''(A) IN GENERAL.—Subject to subsection (e) and subparagraph (B), for any fiscal year for which the amount appropriated to carry out this Act exceeds the amount appropriated to carry out this Act for the preceding fiscal year, the excess amounts shall—

''(i) be allocated only to those contracting parties that did not receive their full per student funding allocation for the previous fiscal year; and

''(ii) be allocated first to new contracting parties that did not receive their full per student funding allocation for the previous fiscal year.

''(B) PARITY IN FUNDING.—Subparagraph (A) shall have no effect after the first fiscal year for which each contracting party receives their full per student funding allocation.

''(g) INCREASED GEOGRAPHICAL AND TRIBAL PARTICIPATION IN THE JOHNSON-O'MALLEY SUPPLEMENTARY EDUCATION PROGRAM.—To the maximum extent practicable, the Secretary shall consult with Indian tribes and contact State educational agencies, local educational agencies, and Alaska Native organizations that have not previously entered into a contract under this Act—

''(1) to determine the interest of the Indian tribes, State educational agencies, local educational agencies, and Alaska Native organizations, in entering into such contracts; and

''(2) to share information relating to the process for entering into a contract under this Act.

''(h) RULEMAKING.—

''(1) IN GENERAL.—Not later than one year after the date of enactment of the JOM Modernization Act, the Secretary, acting through the Director of the Bureau of Indian Education, shall undertake and complete a rulemaking process, following the provisions of subchapter II of chapter 5 of title 5, United States Code, to—

''(A) determine how the regulatory definition of 'eligible Indian student' may be revised to clarify eligibility requirements for contracting parties under this Act;

''(B) determine, as necessary, how the funding formula described in section 273.31 of title 25, Code of Federal Regulations (as in effect on the day before the date of enactment of the JOM Modernization Act) may be clarified and revised to ensure full participation of contracting parties and provide clarity on the funding process under this Act; and

''(C) otherwise reconcile and modernize the rules to comport with the activities of the contracting parties under this Act as of the date of enactment of the JOM Modernization Act.

''(2) REPORT.—Not later than 30 days after the date the rulemaking under paragraph (1) is complete, the Secretary shall submit a report to Congress describing the results of such rulemaking and necessary recommendations to ensure the full implementation of such rulemaking.

''(i) STUDENT PRIVACY.—The Secretary shall ensure that data is collected and each report is prepared under this section in a manner that protects the rights of eligible Indian students in accordance with section 444 of the General Education Provisions Act (commonly referred to as the Family Educational Rights and Privacy Act of 1974) (20 U.S.C. 1232g).

''(j) GAO REPORT.—Not later than 18 months after the final report described in subsection (b)(1)(B)(iv) is published, the Comptroller General shall—

''(1) conduct a review of the implementation of this section during the preceding two-year period, including any factors impacting—

''(A) the accuracy of the determinations of the number of eligible Indian students under this section;

''(B) the communication between the Bureau of Indian Education and contracting parties; and

''(C) the efforts by the Bureau of Indian Education to ensure accurate and sufficient distribution of funding for Indian students;

''(2) submit a report describing the results of the review under paragraph (1) to—

''(A) the Committee on Indian Affairs of the Senate;

''(B) the Subcommittee on Interior, Environment, and Related Agencies of the Committee on Appropriations of the Senate;

''(C) the Subcommittee on Indian, Insular and Alaska Native Affairs of the Committee on Natural Resources of the House of Representatives; and

''(D) the Subcommittee on Interior, Environment, and Related Agencies of the Committee on Appropriations of the House of Representatives; and

''(3) make such report publicly available.

''(k) EFFECT.—Nothing in this section—

''(1) creates a new program or duplicates program activities under this Act; or

''(2) replaces or diminishes the effect of regulations to carry out this Act existing on the day before the date of enactment of the JOM Modernization Act, unless expressly provided in this section.''.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the motion to reconsider be considered made and laid upon the table.

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

CHILDHOOD CANCER STAR ACT

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 342, S. 292.

