

Public Law 102-531
102d Congress

An Act

To amend the Public Health Service Act to revise and extend the program of block grants for preventive health and health services, and for other purposes.

Oct. 27, 1992
[H.R. 3635]

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

Preventive
Health
Amendments
of 1992.
42 USC 201
note.

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Preventive Health Amendments of 1992”.

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

Sec. 1. Short title; table of contents.

TITLE I—PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

Sec. 101. Authorization of appropriations.

Sec. 102. Use of allotments.

Sec. 103. Application for payments.

Sec. 104. Reports, data, and audits.

TITLE II—NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION

Sec. 201. Establishment of Foundation.

TITLE III—CERTAIN PROGRAMS

Sec. 301. Injury control.

Sec. 302. Establishment of Office of Adolescent Health.

Sec. 303. Lead poisoning prevention.

Sec. 304. Preventable cases of infertility arising as result of sexually transmitted diseases.

Sec. 305. Bulk purchases of vaccines for certain programs.

Sec. 306. State programs regarding data on birth defects.

Sec. 307. Screenings for breast and cervical cancer.

Sec. 308. Screenings for prostate cancer.

Sec. 309. Certain programs.

Sec. 310. International cooperation.

Sec. 311. Miscellaneous provisions.

Sec. 312. Change in name of Centers for Disease Control.

Sec. 313. Technical corrections.

Sec. 314. Authorization of appropriations regarding vaccine compensation.

TITLE I—PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

SEC. 101. AUTHORIZATION OF APPROPRIATIONS.

(a) **IN GENERAL.**—Section 1901(a) of the Public Health Service Act (42 U.S.C. 300w(a)) is amended by striking “For the purpose” and all that follows and inserting the following: “For the purpose of allotments under section 1902, there are authorized to be appropriated \$205,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1997.”

(b) **ALLOCATION FOR SERVICES FOR RAPE VICTIMS AND FOR RAPE PREVENTION.**—Section 1901(b) of the Public Health Service Act

(42 U.S.C. 300w(b)) is amended by striking "\$3,500,000" and inserting "\$7,000,000".

SEC. 102. USE OF ALLOTMENTS.

(a) **IN GENERAL.**—Section 1904(a)(1) of the Public Health Service Act (42 U.S.C. 300w-3(a)(1)) is amended to read as follows: "(1) Except as provided in subsections (b) and (c), payments made to a State under section 1903 may be used for the following:

"(A) Activities consistent with making progress toward achieving the objectives established by the Secretary for the health status of the population of the United States for the year 2000 (in this part referred to as 'year 2000 health objectives').

"(B) Preventive health service programs for the control of rodents and for community and school-based fluoridation programs.

"(C) Feasibility studies and planning for emergency medical services systems and the establishment, expansion, and improvement of such systems. Amounts for such systems may not be used for the costs of the operation of the systems or the purchase of equipment for the systems, except that such amounts may be used for the payment of not more than 50 percent of the costs of purchasing communications equipment for the systems. Amounts may be expended for feasibility studies or planning for the trauma-care components of such systems only if the studies or planning, respectively, is consistent with the requirements of section 1213(a).

"(D) Providing services to victims of sex offenses and for prevention of sex offenses.

"(E) With respect to activities described in any of subparagraphs (A) through (D), related planning, administration, and educational activities.

"(F) Monitoring and evaluation of activities carried out under any of subparagraphs (A) through (E)".

(b) **TRANSFERS FROM CERTAIN ALLOTMENT.**—Section 1904(c) of the Public Health Service Act (42 U.S.C. 300w-3(c)) is amended by striking "parts B and C" and inserting "part B".

SEC. 103. APPLICATION FOR PAYMENTS.

(a) **IN GENERAL.**—Section 1905 of the Public Health Service Act (42 U.S.C. 300w-4) is amended to read as follows:

"APPLICATION FOR PAYMENTS; STATE PLAN

"SEC. 1905. (a) IN GENERAL.—The Secretary may make payments under section 1903 to a State for a fiscal year only if—

"(1) the State submits to the Secretary an application for the payments;

"(2) the application contains a State plan in accordance with subsection (b);

"(3) the application contains the certification described in subsection (c);

"(4) the application contains such assurances as the Secretary may require regarding the compliance of the State with the requirements of this part (including assurances regarding compliance with the agreements described in subsection (c)); and

“(5) the application is in such form and is submitted by such date as the Secretary may require.

“(b) STATE PLAN.—A State plan required in subsection (a)(2) for a fiscal year is in accordance with this subsection if the plan meets the following conditions:

“(1) The plan is developed by the State agency with principal responsibility for public health programs, in consultation with the advisory committee established pursuant to subsection (c)(2).

“(2) The plan specifies the activities authorized in section 1904 that are to be carried out with payments made to the State under section 1903, including a specification of the year 2000 health objectives for which the State will expend the payments.

“(3) The plan specifies the populations in the State for which such activities are to be carried out.

“(4) The plan specifies any populations in the State that have a disparate need for such activities.

