

will continue to be around to work on behalf of children, who, without dedicated advocates like Senators DEWINE and DODD, would not have a political voice.

Last year this bill was passed out of committee but held up on the floor toward the end of session. Unfortunately, that meant no backstop was in place to assure the continuation of a minimum baseline protection for children when last October, a District Court judge struck down the 1998 FDA Pediatric Rule, based on his view that Congress did not intend to charge FDA with making sure our children are protected. Today, we pass legislation to clarify that FDA authority to assure safe, effective medicines for children is exactly what we intend.

This bill was the product of compromise. We all worked hard and made concessions on all sides to craft the language the Senate was able to pass today. Some of us would have preferred a strong, permanent assurance for children, and not a sunset of these crucial protections in 2007. Indeed, because the purpose of this legislation was to address the uncertainty caused by the court-triggered lapse of pediatric studies, not codify such a lapse into statute, I cannot support the sunset provision.

But others may have wished to change other aspects of the bill. So we were able to give on each side for the sake of moving forward on a central accomplishment providing FDA with undisputed, unencumbered authority to require and enforce studies of whether medicines important for children are also safe and effective for children. Our managers' amendment and the colloquy we submitted today reinforce that as the goal we all share here today in passing this language.

I want to take a moment to bring special attention to the amount of work and cooperation that the chair and ranking member of Senate Health Education, Labor, and Pensions Committee have dedicated to this bill, both last Congress and this Congress. Senator GREGG and Senator KENNEDY, and both their staffs, Vince Ventimiglia, and David Dorsey have lent their expertise and their time to this issue. Senator DEWINE's staff, Abby Kral, and Senator DODD's staff, Ben Berwick this year, Debra Barrett last year, have been more dedicated than anyone on this issue.

I particularly want to acknowledge the outside experts who have devoted so much time to advocating on behalf of children and making this proposal a reality. The American Academy of Pediatricians, Elaine Vining here in DC and all the pediatricians across the country, have been championing this issue for so long. Also, Mark Isaac and Jeanne Ireland at the Elizabeth Glaser Pediatric AIDS Foundation have been tireless in their efforts. The children's hospitals, and so many others cannot be thanked enough. We would not be here today without their passionate ad-

vocacy. I also appreciate working with Phrma to get to this point and hope to continue to work with them in order to move this bill quickly into law.

NATIVE AMERICAN ALCOHOL AND SUBSTANCE ABUSE PROGRAM CONSOLIDATION ACT OF 2003

Mr. DEWINE. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of calendar No. 143, S. 285.

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

The assistant legislative clerk read as follows:

A bill (S. 285) to authorize the integration and consolidation of alcohol and substance abuse programs and services provided by Indian tribal governments, and for other purposes.

There being no objection, the Senate proceeded to consider the bill which had been reported from the Committee on Indian Affairs, with an amendment to strike all after the enacting clause and inserting in lieu thereof the following:

[Strike the part shown in black brackets and insert the part shown in italic.]

S. 285

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

SECTION 1. SHORT TITLE.

[This Act may be cited as the "Native American Alcohol and Substance Abuse Program Consolidation Act of 2003".]

SEC. 2. PURPOSES.

[The purposes of this Act are—

[(1) to enable Indian tribes to consolidate and integrate alcohol and other substance abuse prevention, diagnosis, and treatment programs, and mental health and related programs, to provide unified and more effective and efficient services to Indians afflicted with mental health, alcohol, or other substance abuse problems;

[(2) to recognize that Indian tribes can best determine the goals and methods for establishing and implementing prevention, diagnosis, and treatment programs for their communities, consistent with the policy of self-determination;

[(3) to encourage and facilitate the implementation of an automated clinical information system to complement the Indian health care delivery system;

[(4) to authorize the use of Federal funds to purchase, lease, license, or provide training for technology for an automated clinical information system that incorporates clinical, financial, and reporting capabilities for Indian behavioral health care programs;

[(5) to encourage quality assurance policies and procedures, and empower Indian tribes through training and use of technology, to significantly enhance the delivery of, and treatment results from, Indian behavioral health care programs;

[(6) to assist Indian tribes in maximizing use of public, tribal, human, and financial resources in developing effective, understandable, and meaningful practices under Indian behavioral health care programs; and

[(7) to encourage and facilitate timely and effective analysis and evaluation of Indian behavioral health care programs.

SECTION 3. DEFINITIONS.

[In this Act:

[(1) AUTOMATED CLINICAL INFORMATION SYSTEM.—The term "automated clinical infor-

mation system" means an automated computer software system that can be used to manage clinical, financial, and reporting information for Indian behavioral health care programs.

[(2) FEDERAL AGENCY.—The term "Federal agency" has the meaning given the term "agency" in section 551 of title 5, United States Code.

[(3) INDIAN.—The term "Indian" has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

[(4) INDIAN BEHAVIORAL HEALTH CARE PROGRAM.—The term "Indian behavioral health care program" means a federally funded program, for the benefit of Indians, to prevent, diagnose, or treat, or enhance the ability to prevent, diagnose, or treat—

[(A) mental health problems; or

[(B) alcohol or other substance abuse problems.