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

The senior assistant legislative clerk read as follows:

A bill (S. 292) to maximize discovery, and accelerate development and availability, of promising childhood cancer treatments, and for other purposes.

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Childhood Cancer Survivorship, Treatment, Access, and Research Act of 2018'' or the ''Childhood Cancer STAR Act''.

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

TITLE I—MAXIMIZING RESEARCH THROUGH DISCOVERY

Subtitle A—Caroline Pryce Walker Conquer Childhood Cancer Reauthorization Act

SEC. 101. CHILDREN'S CANCER BIOREPOSITORIES AND BIOSPECIMEN RESEARCH.

Section 417E of the Public Health Service Act (42 U.S.C. 285a–11) is amended—

*(1) in the section heading, by striking ''**RESEARCH AND AWARENESS**'' and inserting ''**RESEARCH, AWARENESS, AND SURVIVORSHIP**'';*

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

''(a) CHILDREN'S CANCER BIOREPOSITORIES.—

''(1) AWARD.—The Secretary, acting through the Director of NIH, may make awards to an entity or entities described in paragraph (4) to build upon existing research efforts to collect biospecimens and clinical and demographic information of children, adolescents, and young adults with selected cancer subtypes (and their recurrences) for which current treatments are least effective, in order to achieve a better understanding of the causes of such cancer subtypes (and their recurrences), and the effects and outcomes of treatments for such cancers.

''(2) USE OF FUNDS.—Amounts received under an award under paragraph (1) may be used to carry out the following:

''(A) Collect and store high-quality, donated biospecimens and associated clinical and demographic information on children, adolescents, and young adults diagnosed with cancer in the United States, focusing on children, adolescents, and young adults with cancer enrolled in clinical trials for whom current treatments are least effective. Activities under this subparagraph may include storage of biospecimens and associated clinical and demographic data at existing biorepositories supported by the National Cancer Institute.

''(B) Maintain an interoperable, secure, and searchable database on stored biospecimens and associated clinical and demographic data from children, adolescents, and young adults with cancer for the purposes of research by scientists and qualified health care professionals.

''(C) Establish and implement procedures for evaluating applications for access to such biospecimens and clinical and demographic data from researchers and other qualified health care professionals.

''(D) Provide access to biospecimens and clinical and demographic data from children, adolescents, and young adults with cancer to researchers and qualified health care professionals for peer-reviewed research—

''(i) consistent with the procedures established pursuant to subparagraph (C);

''(ii) only to the extent permitted by applicable Federal and State law; and

''(iii) in a manner that protects personal privacy to the extent required by applicable Federal and State privacy law, at minimum.

''(3) NO REQUIREMENT.—No child, adolescent, or young adult with cancer shall be required under this subsection to contribute a specimen to a biorepository or share clinical or demographic data.

''(4) APPLICATION; CONSIDERATIONS.—

''(A) APPLICATION.—To be eligible to receive an award under paragraph (1) an entity shall

submit an application to the Secretary at such a time, in such manner, and containing such information as the Secretary may reasonably require.

''(B) CONSIDERATIONS.—In evaluating applications submitted under subparagraph (A), the Secretary shall consider the existing infrastructure of the entity that would allow for the timely capture of biospecimens and related clinical and demographic information for children, adolescents, and young adults with cancer for whom current treatments are least effective.

''(5) PRIVACY PROTECTIONS AND INFORMED CONSENT.—

''(A) IN GENERAL.—The Secretary may not make an award under paragraph (1) to an entity unless the Secretary ensures that such entity—

''(i) collects biospecimens and associated clinical and demographic information only from participants who have given their informed consent in accordance with Federal and State law; and

''(ii) protects personal privacy to the extent required by applicable Federal and State law, at minimum.

''(B) INFORMED CONSENT.—The Secretary shall ensure biospecimens and associated clinical and demographic information are collected with informed consent, as described in subparagraph (A)(i).