“(5) With respect to each population specified under paragraph (3), the plan contains a strategy for expending such payments to carry out such activities to make progress toward improving the health status of the population, which strategy includes—

“(A) a description of the programs and projects to be carried out;

“(B) an estimate of the number of individuals to be served by the programs and projects; and

“(C) an estimate of the number of public health personnel needed to carry out the strategy.

“(6) The plan specifies the amount of such payments to be expended for each of such activities and, with respect to the activity involved—

“(A) the amount to be expended for each population specified under paragraph (3); and

“(B) the amount to be expended for each population specified under paragraph (4).

“(c) STATE CERTIFICATION.—The certification referred to in subsection (a)(3) for a fiscal year is a certification to the Secretary by the chief executive officer of the State involved as follows:

“(1)(A) In the development of the State plan required in subsection (a)(2)—

“(i) the chief health officer of the State held public hearings on the plan; and

“(ii) proposals for the plan were made public in a manner that facilitated comments from public and private entities (including Federal and other public agencies).

“(B) The State agrees that, if any revisions are made in such plan during the fiscal year, the State will, with respect to the revisions, hold hearings and make proposals public in accordance with subparagraph (A), and will submit to the Secretary a description of the revisions.

“(2) The State has established an advisory committee in accordance with subsection (d).

“(3) The State agrees to expend payments under section 1903 only for the activities authorized in section 1904.

“(4) The State agrees to expend such payments in accordance with the State plan submitted under subsection (a)(2)

(with any revisions submitted to the Secretary under paragraph (1)(B)), including making expenditures to carry out the strategy contained in the plan pursuant to subsection (b)(5).

“(5)(A) The State agrees that, in the case of each population for which such strategy is carried out, the State will measure the extent of progress being made toward improving the health status of the population.

“(B) The State agrees that—

“(i) the State will collect and report data in accordance with section 1906(a); and

“(ii) for purposes of subparagraph (A), progress will be measured through use of each of the applicable uniform data items developed by the Secretary under paragraph (2) of such section, or if no such items are applicable, through use of the uniform criteria developed by the Secretary under paragraph (3) of such section.

“(6) With respect to the activities authorized in section 1904, the State agrees to maintain State expenditures for such activities at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive payments under section 1903.

“(7) The State agrees to establish reasonable criteria to evaluate the effective performance of entities that receive funds from such payments and procedures for procedural and substantive independent State review of the failure by the State to provide funds for any such entity.

“(8) The State agrees to permit and cooperate with Federal investigations undertaken in accordance with section 1907.

“(9) The State has in effect a system to protect from inappropriate disclosure patient and sex offense victim records maintained by the State in connection with an activity funded under this part or by any entity which is receiving payments from the allotment of the State under this part.

“(10) The State agrees to provide the officer of the State government responsible for the administration of the State highway safety program with an opportunity to—

“(A) participate in the development of any plan by the State relating to emergency medical services, as such plan relates to highway safety; and

“(B) review and comment on any proposal by any State agency to use any Federal grant or Federal payment received by the State for the provision of emergency medical services as such proposal relates to highway safety.

“(d) STATE ADVISORY COMMITTEE.—

“(1) IN GENERAL.—For purposes of subsection (c)(2), an advisory committee is in accordance with this subsection if such committee is known as the State Preventive Health Advisory Committee (in this subsection referred to as the ‘Committee’) and the Committee meets the conditions described in the subsequent paragraphs of this subsection.

“(2) DUTIES.—A condition under paragraph (1) for a State is that the duties of the Committee are—

“(A) to hold public hearings on the State plan required in subsection (a)(2); and

“(B) to make recommendations pursuant to subsection (b)(1) regarding the development and implementation of such plan, including recommendations on—

- “(i) the conduct of assessments of the public health;
- “(ii) which of the activities authorized in section 1904 should be carried out in the State;
- “(iii) the allocation of payments made to the State under section 1903;
- “(iv) the coordination of activities carried out under such plan with relevant programs of other entities; and
- “(v) the collection and reporting of data in accordance with section 1906(a).

“(3) COMPOSITION.—

“(A) A condition under paragraph (1) for a State is that the Committee is composed of such members of the general public, and such officials of the health departments of political subdivisions of the State, as may be necessary to provide adequate representation of the general public and of such health departments.

“(B) With respect to compliance with subparagraph (A), the membership of advisory committees established pursuant to subsection (c)(2) may include representatives of community-based organizations (including minority community-based organizations), schools of public health, and entities to which the State involved awards grants or contracts to carry out activities authorized in section 1904.

“(4) CHAIR; MEETINGS.—A condition under paragraph (1) for a State is that the State public health officer serves as the chair of the Committee, and that the Committee meets not less than twice each fiscal year.”.

(b) DELAYED APPLICABILITY OF REQUIREMENT REGARDING ADVISORY COMMITTEES.—With respect to compliance with the requirement established in subsection (c)(2) of section 1905 of the Public Health Service Act (as amended by subsection (a) of this section), a State is deemed, notwithstanding such section, to be in compliance with such requirement if the State establishes an advisory committee in accordance with subsection (d) of such section not later than 180 days after the date of the enactment of this Act.

42 USC 300w-4
note.

SEC. 104. REPORTS, DATA, AND AUDITS.