[(5) INDIAN TRIBE.—

[(A) IN GENERAL.—The term "Indian tribe" has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

[(B) INCLUSIONS.—The term "Indian tribe", in a case in which an intertribal consortium, tribal organization, or Indian health center is authorized to carry out 1 or more programs, services, functions, or activities of an Indian tribe under this Act, includes the intertribal consortium, tribal organization, or Indian health center.

[(6) SECRETARY.—The term "Secretary" means the Secretary of Health and Human Services.

[(7) SUBSTANCE ABUSE.—The term "substance abuse" includes—

[(A) the illegal use or abuse of a drug or an inhalant; and

[(B) the abuse of tobacco or a related product.

SEC. 4. PLANS.

[The Secretary, in cooperation with the Secretary of Labor, the Secretary of the Interior, the Secretary of Education, the Secretary of Housing and Urban Development, the Attorney General, and the Secretary of Transportation, as appropriate, shall, on receipt of a plan acceptable to the Secretary that is submitted by an Indian tribe, authorize the Indian tribe to carry out a demonstration project to coordinate, in accordance with the plan, the Indian behavioral health care programs of the Indian tribe in a manner that integrates the program services into a single, coordinated, comprehensive program that uses, to the extent necessary, an automated clinical information system to better manage administrative and clinical services, costs, and reporting requirements through the consolidation and integration of administrative and clinical functions.

SEC. 5. PROGRAMS AFFECTED.

[Programs that may be integrated in a demonstration project described in section 4 are—

[(1) an Indian behavioral health care program under which an Indian tribe is eligible for the receipt of funds under a statutory or administrative formula;

[(2) an Indian behavioral health care program under which an Indian tribe is eligible for receipt of funds through competitive or other grants, if—

[(A)(i) the Indian tribe provides notice to the appropriate agency regarding the intentions of the Indian tribe to include the Indian behavioral health care program in the plan that the Indian tribe submits to the Secretary; and

[(ii) the agency consents to the inclusion of the grant in the plan; or

[(B)(i) the Indian tribe elects to include the Indian behavioral health care program in the plan; and

[(ii) the administrative requirements contained in the plan are essentially the same as the administrative requirements applicable to a grant under the Indian behavioral health care program; and

[(3) an Indian behavioral health care program under which an Indian tribe is eligible to receive funds under any other funding scheme.

ISEC. 6. PLAN REQUIREMENTS.

[(A) a plan of an Indian tribe submitted under section 4 shall—

[(1) identify the programs to be integrated;

[(2) be consistent with this Act;

[(3) describe a comprehensive strategy that—

[(A) identifies the full range of existing and potential alcohol and substance abuse and mental health treatment and prevention programs available on and near the service area of the Indian tribe; and

[(B) may include site and technology assessments and any necessary computer hardware installation and support;

[(4) describe the manner in which services are to be integrated and delivered and the results expected under the plan (including, if implemented, the manner and expected results of implementation of an automated clinical information system);

[(5) identify the projected expenditures under the plan in a single budget;

[(6) identify the agency or agencies in the Indian tribe to be involved in the delivery of the services integrated under the plan;

[(7) identify any statutory provisions, regulations, policies, or procedures that the Indian tribe requests be waived in order to implement the plan; and

[(8) be approved by the governing body of the Indian tribe.

ISEC. 7. PLAN REVIEW.

[(a) CONSULTATION.—On receipt of a plan from an Indian tribe under section 4, the Secretary shall consult with—

[(1) the head of each Federal agency providing funds to be used to implement the plan; and

[(2) the Indian tribe.

[(b) IDENTIFICATION OF WAIVERS.—Each party consulting on the implementation of a plan under section 4 shall identify any waivers of statutory requirements or of Federal agency regulations, policies, or procedures that the party determines to be necessary to enable the Indian tribe to implement the plan.

[(c) WAIVERS.—Notwithstanding any other provision of law, the head of a Federal agency may waive any statutory requirement, regulation, policy, or procedure promulgated by the Federal agency if identified by the Indian tribe or the Federal agency under subsection (b) unless the head of the affected Federal agency determines that a waiver is inconsistent with—

[(1) this Act;

[(2) any statutory requirement applicable to the program to be integrated under the plan that is specifically applicable to Indian programs; and

[(3) any underlying statutory objective or purpose of a program to be consolidated under the plan, to such a degree as would render ineffectual activities funded under the program.

ISEC. 8. PLAN APPROVAL.

[(a) IN GENERAL.—Not later than 90 days after the date of receipt by the Secretary of a plan under section 4, the Secretary shall inform the Indian tribe that submitted the plan, in writing, of the approval or disapproval of the plan (including any request for a waiver that is made as part of the plan).

