

“(1) provide for the establishment of a student loan fund by the school involved;

“(2) provide for deposit in the fund of—

“(A) the Federal capital contributions to the fund;

“(B) an amount equal to not less than one-ninth of such Federal capital contributions, contributed by such school;

“(C) collections of principal and interest on loans made from the fund; and

“(D) any other earnings of the fund;

“(3) provide that the fund will be used only for loans to students of the school in accordance with subsection (c) and for costs of collection of such loans and interest thereon;

“(4) provide that loans may be made from such fund only to students pursuing a full-time course of study or, at the discretion of the Secretary, a part-time course of study; and

“(5) contain such other provisions as are necessary to protect the financial interests of the United States.

“(c) LOAN PROVISIONS.—Loans from any student loan fund established by a school pursuant to an agreement under subsection (a) shall be made to an individual on such terms and conditions as the school may determine, except that—

“(1) such terms and conditions are subject to any conditions, limitations, and requirements prescribed by the Secretary;

“(2) in the case of any individual, the total of the loans for any academic year made by schools of pharmacy from loan funds established pursuant to agreements under subsection (a) may not exceed \$30,000, plus any amount determined by the Secretary on an annual basis to reflect inflation;

“(3) an amount up to 85 percent of any such loan (plus interest thereon) shall be canceled by the school as follows:

“(A) upon completion by the individual of each of the first, second, and third year of full-time employment, required by the loan agreement entered into under this subsection, as a faculty member in a school of pharmacy, the school shall cancel 20 percent of the principle of, and the interest on, the amount of such loan unpaid on the first day of such employment; and

“(B) upon completion by the individual of the fourth year of full-time employment, required by the loan agreement entered into under this subsection, as a faculty member in a school of pharmacy, the school shall cancel 25 percent of the principle of, and the interest on, the amount of such loan unpaid on the first day of such employment;

“(4) such a loan may be used to pay the cost of tuition, fees, books, laboratory expenses, and other reasonable education expenses;

“(5) such a loan shall be repayable in equal or graduated periodic installments (with the right of the borrower to accelerate repayment) over the 10-year period that begins 9 months after the individual ceases to pursue a course of study at a school of pharmacy; and

“(6) such a loan shall—

“(A) beginning on the date that is 3 months after the individual ceases to pursue a course of study at a school of pharmacy, bear interest on the unpaid balance of the loan at the rate of 3 percent per annum; or

“(B) subject to subsection (e), if the school of pharmacy determines that the individual will not complete such course of study or serve as a faculty member as required under the loan agreement under this subsection, bear interest on the unpaid balance of the loan at the prevailing market rate.

“(d) PAYMENT OF PROPORTIONATE SHARE.—Where all or any part of a loan, or interest, is canceled under this section, the Secretary shall pay to the school an amount equal to the school's proportionate share of the canceled portion, as determined by the Secretary.

“(e) REVIEW BY SECRETARY.—At the request of the individual involved, the Secretary may review any determination by a school of pharmacy under subsection (c)(6)(B).

“(f) INFORMATION TECHNOLOGY.—The Secretary may make awards of grants or contracts to qualifying schools of pharmacy for the purpose of assisting such schools in acquiring and installing computer-based systems to provide pharmaceutical education. Education provided through such systems may be graduate education, professional education, or continuing education. The computer-based systems may be designed to provide on-site education, or education at remote sites (commonly referred to as distance learning), or both.

“(g) REQUIREMENT REGARDING EDUCATION IN PRACTICE OF PHARMACY.—With respect to the school of pharmacy involved, the Secretary shall ensure that programs and activities carried out with Federal funds provided under this section have the goal of educating students to become licensed pharmacists, or the goal of providing for faculty to recruit, retain, and educate students to become licensed pharmacists.