(a) IN GENERAL.—Section 1906(a) of the Public Health Service Act (42 U.S.C. 300w-5(a)) is amended to read as follows:

“(a)(1) For purposes of section 1905(c)(5)(B)(i), a State is collecting and reporting data for a fiscal year in accordance with this subsection if the State submits to the Secretary, not later than February 1 of the succeeding fiscal year, a report that—

- “(A) describes the purposes for which the State expended payments made to the State under section 1903;
- “(B) pursuant to section 1905(c)(5)(A), describes the extent of progress made by the State for purposes of such section;
- “(C) meets the conditions described in the subsequent paragraphs of this subsection; and

“(D) contains such additional information regarding activities authorized in section 1904, and is submitted in such form, as the Secretary may require.

“(2)(A) The Secretary, in consultation with the States, shall develop sets of data for uniformly defining health status for purposes of the year 2000 health objectives (which sets are in this subsection referred to as ‘uniform data sets’). Each of such sets shall consist of one or more categories of information (in this subsection individually referred to as a ‘uniform data item’). The Secretary shall develop formats for the uniform collecting and reporting of information on such items.

“(B) A condition under paragraph (1)(C) for a fiscal year is that the State involved will, in accordance with the applicable format under subparagraph (A), collect during such year, and include in the report under paragraph (1), the necessary information for one uniform data item from each of the uniform data sets, which items are selected for the State by the Secretary.

“(C) In the case of fiscal year 1995 and each subsequent fiscal year, a condition under paragraph (1) for a State is that the State will, in accordance with the applicable format under subparagraph (A), collect during such year, and include in the report under paragraph (1), the necessary information for each of the uniform data sets appropriate to the year 2000 health objectives that the State has, in the State plan submitted under section 1905 for the fiscal year, specified as a purpose for which payments under section 1903 are to be expended.

“(3) The Secretary, in consultation with the States, shall establish criteria for the uniform collection and reporting of data on activities authorized in section 1904 with respect to which no uniform data items exist.

“(4) A condition under paragraph (1) for a fiscal year is that the State involved will make copies of the report submitted under such paragraph for the fiscal year available for public inspection, and will upon request provide a copy of the report to any individual for a charge not exceeding the cost of providing the copy.”

(b) CONFORMING AMENDMENTS.—Section 1906 of the Public Health Service Act (42 U.S.C. 300w-5) is amended—

- (1) in the heading for the section, by inserting “, DATA,” after “REPORTS”; and
- (2) by striking subsection (d).

SEC. 105. REPEAL OF YEAR 2000 HEALTH OBJECTIVES PLANNING ACT.

The Year 2000 Health Objectives Planning Act (Public Law 101-582; 42 U.S.C. 246 note) is repealed.

TITLE II—NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION

SEC. 201. ESTABLISHMENT OF FOUNDATION.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.), as amended by section 401 of Public Law 102-321 (106 Stat. 419), is amended by adding at the end the following new part:

“PART N—NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE
CONTROL AND PREVENTION

“SEC. 399F. ESTABLISHMENT AND DUTIES OF FOUNDATION.

42 USC 280d-11.

“(a) IN GENERAL.—There shall be established in accordance with this section a nonprofit private corporation to be known as the National Foundation for the Centers for Disease Control and Prevention (in this part referred to as the ‘Foundation’). The Foundation shall not be an agency or instrumentality of the Federal Government, and officers, employees, and members of the board of the Foundation shall not be officers or employees of the Federal Government.

“(b) PURPOSE OF FOUNDATION.—The purpose of the Foundation shall be to support and carry out activities for the prevention and control of diseases, disorders, injuries, and disabilities, and for promotion of public health.

“(c) ENDOWMENT FUND.—

“(1) IN GENERAL.—In carrying out subsection (b), the Foundation shall establish a fund for providing endowments for positions that are associated with the Centers for Disease Control and Prevention and dedicated to the purpose described in such subsection. Subject to subsection (f)(1)(B), the fund shall consist of such donations as may be provided by non-Federal entities and such non-Federal assets of the Foundation (including earnings of the Foundation and the fund) as the Foundation may elect to transfer to the fund.

“(2) AUTHORIZED EXPENDITURES OF FUND.—The provision of endowments under paragraph (1) shall be the exclusive function of the fund established under such paragraph. Such endowments may be expended only for the compensation of individuals holding the positions, for staff, equipment, quarters, travel, and other expenditures that are appropriate in supporting the positions, and for recruiting individuals to hold the positions endowed by the fund.

“(d) CERTAIN ACTIVITIES OF FOUNDATION.—In carrying out subsection (b), the Foundation may provide for the following with respect to the purpose described in such subsection:

“(1) Programs of fellowships for State and local public health officials to work and study in association with the Centers for Disease Control and Prevention.

“(2) Programs of international arrangements to provide opportunities for public health officials of other countries to serve in public health capacities in the United States in association with the Centers for Disease Control and Prevention or elsewhere, or opportunities for employees of such Centers (or other public health officials in the United States) to serve in such capacities in other countries, or both.

“(3) Studies, projects, and research (which may include applied research on the effectiveness of prevention activities, demonstration projects, and programs and projects involving international, Federal, State, and local governments).

