER. Madam President, yesterday marked the three month anniversary of one of the most tragic days in American history. While the loathsome, cowardly acts of terrorism that took place on September 11, 2001 have deeply wounded our country, they have not, and never will, dull the spirit and resolve of the American people.

My thoughts and prayers continue to be with those who lost loved ones on that horrific day. And, I continue to express my deepest appreciation to the thousands of individuals who stepped up on the face of danger to assist in the devastating aftermath at the Pentagon, the World Trade Center, and at the Pennsylvania crash site.

The Congress has come together, speaking with a unified bipartisan voice, on several pieces of legislation. Members of Congress have joined together in support of our President and his determination to punish the perpetrators of these attacks. We have joined together on legislation to help law enforcement prevent additional acts of terrorism and to help law enforcement bring terrorists to justice. We have also come together to provide additional resources to bolster our public health infrastructure to better prepare this country in the event of a more widespread biological attack.

I rise today to express my gratitude for my colleagues' willingness to work in a bipartisan fashion on yet another piece of legislation in response to the September 11 attacks. On November 27, 2001, the Health, Education, Labor, and Pensions Committee reported out legislation to provide assistance with the mental health needs of individuals affected by the terrorist attacks of September 11, 2001.

Today, I am pleased to report that this legislation, which I worked so closely on with Senators KENNEDY, FRIST, and GREGG, has passed the Senate by unanimous consent.

The legislation has three main components. First, it authorizes the Secretary of Health and Human Services to provide grants to areas that are directly affected by the attacks of September 11, 2001, such as Northern Virginia and New York City. Grants can be used by State and local governments to respond to the long-term mental health needs arising from that disaster, particularly for the treatment of those individuals who do not have mental health insurance coverage or who are under-insured.

Second, the bill permits the Secretary to provide grants for training mental health professionals in the treatment of certain disorders, such as

post traumatic stress disorder, that may result from disasters.

Finally, the legislation permits the Secretary to make grants to States and localities to develop a coordinated mental health response plan in the event of a future disaster.

While the extent of the long term mental health consequences of September 11, 2001 are not entirely known, the needs are certain to be serious. This legislation makes it clear that Congress is committed to meeting the essential mental health needs of the individuals and families who were injured or killed in the terrorist attacks on this great Nation.

I thank my colleagues for their support of this legislation.

Mr. REID. Madam President, I ask unanimous consent that the amendment be agreed to, the motion to reconsider be laid upon the table; the bill, as amended, be read the third time and passed, the motion to reconsider be laid upon the table, with no intervening action, and that any statements related to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 2503) was agreed to.

The bill (S. 1729), as amended, was read the third time and passed.

ADMINISTRATIVE SIMPLIFICATION COMPLIANCE ACT

Mr. REID. Madam President, I ask unanimous consent that the Senate immediately proceed to Calendar No. 256, H.R. 3323.

The PRESIDING OFFICER. The clerk will state the bill by title.

The legislative clerk read as follows:

A bill (H.R. 3323) to ensure that covered entities comply with the standards for electronic health care transactions and code sets adopted under part C of title XI of the Social Security Act, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. REID. Madam President, I ask unanimous consent that the bill be read the third time and passed, the motion to reconsider be laid upon the table, and that any statements relating thereto be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (H.R. 3323) was read the third time and passed.

Mr. DORGAN. Madam President, today the Senate has passed H.R. 3323, a bill that waives the penalties for state health programs, health care providers, and health plans that are unable to comply with the transactions and code sets regulation of the Health Insurance Portability and Accountability Act by October 16, 2002. This bill is different from the bill passed by the Senate on November 27, and frankly, I would prefer that we simply provide the one-year extension to those entities that need it, as provided for in the Senate bill. However, the time re-

maining in this session of Congress is short, and the House bill will offer a measure of help to those in our states.

The House bill would require that, in order to receive a waiver, those entities needing more time to comply with the transactions and code sets regulation would have to submit a plan to the Secretary of Health and Human Services explaining how they plan to come into compliance by October 16, 2003. When Senator CRAIG and I first introduced legislation on this issue more than six months ago, we are attempting to help alleviate a burden on covered entities. It is not our intention in passing this bill to place a significant new burden on health care providers, states, and health plans.

Mr. CRAIG. Madam President, I share Senator DORGAN's concern that the compliance plans called for in the House bill not be unduly burdensome. The terrorist attacks of September 11th, and concern about bioterrorism, are putting an additional pressure on our already overtaxed public health system, so imposing new burdens is something we should try to minimize. Therefore, we strongly encourage Health and Human Services Secretary Thompson to ensure that the requirement to file a compliance plan imposes as little a burden as possible.

Mr. BAYH. I want to associate myself with the remarks of my colleagues, Senators DORGAN and CRAIG. As a former governor, I also want to raise a potential concern that has been brought to my attention by some states. The Medicaid program is explicitly covered by HIPAA, but there are many other state programs with health components that may or may not be covered. Before states go through the potentially unnecessary work of submitting compliance plans that may not be needed, I feel strongly that HHS should provide guidance to states about what other plans are required. In addition, HHS should provide technical assistance as to what resources states can use for developing the compliance plans called for by the House bill. States should submit their plans for the Medicaid program and receive guidance from the HHS before submitting state plans that deal with other programs. Only with the appropriate and critical information can HHS and the states create a successful partnership.

Mr. DORGAN. I thank the Senator for raising this important concern. I agree that HHS should provide states with the necessary guidance. I also want to note that when Senator CRAIG and I first introduced legislation on this issue it was our intention not to affect the implementation of the medical privacy regulation. I'm pleased that this bill accomplishes that goal, and the medical records privacy rule will not be delayed or affected in any way.

Mr. CRAIG. I, too, am glad that we have been able to protect the privacy rule, and I want to make one final point in that regard. Nothing in this