[(b) DISAPPROVAL.—

[(1) IN GENERAL.—The Secretary may disapprove a plan if—

[(A) the plan does not provide sufficient information for the Secretary to adequately review the plan for compliance with this Act;

[(B) the plan does not comply with this Act;

[(C) the plan provides for the purchase, lease, license, or training for, an automated clinical information system, but the purchase, lease, license, or training would require aggregate expenditures of program funding at such a level as would render other program substantially ineffectual; or

[(D)(i) the plan identifies waivers that cannot be waived under section 7(c); and

[(ii) the plan would be rendered substantially ineffectual without the waivers.

[(2) NOTICE.—If a plan is disapproved under subsection (a), the Secretary shall—

[(A) inform the Indian tribe, in writing, of the reasons for the disapproval; and

[(B) provide the Indian tribe an opportunity—

[(i) to amend and resubmit the plan; or

[(ii) to petition the Secretary to reconsider the disapproval (including reconsidering the disapproval of any waiver requested by the Indian tribe).

ISEC. 9. USE OF FUNDS FOR TECHNOLOGY.

[(Notwithstanding any requirement applicable to an Indian behavioral health care program of an Indian tribe that is integrated under a demonstration project described in section 4, the Indian tribe may use funds made available under the program to purchase, lease, license, or provide training for technology for an automated clinical information system if the purchase, lease, licensing of, or provision of training is conducted in accordance with a plan approved by the Secretary under section 8.

ISEC. 10. FEDERAL RESPONSIBILITIES.

[(a) RESPONSIBILITIES OF THE INDIAN HEALTH SERVICE.—

[(1) MEMORANDUM OF UNDERSTANDING.—Not later than 180 days after the date of enactment of this Act, the Secretary, the Secretary of the Interior, the Secretary of Education, the Secretary of Labor, the Secretary of Housing and Urban Development, the Attorney General, and the Secretary of Transportation shall enter into a memorandum of agreement providing for the implementation of the plans approved under section 8.

[(2) LEAD AGENCY.—The lead agency under this Act shall be the Indian Health Service.

[(3) RESPONSIBILITIES.—The responsibilities of the lead agency under this Act shall include—

[(A) the development of a single reporting format—

[(i) relating to each plan for a demonstration project submitted under section 4, which shall be used by an Indian tribe to report activities carried out under the plan; and

[(ii) relating to the projected expenditures for the individual plan, which shall be used by an Indian tribe to report all plan expenditures;

[(B) the development of a single system of Federal oversight for the plan, which shall be implemented by the lead agency;

[(C) the provision of, or arrangement for provision of, technical assistance to an Indian tribe that is appropriate to support and implement the plan, delivered under an arrangement subject to the approval of the Indian tribe participating in the project (except that an Indian tribe shall have the authority to accept or reject the plan for providing the technical assistance and the technical assistance provider); and

[(D) the convening by an appropriate official of the lead agency (who shall be an official appointed by and with the advice and consent of the Senate) and a representative

of the Indian tribes that carry out projects under this Act, in consultation with each of the Indian tribes that participate in projects under this Act, of a meeting at least twice during each fiscal year, for the purpose of providing an opportunity for all Indian tribes that carry out projects under this Act to discuss issues relating to the implementation of this Act with officials of each agency specified in paragraph (1).

[(b) REPORT REQUIREMENTS.—

[(1) IN GENERAL.—The single reporting formats described in subsection (a)(3)(A) shall be developed by the Secretary in accordance with this Act.

[(2) INFORMATION.—The single reporting format, together with records maintained on the consolidated program at the tribal level, shall contain such information as the Secretary determines will—

[(A) allow the Secretary to determine whether the Indian tribe has complied with the requirements incorporated in the approved plan of the Indian tribe; and

[(B) provide assurances to the Secretary that the Indian tribe has complied with all—

[(i) applicable statutory requirements; and

[(ii) applicable regulatory requirements that have not been waived.

ISEC. 11. NO REDUCTION IN AMOUNTS.

[(In no case shall the amount of Federal funds available to an Indian tribe involved in any project under this Act be reduced as a result of the enactment of this Act.)

ISEC. 12. INTERAGENCY FUND TRANSFERS.

[(The Secretary, the Secretary of the Interior, the Secretary of Labor, the Secretary of Education, the Secretary of Housing and Urban Development, the Attorney General, or the Secretary of Transportation, as appropriate, may take such action as is necessary to provide for the interagency transfer of funds otherwise available to an Indian tribe in order to carry out this Act.)

ISEC. 13. ADMINISTRATION OF FUNDS; EXCESS FUNDS.

[(a) ADMINISTRATION OF FUNDS.—

[(1) IN GENERAL.—Program funds shall be administered under this Act in such a manner as to allow for a determination by the Secretary that funds made available for specific programs (or an amount equal to the amount used from each program) are expended on activities authorized under the program.

[(2) SEPARATE RECORDS NOT REQUIRED.—Nothing in this section requires an Indian tribe—

[(A) to maintain separate records tracing any service provided or activity conducted under the approved plan of the Indian tribe to the individual programs under which funds were authorized; or

[(B) to allocate expenditures among individual programs.