“(4) Forums for government officials and appropriate private entities to exchange information. Participants in such forums may include institutions of higher education and appropriate international organizations.

“(5) Meetings, conferences, courses, and training workshops.

“(6) Programs to improve the collection and analysis of data on the health status of various populations.

“(7) Programs for writing, editing, printing, and publishing of books and other materials.

“(8) Other activities to carry out the purpose described in subsection (b).

“(e) GENERAL STRUCTURE OF FOUNDATION; NONPROFIT STATUS.—

“(1) BOARD OF DIRECTORS.—The Foundation shall have a board of directors (in this part referred to as the ‘Board’), which shall be established and conducted in accordance with subsection (f). The Board shall establish the general policies of the Foundation for carrying out subsection (b), including the establishment of the bylaws of the Foundation.

“(2) EXECUTIVE DIRECTOR.—The Foundation shall have an executive director (in this part referred to as the ‘Director’), who shall be appointed by the Board, who shall serve at the pleasure of the Board, and for whom the Board shall establish the rate of compensation. Subject to compliance with the policies and bylaws established by the Board pursuant to paragraph (1), the Director shall be responsible for the daily operations of the Foundation in carrying out subsection (b).

“(3) NONPROFIT STATUS.—In carrying out subsection (b), the Board shall establish such policies and bylaws under paragraph (1), and the Director shall carry out such activities under paragraph (2), as may be necessary to ensure that the Foundation maintains status as an organization that—

“(A) is described in subsection (c)(3) of section 501 of the Internal Revenue Code of 1986; and

“(B) is, under subsection (a) of such section, exempt from taxation.

“(f) BOARD OF DIRECTORS.—

“(1) CERTAIN BYLAWS.—

“(A) In establishing bylaws under subsection (e)(1), the Board shall ensure that the bylaws of the Foundation include bylaws for the following:

“(i) Policies for the selection of the officers, employees, agents, and contractors of the Foundation.

“(ii) Policies, including ethical standards, for the acceptance and disposition of donations to the Foundation and for the disposition of the assets of the Foundation.

“(iii) Policies for the conduct of the general operations of the Foundation.

“(iv) Policies for writing, editing, printing, and publishing of books and other materials, and the acquisition of patents and licenses for devices and procedures developed by the Foundation.

“(B) In establishing bylaws under subsection (e)(1), the Board shall ensure that the bylaws of the Foundation (and activities carried out under the bylaws) do not—

“(i) reflect unfavorably upon the ability of the Foundation, or the Centers for Disease Control and Prevention, to carry out its responsibilities or official duties in a fair and objective manner; or

“(ii) compromise, or appear to compromise, the integrity of any governmental program or any officer or employee involved in such program.

“(2) COMPOSITION.—

“(A) Subject to subparagraph (B), the Board shall be composed of 7 individuals, appointed in accordance with paragraph (4), who collectively possess education or experience appropriate for representing the general field of public health, the general field of international health, and the general public. Each such individual shall be a voting member of the Board.

“(B) The Board may, through amendments to the bylaws of the Foundation, provide that the number of members of the Board shall be a greater number than the number specified in subparagraph (A).

“(3) CHAIR.—The Board shall, from among the members of the Board, designate an individual to serve as the chair of the Board (in this subsection referred to as the ‘Chair’).

“(4) APPOINTMENTS, VACANCIES, AND TERMS.—Subject to subsection (j) (regarding the initial membership of the Board), the following shall apply to the Board:

“(A) Any vacancy in the membership of the Board shall be filled by appointment by the Board, after consideration of suggestions made by the Chair and the Director regarding the appointments. Any such vacancy shall be filled not later than the expiration of the 180-day period beginning on the date on which the vacancy occurs.

“(B) The term of office of each member of the Board appointed under subparagraph (A) shall be 5 years. A member of the Board may continue to serve after the expiration of the term of the member until the expiration of the 180-day period beginning on the date on which the term of the member expires.

“(C) A vacancy in the membership of the Board shall not affect the power of the Board to carry out the duties of the Board. If a member of the Board does not serve the full term applicable under subparagraph (B), the individual appointed to fill the resulting vacancy shall be appointed for the remainder of the term of the predecessor of the individual.

“(5) COMPENSATION.—Members of the Board may not receive compensation for service on the Board. The members may be reimbursed for travel, subsistence, and other necessary expenses incurred in carrying out the duties of the Board.

“(g) CERTAIN RESPONSIBILITIES OF EXECUTIVE DIRECTOR.—In carrying out subsection (e)(2), the Director shall carry out the following functions:

“(1) Hire, promote, compensate, and discharge officers and employees of the Foundation, and define the duties of the officers and employees.

“(2) Accept and administer donations to the Foundation, and administer the assets of the Foundation.

“(3) Establish a process for the selection of candidates for holding endowed positions under subsection (c).

“(4) Enter into such financial agreements as are appropriate in carrying out the activities of the Foundation.

“(5) Take such action as may be necessary to acquire patents and licenses for devices and procedures developed by the Foundation and the employees of the Foundation.

“(6) Adopt, alter, and use a corporate seal, which shall be judicially noticed.