''(6) GUIDELINES AND OVERSIGHT.—The Secretary shall develop and disseminate appropriate guidelines for the development and maintenance of the biorepositories supported under this subsection, including appropriate oversight, to facilitate further research on select cancer subtypes (and their recurrences) in children, adolescents, and young adults with such cancers (and their recurrences).

''(7) COORDINATION.—To encourage the greatest possible efficiency and effectiveness of federally supported efforts with respect to the activities described in this subsection, the Secretary shall ensure the appropriate coordination of programs supported under this section with existing federally supported cancer registry programs and the activities under section 399E–1, as appropriate.

''(8) SUPPLEMENT NOT SUPPLANT.—Funds provided under this subsection shall be used to supplement, and not supplant, Federal and non-Federal funds available for carrying out the activities described in this subsection.

''(9) REPORT.—Not later than 4 years after the date of enactment of the Childhood Cancer Survivorship, Treatment, Access, and Research Act of 2018, the Secretary shall submit to Congress a report on—

''(A) the number of biospecimens and corresponding clinical demographic data collected through the biospecimen research efforts supported under paragraph (1);

''(B) the number of biospecimens and corresponding clinical demographic data requested for use by researchers;

''(C) barriers to the collection of biospecimens and corresponding clinical demographic data;

''(D) barriers experienced by researchers or health care professionals in accessing the biospecimens and corresponding clinical demographic data necessary for use in research; and

''(E) recommendations with respect to improving the biospecimen and biorepository research efforts under this subsection.

''(10) DEFINITIONS.—For purposes of this subsection:

''(A) AWARD.—The term 'award' includes a grant, contract, or cooperative agreement determined by the Secretary.

''(B) BIOSPECIMEN.—The term 'biospecimen' includes—

''(i) solid tumor tissue or bone marrow;

''(ii) normal or control tissue;

''(iii) blood and plasma;

''(iv) DNA and RNA extractions;

''(v) familial DNA; and

''(vi) any other sample relevant to cancer research, as required by the Secretary.

''(C) CLINICAL AND DEMOGRAPHIC INFORMATION.—The term 'clinical and demographic information' includes—

''(i) date of diagnosis;

''(ii) age at diagnosis;

''(iii) the patient's sex, race, ethnicity, and environmental exposures;

''(iv) extent of disease at enrollment;

''(v) site of metastases;

''(vi) location of primary tumor coded;

''(vii) histologic diagnosis;

''(viii) tumor marker data when available;

''(ix) treatment and outcome data;

''(x) information related to specimen quality; and

''(xi) any other applicable information required by the Secretary.''; and

(3) in subsection (c), by striking ''(42 U.S.C. 202 note)''.

SEC. 102. IMPROVING CHILDHOOD CANCER SURVEILLANCE.

(a) IN GENERAL.—Section 399E–1 of the Public Health Service Act (42 U.S.C. 280e–3a) is amended—

(1) in subsection (a)—

(A) by striking ''shall award a grant'' and inserting ''may make awards to State cancer registries''; and

(B) by striking ''track the epidemiology of pediatric cancer into a comprehensive nationwide registry of actual occurrences of pediatric cancer'' and inserting ''collect information to better understand the epidemiology of cancer in children, adolescents, and young adults''; and

(C) by striking the second sentence and inserting ''Such registries may be updated to include each occurrence of such cancers within a period of time designated by the Secretary.'';

(2) by redesignating subsection (b) as subsection (d);

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

''(b) ACTIVITIES.—The grants described in subsection (a) may be used for—

''(1) identifying, recruiting, and training potential sources for reporting childhood, adolescent, and young adult cancer cases;

''(2) developing practices to ensure early inclusion of childhood, adolescent, and young adult cancer cases in State cancer registries through the use of electronic reporting;

''(3) collecting and submitting deidentified data to the Centers for Disease Control and Prevention for inclusion in a national database that includes information on childhood, adolescent, and young adult cancers; and

''(4) improving State cancer registries and the database described in paragraph (3), as appropriate, including to support the early inclusion of childhood, adolescent, and young adult cancer cases.