[(b) EXCESS FUNDS.—With respect to administrative costs of carrying out the approved plan of an Indian tribe under this Act—

[(1) all administrative costs under the approved plan may be commingled;

[(2) an Indian tribe that carries out a demonstration program under such an approved plan shall be entitled to receive reimbursement for the full amount of those costs in accordance with regulations of each program or department; and

[(3) if the Indian tribe, after paying administrative costs associated with carrying out the approved plans, realizes excess administrative funds, those funds shall not be counted for Federal audit purposes if the excess funds are used for the purposes provided for under this Act.

[SEC. 14. FISCAL ACCOUNTABILITY.]

Nothing in this Act affects the authority of the Secretary or the lead agency to safeguard Federal funds in accordance with chapter 75 of title 31, United States Code.

[SEC. 15. REPORT ON STATUTORY AND OTHER BARRIERS TO INTEGRATION.]

[(a) PRELIMINARY REPORT.]—Not later than 2 years after the date of enactment of this Act, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Resources of the House of Representatives a preliminary report that describes the implementation of this Act.

[(b) FINAL REPORT.]—Not later than 5 years after the date of enactment of this Act, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Resources of the House of Representatives a final report that—

[(1)] describes the results of implementation of this Act; and

[(2)] identifies statutory barriers to the ability of Indian tribes to integrate more effectively alcohol and substance abuse services in a manner consistent with this Act.

[SEC. 15. ASSIGNMENT OF FEDERAL PERSONNEL TO STATE INDIAN ALCOHOL AND DRUG TREATMENT OR MENTAL HEALTH PROGRAMS.]

[Any State with an alcohol and substance abuse or mental health program targeted toward Indian tribes shall be eligible to receive, at no cost to the State, such Federal personnel assignments as the Secretary, in accordance with the applicable provisions of subchapter IV of chapter 33 of title 5, United States Code, determines to be appropriate to help ensure the success of the program.]

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Native American Alcohol and Substance Abuse Program Consolidation Act of 2003”.

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

Sec. 1. Short title; table of contents.

TITLE I—INTEGRATION AND CONSOLIDATION OF ALCOHOL AND SUBSTANCE ABUSE PROGRAMS AND SERVICES

Sec. 101. Purposes.

Sec. 102. Definitions.

Sec. 103. Plans.

Sec. 104. Programs affected.

Sec. 105. Plan requirements.

Sec. 106. Plan review.

Sec. 107. Plan approval.

Sec. 108. Use of funds for technology.

Sec. 109. Federal responsibilities.

Sec. 110. No reduction in amounts.

Sec. 111. Interagency fund transfers.

Sec. 112. Administration of funds; excess funds.

Sec. 113. Fiscal accountability.

Sec. 114. Report on statutory and other barriers to integration.

Sec. 115. Assignment of Federal personnel to State Indian alcohol and drug treatment or mental health programs.

TITLE II—REAUTHORIZATION OF CERTAIN INDIAN ALCOHOL AND SUBSTANCE ABUSE PREVENTION AND TREATMENT PROGRAMS

Sec. 201. Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986.

Sec. 202. Effective date.

TITLE I—INTEGRATION AND CONSOLIDATION OF ALCOHOL AND SUBSTANCE ABUSE PROGRAMS AND SERVICES**SEC. 101. PURPOSES.**

The purposes of this title are—

(1) to enable Indian tribes to consolidate and integrate alcohol and other substance abuse prevention, diagnosis, and treatment programs, and mental health and related programs, to provide unified and more effective and efficient services

to Indians afflicted with mental health, alcohol, or other substance abuse problems;

(2) to recognize that Indian tribes can best determine the goals and methods for establishing and implementing prevention, diagnosis, and treatment programs for their communities, consistent with the policy of self-determination;

(3) to encourage and facilitate the implementation of an automated clinical information system to complement the Indian health care delivery system;

(4) to authorize the use of Federal funds to purchase, lease, license, or provide training for technology for an automated clinical information system that incorporates clinical, financial, and reporting capabilities for Indian behavioral health care programs;

(5) to encourage quality assurance policies and procedures, and empower Indian tribes through training and use of technology, to significantly enhance the delivery of, and treatment results from, Indian behavioral health care programs;

(6) to assist Indian tribes in maximizing use of public, tribal, human, and financial resources in developing effective, understandable, and meaningful practices under Indian behavioral health care programs;

(7) to encourage and facilitate timely and effective analysis and evaluation of Indian behavioral health care programs; and

(8) to reauthorize certain Indian alcohol and substance abuse prevention and treatment programs.

SEC. 102. DEFINITIONS.

In this title:

(1) AUTOMATED CLINICAL INFORMATION SYSTEM.—The term “automated clinical information system” means an automated computer software system that can be used to manage clinical, financial, and reporting information for Indian behavioral health care programs.

(2) FEDERAL AGENCY.—The term “Federal agency” has the meaning given the term “agency” in section 551 of title 5, United States Code.