“(7) Commence and respond to judicial proceedings in the name of the Foundation.

“(8) Other functions that are appropriate in the determination of the Director.

“(h) GENERAL PROVISIONS.—

“(1) AUTHORITY FOR ACCEPTING FUNDS.—The Director of the Centers for Disease Control and Prevention may accept and utilize, on behalf of the Federal Government, any gift, donation, bequest, or devise of real or personal property from the Foundation for the purpose of aiding or facilitating the work of such Centers. Funds may be accepted and utilized by such Director under the preceding sentence without regard to whether the funds are designated as general-purpose funds or special-purpose funds.

“(2) AUTHORITY FOR ACCEPTANCE OF VOLUNTARY SERVICES.—

“(A) The Director of the Centers for Disease Control and Prevention may accept, on behalf of the Federal Government, any voluntary services provided to such Centers by the Foundation for the purpose of aiding or facilitating the work of such Centers. In the case of an individual, such Director may accept the services provided under the preceding sentence by the individual for not more than 2 years.

“(B) The limitation established in subparagraph (A) regarding the period of time in which services may be accepted applies to each individual who is not an employee of the Federal Government and who serves in association with the Centers for Disease Control and Prevention pursuant to financial support from the Foundation.

“(3) ADMINISTRATIVE CONTROL.—No officer, employee, or member of the Board of the Foundation may exercise any administrative or managerial control over any Federal employee.

“(4) APPLICABILITY OF CERTAIN STANDARDS TO NON-FEDERAL EMPLOYEES.—In the case of any individual who is not an employee of the Federal Government and who serves in association with the Centers for Disease Control and Prevention pursuant to financial support from the Foundation, the Foundation shall negotiate a memorandum of understanding with the individual and the Director of the Centers for Disease Control and Prevention specifying that the individual—

“(A) shall be subject to the ethical and procedural standards regulating Federal employment, scientific investigation, and research findings (including publications and patents) that are required of individuals employed by the Centers for Disease Control and Prevention, including standards under this Act, the Ethics in Government Act, and the Technology Transfer Act; and

“(B) shall be subject to such ethical and procedural standards under chapter 11 of title 18, United States Code (relating to conflicts of interest), as the Director of such

Centers determines is appropriate, except such memorandum may not provide that the individual shall be subject to the standards of section 209 of such chapter.

“(5) FINANCIAL CONFLICTS OF INTEREST.—Any individual who is an officer, employee, or member of the Board of the Foundation may not directly or indirectly participate in the consideration or determination by the Foundation of any question affecting—

“(A) any direct or indirect financial interest of the individual; or

“(B) any direct or indirect financial interest of any business organization or other entity of which the individual is an officer or employee or in which the individual has a direct or indirect financial interest.

“(6) AUDITS; AVAILABILITY OF RECORDS.—The Foundation shall—

“(A) provide for biennial audits of the financial condition of the Foundation; and

“(B) make such audits, and all other records, documents, and other papers of the Foundation, available to the Secretary and the Comptroller General of the United States for examination or audit.

“(7) REPORTS.—

“(A) Not later than February 1 of each fiscal year, the Foundation shall publish a report describing the activities of the Foundation during the preceding fiscal year. Each such report shall include for the fiscal year involved a comprehensive statement of the operations, activities, financial condition, and accomplishments of the Foundation.

“(B) With respect to the financial condition of the Foundation, each report under subparagraph (A) shall include the source, and a description of, all gifts to the Foundation of real or personal property, and the source and amount of all gifts to the Foundation of money. Each such report shall include a specification of any restrictions on the purposes for which gifts to the Foundation may be used.

“(C) The Foundation shall make copies of each report submitted under subparagraph (A) available for public inspection, and shall upon request provide a copy of the report to any individual for a charge not exceeding the cost of providing the copy.

Public
information.

“(8) LIAISON FROM CENTERS FOR DISEASE CONTROL AND PREVENTION.—The Director of the Centers for Disease Control and Prevention shall serve as the liaison representative of such Centers to the Board and the Foundation.

“(i) FEDERAL FUNDING.—

“(1) AUTHORITY FOR ANNUAL GRANTS.—

“(A) The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall—

“(i) for fiscal year 1993, make a grant to an entity described in subsection (j)(9) (relating to the establishment of a committee to establish the Foundation);

“(ii) for fiscal year 1994, make a grant to the committee established under such subsection, or if the

Foundation has been established, to the Foundation;
and

“(iii) for fiscal year 1995 and each subsequent fiscal year, make a grant to the Foundation.

“(B) A grant under subparagraph (A) may be expended—

“(i) in the case of an entity receiving the grant under subparagraph (A)(i), only for the purpose of carrying out the duties established in subsection (j)(9) for the entity;

“(ii) in the case of the committee established under such subsection, only for the purpose of carrying out the duties established in subsection (j) for the committee; and

“(iii) in the case of the Foundation, only for the purpose of the administrative expenses of the Foundation.

“(C) A grant under subparagraph (A) may not be expended to provide amounts for the fund established under subsection (c).