''(c) COORDINATION.—To encourage the greatest possible efficiency and effectiveness of federally supported efforts with respect to the activities described in this section, the Secretary shall ensure the appropriate coordination of programs supported under this section with other federally supported cancer registry programs and the activities under section 417E(a), as appropriate.''; and

(4) in subsection (d), as so redesignated, by striking ''registry established pursuant to subsection (a)'' and inserting ''activities described in this section''.

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 417E(d) of the Public Health Service Act (42 U.S.C. 285a–11(d)) is amended—

(1) by striking ''2009 through 2013'' and inserting ''2019 through 2023''; and

(2) by striking the second sentence.

Subtitle B—Pediatric Expertise at NIH

SEC. 111. INCLUSION OF AT LEAST ONE PEDIATRIC ONCOLOGIST ON THE NATIONAL CANCER ADVISORY BOARD.

Clause (iii) of section 406(h)(2)(A) of the Public Health Service Act (42 U.S.C. 284a(h)(2)(A)) is amended—

(1) by striking ''Board not less than five'' and inserting ''Board—

''(I) not less than 5'';

(2) by inserting ''and'' after the semicolon; and

(3) by adding at the end the following:

''(II) not less than one member shall be an individual knowledgeable in pediatric oncology;''.

SEC. 112. SENSE OF CONGRESS REGARDING PEDIATRIC EXPERTISE AT THE NATIONAL CANCER INSTITUTE.

It is the sense of Congress that the Director of the National Cancer Institute should ensure that all applicable study sections, committees, advisory groups, and panels at the National Cancer Institute include one or more qualified pediatric oncologists, as appropriate.

Subtitle C—NIH Reporting on Childhood Cancer Activities

SEC. 121. REPORTING ON CHILDHOOD CANCER RESEARCH PROJECTS.

The Director of the National Institutes of Health shall ensure that childhood cancer research projects conducted or supported by the National Institutes of Health are included in appropriate reports to Congress, which may include the Pediatric Research Initiative report.

TITLE II—MAXIMIZING DELIVERY: CARE, QUALITY OF LIFE, SURVIVORSHIP, AND CAREGIVER SUPPORT

SEC. 201. CANCER SURVIVORSHIP PROGRAMS.

(a) PILOT PROGRAMS TO EXPLORE MODEL SYSTEMS OF CARE FOR PEDIATRIC CANCER SURVIVORS.—

(1) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary'') may make awards to eligible entities to establish pilot programs to develop, study, or evaluate model systems for monitoring and caring for childhood cancer survivors throughout their lifespan, including evaluation of models for transition to adult care and care coordination.

(2) AWARDS.—

(A) TYPES OF ENTITIES.—In making awards under this subsection, the Secretary shall, to the extent practicable, include—

(i) small, medium, and large-sized eligible entities; and

(ii) sites located in different geographic areas, including rural and urban areas.

(B) ELIGIBLE ENTITIES.—In this subsection, the term ''eligible entity'' means—

(i) a medical school;

(ii) a children's hospital;

(iii) a cancer center;

(iv) a community-based medical facility; or

(v) any other entity with significant experience and expertise in treating survivors of childhood cancers.

(3) USE OF FUNDS.—Funds awarded under this subsection may be used—

(A) to develop, study, or evaluate one or more models for monitoring and caring for cancer survivors; and

(B) in developing, studying, and evaluating such models, to give special emphasis to—

(i) design of models of follow-up care, monitoring, and other survivorship programs (including peer support and mentoring programs);

(ii) development of models for providing multidisciplinary care;

(iii) dissemination of information to health care providers about culturally and linguistically appropriate follow-up care for cancer survivors and their families, as appropriate and practicable;

(iv) development of psychosocial and support programs to improve the quality of life of cancer survivors and their families, which may include peer support and mentoring programs;

(v) design of systems for the effective transfer of treatment information and care summaries from cancer care providers to other health care providers (including risk factors and a plan for recommended follow-up care);

(vi) dissemination of the information and programs described in clauses (i) through (v) to

other health care providers (including primary care physicians and internists) and to cancer survivors and their families, where appropriate and in accordance with Federal and State law; and

(vii) development of initiatives that promote the coordination and effective transition of care between cancer care providers, primary care physicians, mental health professionals, and other health care professionals, as appropriate, including models that use a team-based or multi-disciplinary approach to care.