(3) INDIAN.—The term “Indian” has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

(4) INDIAN BEHAVIORAL HEALTH CARE PROGRAM.—The term “Indian behavioral health care program” means a federally funded program, for the benefit of Indians, to prevent, diagnose, or treat, or enhance the ability to prevent, diagnose, or treat—

(A) mental health problems; or

(B) alcohol or other substance abuse problems.

(5) INDIAN TRIBE.—

(A) IN GENERAL.—The term “Indian tribe” has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

(B) INCLUSIONS.—The term “Indian tribe”, in a case in which an intertribal consortium, tribal organization, or Indian health center is authorized to carry out 1 or more programs, services, functions, or activities of an Indian tribe under this Act, includes the intertribal consortium, tribal organization, or Indian health center.

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

(7) SUBSTANCE ABUSE.—The term “substance abuse” includes—

(A) the illegal use or abuse of a drug or an inhalant; and

(B) the abuse of tobacco or a related product.

SEC. 103. PLANS.

The Secretary, in cooperation with the Secretary of Labor, the Secretary of the Interior, the Secretary of Education, the Secretary of Housing and Urban Development, the Attorney General, and the Secretary of Transportation, as appropriate, shall, on receipt of a plan acceptable to the Secretary that is submitted by an Indian tribe, authorize the Indian tribe to carry out a demonstration project to coordinate, in accordance with the plan, the Indian behavioral

health care programs of the Indian tribe in a manner that integrates the program services into a single, coordinated, comprehensive program that uses, to the extent necessary, an automated clinical information system to better manage administrative and clinical services, costs, and reporting requirements through the consolidation and integration of administrative and clinical functions.

SEC. 104. PROGRAMS AFFECTED.

Programs that may be integrated in a demonstration project described in section 103 are—

(1) an Indian behavioral health care program under which an Indian tribe is eligible for the receipt of funds under a statutory or administrative formula;

(2) an Indian behavioral health care program under which an Indian tribe is eligible for receipt of funds through competitive or other grants, if—

(A)(i) the Indian tribe provides notice to the appropriate agency regarding the intentions of the Indian tribe to include the Indian behavioral health care program in the plan that the Indian tribe submits to the Secretary; and

(ii) the agency consents to the inclusion of the grant in the plan; or

(B)(i) the Indian tribe elects to include the Indian behavioral health care program in the plan; and

(ii) the administrative requirements contained in the plan are essentially the same as the administrative requirements applicable to a grant under the Indian behavioral health care program; and

(3) an Indian behavioral health care program under which an Indian tribe is eligible to receive funds under any other funding scheme.

SEC. 105. PLAN REQUIREMENTS.

A plan of an Indian tribe submitted under section 103 shall—

(1) identify the programs to be integrated;

(2) be consistent with this title;

(3) describe a comprehensive strategy that—

(A) identifies the full range of existing and potential alcohol and substance abuse and mental health treatment and prevention programs available on and near the service area of the Indian tribe; and

(B) may include site and technology assessments and any necessary computer hardware installation and support;

(4) describe the manner in which services are to be integrated and delivered and the results expected under the plan (including, if implemented, the manner and expected results of implementation of an automated clinical information system);

(5) identify the projected expenditures under the plan in a single budget;

(6) identify the agency or agencies in the Indian tribe to be involved in the delivery of the services integrated under the plan;

(7) identify any statutory provisions, regulations, policies, or procedures that the Indian tribe requests be waived in order to implement the plan; and

(8) be approved by the governing body of the Indian tribe.

SEC. 106. PLAN REVIEW.

(a) CONSULTATION.—On receipt of a plan from an Indian tribe under section 103, the Secretary shall consult with—

(1) the head of each Federal agency providing funds to be used to implement the plan; and

(2) the Indian tribe.

(b) IDENTIFICATION OF WAIVERS.—Each party consulting on the implementation of a plan under section 101 shall identify any waivers of statutory requirements or of Federal agency regulations, policies, or procedures that the party determines to be necessary to enable the Indian tribe to implement the plan.

(c) WAIVERS.—Notwithstanding any other provision of law, the head of a Federal agency may waive any statutory requirement, regulation, policy, or procedure promulgated by the

Federal agency that has been identified by the Indian tribe or the Federal agency under subsection (b) unless the head of the affected Federal agency determines that such a waiver is inconsistent with—

- (1) this title;
- (2) any statutory requirement applicable to the program to be integrated under the plan that is specifically applicable to Indian programs; and
- (3) any underlying statutory objective or purpose of a program to be consolidated under the plan, to such a degree as would render ineffectual activities funded under the program.

SEC. 107. PLAN APPROVAL.

(a) *IN GENERAL.*—Not later than 90 days after the date of receipt by the Secretary of a plan under section 103, the Secretary shall inform the Indian tribe that submitted the plan, in writing, of the approval or disapproval of the plan (including any request for a waiver that is made as part of the plan).