“(D) For the purposes described in subparagraph (B)—

“(i) any portion of the grant made under subparagraph (A)(i) for fiscal year 1993 that remains unobligated after the entity receiving the grant completes the duties established in subsection (j)(9) for the entity shall be available to the committee established under such subsection; and

“(ii) any portion of a grant under subparagraph (A) made for fiscal year 1993 or 1994 that remains unobligated after such committee completes the duties established in such subsection for the committee shall be available to the Foundation.

“(2) FUNDING FOR GRANTS.—

“(A) For the purpose of grants under paragraph (1), there is authorized to be appropriated \$500,000 for each fiscal year.

“(B) For the purpose of grants under paragraph (1), the Secretary may for each fiscal year make available not more than \$500,000 from the amounts appropriated for the fiscal year for the programs of the Department of Health and Human Services. Such amounts may be made available without regard to whether amounts have been appropriated under subparagraph (A).

“(3) CERTAIN RESTRICTION.—If the Foundation receives Federal funds for the purpose of serving as a fiscal intermediary between Federal agencies, the Foundation may not receive such funds for the indirect costs of carrying out such purpose in an amount exceeding 10 percent of the direct costs of carrying out such purpose. The preceding sentence may not be construed as authorizing the expenditure of any grant under paragraph (1) for such purpose.

“(j) COMMITTEE FOR ESTABLISHMENT OF FOUNDATION.—

“(1) IN GENERAL.—There shall be established in accordance with this subsection a committee to carry out the functions described in paragraph (2) (which committee is referred to in this subsection as the ‘Committee’).

Appropriation
authorization.

“(2) FUNCTIONS.—The functions referred to in paragraph (1) for the Committee are as follows:

“(A) To carry out such activities as may be necessary to incorporate the Foundation under the laws of the State involved, including serving as incorporators for the Foundation. Such activities shall include ensuring that the articles of incorporation for the Foundation require that the Foundation be established and operated in accordance with the applicable provisions of this part (or any successor to this part), including such provisions as may be in effect pursuant to amendments enacted after the date of the enactment of the Preventive Health Amendments of 1992.

“(B) To ensure that the Foundation qualifies for and maintains the status described in subsection (e)(3) (regarding taxation).

“(C) To establish the general policies and initial bylaws of the Foundation, which bylaws shall include the bylaws described in subsections (e)(3) and (f)(1).

“(D) To provide for the initial operation of the Foundation, including providing for quarters, equipment, and staff.

“(E) To appoint the initial members of the Board in accordance with the requirements established in subsection (f)(2)(A) for the composition of the Board, and in accordance with such other qualifications as the Committee may determine to be appropriate regarding such composition. Of the members so appointed—

“(i) 2 shall be appointed to serve for a term of 3 years;

“(ii) 2 shall be appointed to serve for a term of 4 years; and

“(iii) 3 shall be appointed to serve for a term of 5 years.

“(3) COMPLETION OF FUNCTIONS OF COMMITTEE; INITIAL MEETING OF BOARD.—

“(A) The Committee shall complete the functions required in paragraph (1) not later than September 30, 1994. The Committee shall terminate upon the expiration of the 30-day period beginning on the date on which the Secretary determines that the functions have been completed.

Termination
date.

“(B) The initial meeting of the Board shall be held not later than November 1, 1994.

“(4) COMPOSITION.—The Committee shall be composed of 5 members, each of whom shall be a voting member. Of the members of the Committee—

“(A) no fewer than 2 shall have broad, general experience in public health; and

“(B) no fewer than 2 shall have broad, general experience in nonprofit private organizations (without regard to whether the individuals have experience in public health).

“(5) CHAIR.—The Committee shall, from among the members of the Committee, designate an individual to serve as the chair of the Committee.

“(6) TERMS; VACANCIES.—The term of members of the Committee shall be for the duration of the Committee. A vacancy in the membership of the Committee shall not affect the power of the Committee to carry out the duties of the

Committee. If a member of the Committee does not serve the full term, the individual appointed to fill the resulting vacancy shall be appointed for the remainder of the term of the predecessor of the individual.

“(7) COMPENSATION.—Members of the Committee may not receive compensation for service on the Committee. Members of the Committee may be reimbursed for travel, subsistence, and other necessary expenses incurred in carrying out the duties of the Committee.

“(8) COMMITTEE SUPPORT.—The Director of the Centers for Disease Control and Prevention may, from amounts available to the Director for the general administration of such Centers, provide staff and financial support to assist the Committee with carrying out the functions described in paragraph (2). In providing such staff and support, the Director may both detail employees and contract for assistance.”

“(9) GRANT FOR ESTABLISHMENT OF COMMITTEE.—

“(A) With respect to a grant under paragraph (1)(A)(i) of subsection (i) for fiscal year 1993, an entity described in this paragraph is a private nonprofit entity with significant experience in domestic and international issues of public health. Not later than 180 days after the date of the enactment of the Preventive Health Amendments of 1992, the Secretary shall make the grant to such an entity (subject to the availability of funds under paragraph (2) of such subsection).