(b) WORKFORCE DEVELOPMENT FOR HEALTH CARE PROVIDERS ON MEDICAL AND PSYCHOSOCIAL CARE FOR CHILDHOOD CANCER SURVIVORS.—

(1) IN GENERAL.—The Secretary shall, not later than 1 year after the date of enactment of this Act, conduct a review of the activities of the Department of Health and Human Services related to workforce development for health care providers who treat pediatric cancer patients and survivors. Such review shall include—

(A) an assessment of the effectiveness of supportive psychosocial care services for pediatric cancer patients and survivors, including pediatric cancer survivorship care patient navigators and peer support programs;

(B) identification of existing models relevant to providing medical and psychosocial services to individuals surviving pediatric cancers, and programs related to training for health professionals who provide such services to individuals surviving pediatric cancers; and

(C) recommendations for improving the provision of psychosocial care for pediatric cancer survivors and patients.

(2) REPORT.—Not later than 2 years after the date of enactment of this Act, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and Committee on Energy and Commerce of the House of Representatives, a report concerning the findings and recommendations from the review conducted under paragraph (1).

SEC. 202. GRANTS TO IMPROVE CARE FOR PEDIATRIC CANCER SURVIVORS.

(a) IN GENERAL.—Section 417E of the Public Health Service Act (42 U.S.C. 285a–11), as amended by section 101, is further amended by striking subsection (b) and inserting the following:

''(b) IMPROVING CARE FOR PEDIATRIC CANCER SURVIVORS.—

''(1) RESEARCH ON PEDIATRIC CANCER SURVIVORSHIP.—The Director of NIH, in coordination with ongoing research activities, may continue to conduct or support pediatric cancer survivorship research including in any of the following areas:

''(A) Outcomes of pediatric cancer survivors, including within minority or other medically underserved populations and with respect to health disparities of such outcomes.

''(B) Barriers to follow-up care for pediatric cancer survivors, including within minority or other medically underserved populations.

''(C) The impact of relevant factors, which may include familial, socioeconomic, and other environmental factors, on treatment outcomes and survivorship.

''(D) The development of indicators used for long-term follow-up and analysis of the late effects of cancer treatment for pediatric cancer survivors.

''(E) The identification of, as applicable—

''(i) risk factors associated with the late effects of cancer treatment;

''(ii) predictors of adverse neurocognitive and psychosocial outcomes; and

''(iii) the molecular basis of long-term complications.

''(F) The development of targeted interventions to reduce the burden of morbidity borne by cancer survivors in order to protect such cancer survivors from the late effects of cancer.

''(2) BALANCED APPROACH.—In conducting or supporting research under paragraph (1)(A)(i) on pediatric cancer survivors within minority or other medically underserved populations, the Director of NIH shall ensure that such research addresses both the physical and the psychological needs of such survivors, as appropriate.''.

SEC. 203. BEST PRACTICES FOR LONG-TERM FOLLOW-UP SERVICES FOR PEDIATRIC CANCER SURVIVORS.

The Secretary of Health and Human Services may facilitate the identification of best practices for childhood and adolescent cancer survivorship care, and, as appropriate, may consult with individuals who have expertise in late effects of disease and treatment of childhood and adolescent cancers, which may include—

(1) oncologists, which may include pediatric oncologists;

(2) primary care providers engaged in survivorship care;

(3) survivors of childhood and adolescent cancer;

(4) parents of children and adolescents who have been diagnosed with and treated for cancer and parents of long-term survivors;

(5) nurses and social workers;

(6) mental health professionals;

(7) allied health professionals, including physical therapists and occupational therapists; and

(8) others, as the Secretary determines appropriate.