(b) DISAPPROVAL.—

(1) *IN GENERAL.*—The Secretary may disapprove a plan if—

(A) the plan does not provide sufficient information for the Secretary to adequately review the plan for compliance with this title (including with respect to information regarding the timing, availability, and receipt of all program funding to be consolidated or integrated);

(B) the plan does not comply with this title;

(C) the plan provides for the purchase, lease, license, or training for, an automated clinical information system, but the purchase, lease, license, or training would require aggregate expenditures of program funding at such a level as would render other program substantially ineffectual; or

(D) (i) the plan identifies waivers that cannot be waived under section 106(c); and
(ii) the plan would be rendered substantially ineffectual without the waivers.

(2) *NOTICE.*—If a plan is disapproved under subsection (a), the Secretary shall—

(A) inform the Indian tribe, in writing, of the reasons for the disapproval; and

(B) provide the Indian tribe an opportunity—
(i) to amend and resubmit the plan; or
(ii) to petition the Secretary to reconsider the disapproval (including reconsidering the disapproval of any waiver requested by the Indian tribe).

SEC. 108. USE OF FUNDS FOR TECHNOLOGY.

Notwithstanding any requirement applicable to an Indian behavioral health care program of an Indian tribe that is integrated under a demonstration project described in section 103, the Indian tribe may use funds made available under the program to purchase, lease, license, or provide training for technology for an automated clinical information system if the purchase, lease, licensing of, or provision of training is conducted in accordance with a plan approved by the Secretary under section 106.

SEC. 109. FEDERAL RESPONSIBILITIES.

(a) *RESPONSIBILITIES OF THE INDIAN HEALTH SERVICE.—*

(1) *MEMORANDUM OF UNDERSTANDING.*—Not later than 180 days after the date of enactment of this Act, the Secretary, the Secretary of the Interior, the Secretary of Labor, the Secretary of Education, the Secretary of Housing and Urban Development, the Attorney General, and the Secretary of Transportation shall enter into a memorandum of agreement providing for the implementation of the plans approved under section 107.

(2) *COORDINATING AGENCY.*—The coordinating agency under this title shall be the Indian Health Service.

(3) *RESPONSIBILITIES.*—The responsibilities of the coordinating agency under this title shall include—

(A) the development of a single reporting format—

(i) relating to each plan for a demonstration project submitted under section 103, which shall

be used by an Indian tribe to report activities carried out under the plan; and

(ii) relating to the projected expenditures for the individual plan, which shall be used by an Indian tribe to report all plan expenditures;

(B) the development of a single system of Federal oversight for the plan, which shall be implemented by the coordinating agency;

(C) the provision of, or arrangement for provision of, technical assistance to an Indian tribe that is appropriate to support and implement the plan, delivered under an arrangement subject to the approval of the Indian tribe participating in the project (except that an Indian tribe shall have the authority to accept or reject the plan for providing the technical assistance and the technical assistance provider); and

(D) the convening by an appropriate official of the coordinating agency (who shall be an official appointed by and with the advice and consent of the Senate) and a representative of the Indian tribes that carry out projects under this title, in consultation with each of the Indian tribes that participate in projects under this title, of a meeting at least twice during each fiscal year, for the purpose of providing an opportunity for all Indian tribes that carry out projects under this title to discuss issues relating to the implementation of this title with officials of each agency specified in paragraph (1).

(b) REPORT REQUIREMENTS.—

(1) *IN GENERAL.*—The single reporting format described in subsection (a)(3)(A) shall be developed by the Secretary in accordance with this title.

(2) *INFORMATION.*—The single reporting format, together with records maintained on the consolidated program at the tribal level, shall contain such information as the Secretary determines will—

(A) allow the Secretary to determine whether the Indian tribe has complied with the requirements incorporated in the approved plan of the Indian tribe; and

(B) provide assurances to the Secretary that the Indian tribe has complied with all—

(i) applicable statutory requirements; and

(ii) applicable regulatory requirements that have not been waived.

SEC. 110. NO REDUCTION IN AMOUNTS.

In no case shall the amount of Federal funds available to an Indian tribe involved in any project under this title be reduced as a result of the enactment of this title.

SEC. 111. INTERAGENCY FUND TRANSFERS.

The Secretary, the Secretary of the Interior, the Secretary of Labor, the Secretary of Education, the Secretary of Housing and Urban Development, the Attorney General, or the Secretary of Transportation, as appropriate, may take such action as is necessary to provide for the interagency transfer of funds otherwise available to an Indian tribe in order to carry out this title.

SEC. 112. ADMINISTRATION OF FUNDS; EXCESS FUNDS.

(a) ADMINISTRATION OF FUNDS.—

(1) *IN GENERAL.*—Program funds shall be administered under this title in such a manner as to allow for a determination by the Secretary that funds made available for specific programs (or an amount equal to the amount used from each program) are expended on activities authorized under the program.

(2) *SEPARATE RECORDS NOT REQUIRED.*—Nothing in this section requires an Indian tribe—

(A) to maintain separate records tracing any service provided or activity conducted under the approved plan of the Indian tribe to the individual programs under which funds were authorized; or

(B) to allocate expenditures among individual programs.