“(B) The grant referred to in subparagraph (A) may be made to an entity only if the entity agrees that—

“(i) the entity will establish a committee that is composed in accordance with paragraph (4); and

“(ii) the entity will not select an individual for membership on the Committee unless the individual agrees that the Committee will operate in accordance with each of the provisions of this subsection that relate to the operation of the Committee.

“(C) The Secretary may make a grant referred to in subparagraph (A) only if the applicant for the grant makes an agreement that the grant will not be expended for any purpose other than carrying out subparagraph (B). Such a grant may be made only if an application for the grant is submitted to the Secretary containing such agreement, and the application is in such form, is made in such manner, and contains such other agreements and such assurances and information as the Secretary determines to be necessary to carry out this paragraph.”

TITLE III—CERTAIN PROGRAMS

SEC. 301. INJURY CONTROL.

Section 392(b) of the Public Health Service Act (42 U.S.C. 280b-1(b)) is amended—

(1) in paragraph (1), by striking “and” after the semicolon at the end;

(2) in paragraph (2)—

(A) by adding at the end the following sentence: “In carrying out the preceding sentence, the Secretary shall

disseminate such information to the public, including through elementary and secondary schools.”; and

(B) by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following paragraph:

“(3) make grants to States and, after consultation with State health agencies, to other public or nonprofit private entities for the purpose of carrying out demonstration projects for the prevention and control of injuries at sites that are not subject to the Occupational Safety and Health Act of 1970, including homes, elementary and secondary schools, and public buildings.”.

SEC. 302. ESTABLISHMENT OF OFFICE OF ADOLESCENT HEALTH.

Title XVII of the Public Health Service Act (42 U.S.C. 300u et seq.) is amended by adding at the end the following section:

“OFFICE OF ADOLESCENT HEALTH

“SEC. 1708. (a) IN GENERAL.—There is established an Office of Adolescent Health within the Office of the Assistant Secretary for Health, which office shall be headed by a director appointed by the Secretary. The Secretary shall carry out this section acting through the Director of such Office.

42 USC 300u-7.

“(b) DUTIES.—With respect to adolescent health, the Secretary shall—

“(1) coordinate all activities within the Department of Health and Human Services that relate to disease prevention, health promotion, preventive health services, and health information and education with respect to the appropriate use of health care, including coordinating—

“(A) the design of programs, support for programs, and the evaluation of programs;

“(B) the monitoring of trends;

“(C) projects of research (including multidisciplinary projects) on adolescent health; and

“(D) the training of health providers who work with adolescents, particularly nurse practitioners, physician assistants, and social workers;

“(2) coordinate the activities described in paragraph (1) with similar activities in the private sector; and

“(3) support projects, conduct research, and disseminate information relating to preventive medicine, health promotion, and physical fitness and sports medicine.

“(c) CERTAIN DEMONSTRATION PROJECTS.—

“(1) IN GENERAL.—In carrying out subsection (b)(3), the Secretary may make grants to carry out demonstration projects for the purpose of improving adolescent health, including projects to train health care providers in providing services to adolescents and projects to reduce the incidence of violence among adolescents, particularly among minority males.

“(2) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out paragraph (1), there are authorized to be appropriated \$5,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1997.

“(d) INFORMATION CLEARINGHOUSE.—In carrying out subsection (b), the Secretary shall establish and maintain a National Informa-

tion Clearinghouse on Adolescent Health to collect and disseminate to health professionals and the general public information on adolescent health.

“(e) NATIONAL PLAN.—In carrying out subsection (b), the Secretary shall develop a national plan for improving adolescent health. The plan shall be consistent with the applicable objectives established by the Secretary for the health status of the people of the United States for the year 2000, and shall be periodically reviewed, and as appropriate, revised. The plan, and any revisions in the plan, shall be submitted to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate.

“(f) ADOLESCENT HEALTH.—For purposes of this section, the term ‘adolescent health’, with respect to adolescents of all ethnic and racial groups, means all diseases, disorders, and conditions (including with respect to mental health)—

“(1) unique to adolescents, or more serious or more prevalent in adolescents;

“(2) for which the factors of medical risk or types of medical intervention are different for adolescents, or for which it is unknown whether such factors or types are different for adolescents; or

“(3) with respect to which there has been insufficient clinical research involving adolescents as subjects or insufficient clinical data on adolescents.”

SEC. 303. LEAD POISONING PREVENTION.

(a) IN GENERAL.—Section 317A of the Public Health Service Act (42 U.S.C. 247b-1) is amended to read as follows:

“SCREENINGS, REFERRALS, AND EDUCATION REGARDING LEAD POISONING

“SEC. 317A. (a) AUTHORITY FOR GRANTS.—

“(1) IN GENERAL.—Subject to paragraph (2), the Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States and political subdivisions of States for the initiation and expansion of community programs designed—

“(A) to provide, for infants and children—

“(i) screening for elevated blood lead levels;

“(ii) referral for treatment of such levels; and

“(iii) referral for environmental intervention associated with such levels; and

“(B) to provide education about childhood lead poisoning.

“(2) AUTHORITY REGARDING CERTAIN ENTITIES.—With respect to a geographic area with a need for activities authorized in paragraph (1), in any case in which neither the State nor the political subdivision in which such area is located has applied for a grant under paragraph (1), the Secretary may make a grant under such paragraph to any grantee under section 329, 330, 340, or 340A for carrying out such activities in the area.