SEC. 204. TECHNICAL AMENDMENT.

(a) IN GENERAL.—Section 3 of the Hematological Cancer Research Investment and Education Act of 2002 (Public Law 107–172; 116 Stat. 541) is amended by striking ''section 419C'' and inserting ''section 417C''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect as if included in section 3 of the Hematological Cancer Research Investment and Education Act of 2002 (Public Law 107–172; 116 Stat. 541).

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the committee-reported substitute amendment be agreed to; that the bill, as amended, be considered read a third time and passed; and that the motion to reconsider be considered made and laid upon the table.

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

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

The bill (S. 292), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

SUPPORTING GRANDPARENTS RAISING GRANDCHILDREN ACT

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 343, S. 1091.

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

The senior assistant legislative clerk read as follows:

A bill (S. 1091) to establish a Federal Task Force to Support Grandparents Raising Grandchildren.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Supporting Grandparents Raising Grandchildren Act''.

SEC. 2. FEDERAL TASK FORCE TO SUPPORT GRANDPARENTS RAISING GRANDCHILDREN.

(a) ESTABLISHMENT.—There is established a Federal Task Force to Support Grandparents Raising Grandchildren (referred to in this section as the ''Task Force'').

(b) OLDER RELATIVE CAREGIVER.—In this section, the term ''older relative caregiver'' has the meaning given the term under section 372(a)(3) of the National Family Caregiver Support (42 U.S.C. 3030s(a)(3)).

(c) MEMBERSHIP.—

(1) IN GENERAL.—The Task Force shall be composed of the following members, or their designee:

(A) The Secretary of Health and Human Services.

(B) The Attorney General.

(C) The Administrator of the Administration for Community Living.

(D) The Director of the Centers for Disease Control and Prevention.

(E) The Assistant Secretary for Mental Health and Substance Use.

(F) The Assistant Secretary for the Administration for Children and Families.

(G) The Director of the Indian Health Service.

(H) The Administrator of the Centers for Medicare & Medicaid Services.

(I) The head of each Federal department, agency, or other governmental entity identified by the Secretary of Health and Human Services as having responsibilities, or administering programs, relating to the current health, educational, nutritional, and other needs and current issues affecting older relative caregivers, including grandparents, raising children in their care.

(J) A grandparent raising a grandchild or grandchildren as well as another older relative caregiver of children.

(2) LEAD AGENCY.—The Department of Health and Human Services shall be the lead agency for the Task Force.

(d) DUTIES.—

(1) IN GENERAL.—

(A) INFORMATION.—The Task Force shall identify, coordinate, and disseminate information publicly about Federal information, resources, and best practices available, on the date of the determination, to help older relative caregivers, including grandparents, raising children in their care, including those raising children in their care as a result of the opioid crisis, meet the health, educational, nutritional, and other needs of the children in their care as well as maintain their own physical and mental health and emotional well-being.

(B) NATIVE AMERICANS.—In carrying out the duties described in subparagraph (A), the Task Force shall ensure that the needs of Native Americans (as defined in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002)) are considered.

(2) REPORT.—

(A) IN GENERAL.—Not later than 360 days after the date of enactment of this Act, the Task Force shall submit a report to the Special Committee on Aging, the Committee on Health, Education, Labor, and Pensions, and the Committee on Finance of the Senate and the Committee on Education and the Workforce, the Committee on Energy and Commerce, and the Committee on Ways and Means of the House of Representatives that includes—

(i) best practices, resources, and other useful information for older relative caregivers, including grandparents, raising children in their care; and

(ii) an identification of the gaps in needs of older relative caregivers, including grandparents, raising children in their care.

(B) FINAL REPORT.—Not later than 4 years after the date of enactment of this Act, the Task Force shall submit a final report to the Special Committee on Aging, the Committee on Health, Education, Labor, and Pensions, and the Committee on Finance of the Senate and the Committee on Education and the Workforce, the