(b) *EXCESS FUNDS.*—With respect to administrative costs of carrying out the approved plan of an Indian tribe under this title—

(1) all administrative costs under the approved plan may be commingled;

(2) an Indian tribe that carries out a demonstration program under such an approved plan shall be entitled to receive reimbursement for the full amount of those costs in accordance with regulations of each program or department; and

(3) if the Indian tribe, after paying administrative costs associated with carrying out the approved plans, realizes excess administrative funds, those funds shall not be counted for Federal audit purposes if the excess funds are used for the purposes provided for under this title.

SEC. 113. FISCAL ACCOUNTABILITY.

Nothing in this title affects the authority of the Secretary or the coordinating agency to safeguard Federal funds in accordance with chapter 75 of title 31, United States Code.

SEC. 114. REPORT ON STATUTORY AND OTHER BARRIERS TO INTEGRATION.

(a) *PRELIMINARY REPORT.*—Not later than 2 years after the date of enactment of this Act, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Resources of the House of Representatives a preliminary report that describes the implementation of this title.

(b) *FINAL REPORT.*—Not later than 5 years after the date of enactment of this Act, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Resources of the House of Representatives a final report that—

(1) describes the results of implementation of this title; and

(2) identifies statutory barriers to the ability of Indian tribes to integrate more effectively alcohol and substance abuse services in a manner consistent with this title.

SEC. 115. ASSIGNMENT OF FEDERAL PERSONNEL TO STATE INDIAN ALCOHOL AND DRUG TREATMENT OR MENTAL HEALTH PROGRAMS.

Any State with an alcohol and substance abuse or mental health program targeted toward Indian tribes shall be eligible to receive, at no cost to the State, such Federal personnel assignments as the Secretary, in accordance with the applicable provisions of subchapter IV of chapter 33 of title 5, United States Code, determines to be appropriate to help ensure the success of the program.

TITLE II—REAUTHORIZATION OF CERTAIN INDIAN ALCOHOL AND SUBSTANCE ABUSE PREVENTION AND TREATMENT PROGRAMS

SEC. 201. INDIAN ALCOHOL AND SUBSTANCE ABUSE PREVENTION AND TREATMENT ACT OF 1986.

(a) TRIBAL ACTION PLANS.—

(1) *IN GENERAL.*—Section 4206(d) of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2412(d)) is amended—

(A) by striking “(1) The Secretary” and inserting the following:

“(1) *IN GENERAL.*—The Secretary”;

(B) by striking paragraph (2) and inserting the following:

“(2) *AUTHORIZATION OF APPROPRIATIONS.*—There are authorized to be appropriated to carry out this subsection such sums as are necessary for each of fiscal years 2004 through 2008.”.

(2) *ADDITIONAL AUTHORIZATION.*—Section 4206(f) of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2412(f)), is amended—

(A) by striking “(f)(1) The Secretary” and inserting the following:

“(f) *GRANTS FOR IN-SCHOOL TRAINING PROGRAMS.*—

“(1) *IN GENERAL.*—The Secretary”;

(B) in paragraph (2)—

(i) by striking “(2) Funds” and inserting the following:

“(2) *USE OF FUNDS.*—Funds”;

(ii) by indenting subparagraphs (A) through (E) appropriately; and

(C) by striking paragraph (3) and inserting the following:

“(3) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this subsection such sums as are necessary for each of fiscal years 2004 through 2008.”.

(b) NEWSLETTER.—Section 4210 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2416) is amended by striking subsection (b) and inserting the following:

“(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as are necessary for each of fiscal years 2004 through 2008.”.

(c) INDIAN EDUCATION PROGRAMS.—Section 4212(a) of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2432(a)) is amended—

(1) in the first sentence, by striking “The Assistant Secretary of Indian Affairs” and inserting the following:

“(1) IN GENERAL.—The Assistant Secretary of Indian Affairs”;

(2) in the second sentence, by striking “The Assistant Secretary shall” and inserting the following:

“(2) DEFRAYMENT OF COSTS.—The Assistant Secretary shall”;

(3) by striking the third sentence and inserting the following:

“(3) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this subsection such sums as are necessary for each of fiscal years 2004 through 2008.”.

(d) EMERGENCY SHELTERS.—Section 4213(e) of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2433(e)) is amended—

(1) by striking paragraphs (1) through (3) and inserting the following:

“(1) IN GENERAL.—There are authorized to be appropriated to carry out planning and design, construction, and renovation of, or to purchase or lease land or facilities for, emergency shelters and halfway houses to provide emergency care for Indian youth, such sums as are necessary for each of fiscal years 2004 through 2008.

“(2) STAFFING AND OPERATION.—There is authorized to be appropriated for staffing and operation of emergency shelters and halfway houses, described in paragraph (1), \$7,000,000 for each of fiscal years 2004 through 2008.

“(3) ALLOCATION.—

“(A) IN GENERAL.—The Secretary of the Interior shall allocate funds made available under this subsection to Indian tribes on the basis of priority of need of the Indian tribes.