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

“(1) SCHOOL OF PHARMACY.—the term ‘school of pharmacy’ means a college or school of pharmacy (as defined in section 799B) that, in providing clinical experience for students, requires that the students serve in a clinical rotation in which pharmacist services (as defined in section 331(a)(3)(E)) are provided at or for—

“(A) a medical facility that serves a substantial number of individuals who reside in or are members of a medically underserved community (as so defined);

“(B) an entity described in any of subparagraphs (A) through (L) of section 340B(a)(4) (relating to the definition of covered entity);

“(C) a health care facility of the Department of Veterans Affairs or of any of the Armed Forces of the United States;

“(D) a health care facility of the Bureau of Prisons;

“(E) a health care facility operated by, or with funds received from, the Indian Health Service; or

“(F) a disproportionate share hospital under section 1923 of the Social Security Act.

“(2) PHARMACIST SERVICES.—The term ‘pharmacist services’ includes drug therapy management services furnished by a pharmacist, individually or on behalf of a pharmacy provider, and such services and supplies furnished incident to the pharmacist's drug therapy management services, that the pharmacist is legally authorized to perform (in the State in which the individual performs such services) in accordance with State law (or the State regulatory mechanism provided for by State law).

“(i) 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 2003 through 2007.”

Mr. REID. I ask unanimous consent the committee-reported amendment be agreed to, the bill, as amended, be read three times and passed, the motion to reconsider be laid upon the table, and any statements be printed in the RECORD, with no intervening action or debate.

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

The committee amendment in the nature of a substitute was agreed to.

The bill (S. 1806), as amended, was read the third time and passed.

NATIONAL MINORITY HEALTH AND HEALTH DISPARITIES MONTH

Mr. REID. Mr. President, I ask unanimous consent that the Judiciary Committee be discharged from further consideration of H. Con. Res. 388 and that

we now proceed to the consideration of that matter.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the concurrent resolution by title.

The senior assistant bill clerk read as follows:

A concurrent resolution (H. Con. Res. 388) expressing the sense of the Congress that there should be established a National Minority Health and Health Disparities Month, and for other purposes.

There being no objection, the Senate proceeded to the consideration of the concurrent resolution.

Mr. REID. I ask unanimous consent that the concurrent resolution be agreed to, the preamble be agreed to, the motion to reconsider be laid on the table, and any statements be printed in the RECORD.

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

The concurrent resolution (H. Con. Res. 388) was agreed to.

The preamble was agreed to.

NATIONAL MINORITY HEALTH AND HEALTH DISPARITIES MONTH

Mr. REID. Mr. President, I ask unanimous consent that the Judiciary Committee be discharged from further consideration of S. Con. Res. 139 and that the Senate now proceed to this matter.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the concurrent resolution by title.

The senior assistant bill clerk read as follows:

A concurrent resolution (S. Con. Res. 139) expressing the sense of Congress that there should be established a National Minority Health and Health Disparities Month, and for other purposes.

There being no objection, the Senate proceeded to the consideration of the concurrent resolution.

Mr. REID. I ask unanimous consent that the concurrent resolution be agreed to, the preamble be agreed to, the motion to reconsider be laid on the table, and any statements be printed in the RECORD.

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

The concurrent resolution (S. Con. Res. 139) was agreed to.

The preamble was agreed to.

The concurrent resolution, with its preamble, reads as follows:

S. CON. RES. 139

Whereas in 2000, the Surgeon General announced a goal of eliminating, by 2010, health disparities experienced by racial and ethnic minorities in health access and outcome in 6 areas: infant mortality, cancer screening, cardiovascular disease, diabetes, acquired immunodeficiency syndrome and human immunodeficiency virus infection, and immunizations;

Whereas despite notable progress in the overall health of the Nation there are continuing health disparities in the burden of illness and death experienced by African-Americans, Hispanics, Native Americans, Alaska Natives, Asians, and Pacific Islanders, compared to the population of the United States as a whole;

Whereas minorities are more likely to die from cancer, cardiovascular disease, stroke, chemical dependency, diabetes, infant mortality, violence, and, in recent years, acquired immunodeficiency syndrome than nonminorities suffering from those same illnesses;

Whereas there is a national need for scientists in the fields of biomedical, clinical, behavioral, and health services research to focus on how best to eliminate health disparities between minorities and the population of the United States as a whole;

Whereas the diverse health needs of minorities are more effectively addressed when there are minorities in the health care workforce; and

Whereas 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 behaviors that affect health and illness, and these factors have the potential to be modified to help close the health disparities gap that effects minority populations: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That it is the sense of Congress that—