“(B) CONTRACTING AND GRANTS.—Funds allocated under subparagraph (A) shall be subject to contracting or available for grants under the Indian Self-Determination Act (25 U.S.C. 450f et seq.)”;

(2) in paragraph (4), by striking “(4) Funds” and inserting the following:

“(4) CONDITIONS FOR USE.—Funds”; and

(3) in paragraph (5)—

(A) by striking “(5) Nothing in this Act may be construed” and inserting the following:

“(5) EFFECT ON OTHER AUTHORITY.—Nothing in this Act”;

(B) in subparagraph (A)—

(i) by striking “to limit” and inserting “limits”; and

(ii) by striking “houses, or” and inserting “houses; or”; and

(C) in subparagraph (B), by striking “to require” and inserting “requires”.

(e) TOHONO O’ODHAM AND ST. REGIS RESERVATIONS; ILLEGAL NARCOTICS TRAFFIC.—Section 4216(a) of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2442(a)) is amended by striking paragraph (3) and inserting the following:

“(3) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated—

“(A) to carry out paragraph (1)(A), \$1,000,000 for each of fiscal years 2004 through 2008; and

“(B) to carry out provisions of this subsection other than paragraph (1)(A), such sums as are necessary for each of fiscal years 2004 through 2008.”.

(f) BUREAU OF INDIAN AFFAIRS LAW ENFORCEMENT AND JUDICIAL TRAINING.—Section 4218 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2451) is amended by striking subsection (b) and inserting the following:

“(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as are necessary for each of fiscal years 2004 through 2008.”.

(g) JUVENILE DETENTION CENTERS.—Section 4220 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2453) is amended by striking subsection (b) and inserting the following:

“(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as are necessary for each of fiscal years 2004 through 2008.”.

SEC. 302. EFFECTIVE DATE.

This title and the amendments made by this title take effect on the date of enactment of this Act.

Mr. DEWINE. Mr. President, I ask unanimous consent that the committee amendment be agreed to, the bill, as amended, be read a third time and passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill be printed in the RECORD.

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

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

The bill (S. 285), as amended, was passed.

APPOINTMENTS

The PRESIDING OFFICER. The Chair, on behalf of the Majority Leader, pursuant to the provisions of Public Law 99-93, as amended by Public Law 99-152, appointed the Honorable NORMAN COLEMAN of Minnesota as a member of the United States Senate Caucus on International Narcotics Control.

The Chair, on behalf of the Majority Leader, pursuant to Public Law 101-549, appoints Dr. Bernard Goldstein, of Pennsylvania, to the Board of Directors of the Mickey Leland National Urban Air Toxics Research Center, vice M.M. Key.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. DEWINE. Mr. President, I ask unanimous consent that the Senate immediately proceed to executive session to consider the following nominations on today’s Executive Calendar: Calendar No. 302 and 303.

I further ask unanimous consent that the nominations be confirmed, the motions to reconsider be laid upon the table and the President be immediately notified of the Senate’s action, and that the Senate then return to legislative session.

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

The nominations were considered and confirmed as follows:

DEPARTMENT OF TRANSPORTATION

Nicole R. Nason, of Virginia, to be an Assistant Secretary of Transportation.

FEDERAL TRADE COMMISSION

Pamela Harbour, of New York, to be a Federal Trade Commissioner for the term of seven years from September 26, 2002.

LEGISLATIVE SESSION

The PRESIDING OFFICER. Under the previous order, the Senate will now return to legislative session.

IN REMEMBRANCE OF STROM THURMOND

Mr. DEWINE. Mr. President, I would like to take a moment this evening to pay tribute to our dear friend and former colleague, Strom Thurmond, a man who gave of himself personally to his constituents and to his colleagues here in the Senate.

All of us will always remember Strom. We will remember him seated right in front of the Presiding Officer at his desk. We will remember him for his smile. We will remember him for his greeting. Frankly, I don’t think any of us will ever walk into this Chamber again without almost seeing him down there at his desk.

He was a man who gave so much of himself to his constituents. We will remember him for the way he treated each one of us, the way he treated his constituents, and the individual attention he gave to us and his constituents.

I saw the way he personally dealt with his constituents. I also saw the personal attention he paid to me and the personal interest he took in my family. In particular, I am grateful to him for the hospitality and attention he showed to my son Brian, who just recently graduated from his beloved Clemson University.

A few years ago, when I told Strom that my son Brian was going to Clemson, I remember the big smile on his face. Of course, I knew he was a graduate of Clemson. I could tell how delighted and eager he was to share stories about his experience at Clemson. And I remember a lot of those stories.

Of course, the first thing he told me was: “You know, I went to Clemson”—which, of course, I did know. And I then asked him: “Strom, what year did you graduate from Clemson?” He said: “1923.” I said: “Strom, that was the year my dad was born”—which it was.

During the 4 years that Brian was at Clemson, almost every time I saw Strom on the floor, Strom would say: “How’s your boy? How is that boy of yours doing down at Clemson? Does he like it?” Of course, I told him he did, which Brian certainly did.

After Brian graduated, Strom invited Brian and myself up to his office. Strom showed him all the pictures on the wall. Strom invited him over and