(1) a National Minority Health and Health Disparities Month should be established to promote educational efforts on the health problems currently facing minorities and other populations experiencing health disparities;

(2) the Secretary of Health and Human Services should, as authorized by the Minority Health and Health Disparities Research and Education Act of 2000, present public service announcements on health promotion and disease prevention that target minorities and other populations experiencing health disparities in the United States and educate the public and health care professionals about health disparities;

(3) the President should issue a proclamation recognizing the immediate need to reduce health disparities in the United States and encouraging all health organizations and Americans to conduct appropriate programs and activities to promote healthfulness in minority and other communities experiencing health disparities;

(4) Federal, State, and local governments should work in concert with the private and nonprofit sector to recruit and retain qualified individuals from racial, ethnic, and gender groups that are currently underrepresented in health care professions;

(5) the Agency for Healthcare Research and Quality should continue to collect and report data on health care access and utilization on patients by race, ethnicity, socioeconomic status, and where possible, primary language, as authorized by the Minority Health and Health Disparities Research and Education Act of 2000, to monitor the Nation's

progress toward the elimination of health care disparities; and

(6) the information gained from research about factors associated with health care utilization and access, patient attitudes toward health services, and risk and protective behaviors that affect health and illness, should be disseminated to all health care professionals so that they may better communicate with all patients, regardless of race or ethnicity, without bias or prejudice.

NATIONAL CYSTIC FIBROSIS AWARENESS WEEK

Mr. REID. I ask unanimous consent that the Judiciary Committee be discharged from further consideration of S. Res. 270 and the Senate now proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the resolution by title.

The senior assistant bill clerk read as follows:

A resolution (S. Res. 270) designating the week of October 13, 2002, through October 19, 2002, as "National Cystic Fibrosis Awareness Week".

There being no objection, the Senate proceeded to the consideration of the concurrent resolution.

Mr. REID. I ask unanimous consent that the resolution and the preamble be agreed to, the motion to reconsider be laid on the table, and any statements be printed in the RECORD.

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

The resolution (S. Res. 270) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 270

Whereas cystic fibrosis is one of the most common fatal genetic diseases in the United States and there is no known cure;

Whereas cystic fibrosis, characterized by digestive disorders and chronic lung infections, is a fatal lung disease;

Whereas a total of more than 10,000,000 Americans are unknowing carriers of cystic fibrosis;

Whereas one out of every 3,900 babies in the United States is born with cystic fibrosis;

Whereas approximately 30,000 people in the United States, many of whom are children, have cystic fibrosis;

Whereas the average life expectancy of an individual with cystic fibrosis is 32 years;

Whereas prompt, aggressive treatment of the symptoms of cystic fibrosis can extend the lives of those who have this disease;

Whereas recent advances in cystic fibrosis research have produced promising leads in gene, protein, and drug therapies; and

Whereas education can help inform the public of the symptoms of cystic fibrosis, which will assist in early diagnoses, and increase knowledge and understanding of this disease: Now, therefore, be it

Resolved, That the Senate—

(1) designates the week of October 13, 2002 through October 19, 2002, as "National Cystic Fibrosis Awareness Week";

(2) commits to increasing the quality of life for individuals with cystic fibrosis by promoting public knowledge and understanding in a manner that will result in earlier diagnoses, more fund raising efforts for research, and increased levels of support for those with cystic fibrosis and their families; and

(3) requests the President to issue a proclamation calling on the people of the United States to observe the week with appropriate ceremonies and activities.

ORDERS FOR FRIDAY, OCTOBER 4, 2002

Mr. REID. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand in adjournment until 9:30 a.m., Friday, October 4; that following the prayer and the pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and the Senate then resume consideration of S.J. Res. 45 under the conditions of the previous order, with the time until 11:30 a.m. equally divided and controlled between the two leaders or their designees, with Senators allowed to speak for up to 10 minutes each.

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

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

Mr. REID. Mr. President, I understand there is no further business to come before the Senate. Therefore, I ask unanimous consent that the Senate stand in adjournment.

There being no objection, the Senate, at 6:25 p.m., adjourned until Friday, October 4, 2002, at 9:30 a.m.