“(3) PROVISION OF ALL SERVICES AND ACTIVITIES THROUGH EACH GRANTEE.—In making grants under paragraph (1), the Secretary shall ensure that each of the activities described in such paragraph is provided through each grantee under

such paragraph. The Secretary may authorize such a grantee to provide the services and activities directly, or through arrangements with other providers.

“(b) STATUS AS MEDICAID PROVIDER.—

“(1) IN GENERAL.—Subject to paragraph (2), the Secretary may not make a grant under subsection (a) unless, in the case of any service described in such subsection that is made available pursuant to the State plan approved under title XIX of the Social Security Act for the State involved—

“(A) the applicant for the grant will provide the service directly, and the applicant has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

“(B) the applicant will enter into an agreement with a provider under which the provider will provide the service, and the provider has entered into such a participation agreement and is qualified to receive such payments.

“(2) WAIVER REGARDING CERTAIN SECONDARY AGREEMENTS.—

“(A) In the case of a provider making an agreement pursuant to paragraph (1)(B) regarding the provision of services, the requirement established in such paragraph regarding a participation agreement shall be waived by the Secretary if the provider does not, in providing health care services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits plan.

“(B) A determination by the Secretary of whether a provider referred to in subparagraph (A) meets the criteria for a waiver under such subparagraph shall be made without regard to whether the provider accepts voluntary donations regarding the provision of services to the public.

“(c) PRIORITY IN MAKING GRANTS.—In making grants under subsection (a), the Secretary shall give priority to applications for programs that will serve areas with a high incidence of elevated blood lead levels in infants and children.

“(d) GRANT APPLICATION.—No grant may be made under subsection (a), unless an application therefor has been submitted to, and approved by, the Secretary. Such an application shall be in such form and shall be submitted in such manner as the Secretary shall prescribe and shall include each of the following:

“(1) A complete description of the program which is to be provided by or through the applicant.

“(2) Assurances satisfactory to the Secretary that the program to be provided under the grant applied for will include educational programs designed to—

“(A) communicate to parents, educators, and local health officials the significance and prevalence of lead poisoning in infants and children (including the sources of lead exposure, the importance of screening young children for lead, and the preventive steps that parents can take in reducing the risk of lead poisoning) which the program is designed to detect and prevent; and

“(B) communicate to health professionals and paraprofessionals updated knowledge concerning lead poisoning and research (including the health consequences, if any,

of low-level lead burden; the prevalence of lead poisoning among all socioeconomic groupings; the benefits of expanded lead screening; and the therapeutic and other interventions available to prevent and combat lead poisoning in affected children and families).

“(3) Assurances satisfactory to the Secretary that the applicant will report on a quarterly basis the number of infants and children screened for elevated blood lead levels, the number of infants and children who were found to have elevated blood lead levels, the number and type of medical referrals made for such infants and children, the outcome of such referrals, and other information to measure program effectiveness.

“(4) Assurances satisfactory to the Secretary that the applicant will make such reports respecting the program involved as the Secretary may require.

“(5) Assurances satisfactory to the Secretary that the applicant will coordinate the activities carried out pursuant to subsection (a) with related activities and services carried out in the State by grantees under title V or XIX of the Social Security Act.

“(6) Assurances satisfactory to the Secretary that Federal funds made available under such a grant for any period will be so used as to supplement and, to the extent practical, increase the level of State, local, and other non-Federal funds that would, in the absence of such Federal funds, be made available for the program for which the grant is to be made and will in no event supplant such State, local, and other non-Federal funds.

“(7) Such other information as the Secretary may prescribe.

“(e) RELATIONSHIP TO SERVICES AND ACTIVITIES UNDER OTHER PROGRAMS.—

“(1) IN GENERAL.—A recipient of a grant under subsection (a) may not make payments from the grant for any service or activity to the extent that payment has been made, or can reasonably be expected to be made, with respect to such service or activity—

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

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

“(2) APPLICABILITY TO CERTAIN SECONDARY AGREEMENTS FOR PROVISION OF SERVICES.—Paragraph (1) shall not apply in the case of a provider through which a grantee under subsection (a) provides services under such subsection if the Secretary has provided a waiver under subsection (b)(2) regarding the provider.

“(f) METHOD AND AMOUNT OF PAYMENT.—The Secretary shall determine the amount of a grant made under subsection (a). Payments under such grants may be made in advance on the basis of estimates or by way of reimbursement, with necessary adjustments on account of underpayments or overpayments, and in such installments and on such terms and conditions as the Secretary finds necessary to carry out the purposes of such grants. Not more than 10 percent of any grant may be obligated for administrative costs.

“(g) SUPPLIES, EQUIPMENT, AND EMPLOYEE DETAIL.—The Secretary, at the request of a recipient of a grant under subsection (a), may reduce the amount of such grant by—

“(1) the fair market value of any supplies or equipment furnished the grant recipient; and

“(2) the amount of the pay, allowances, and travel expenses of any officer or employee of the Government when detailed to the grant recipient and the amount of any other costs incurred in connection with the detail of such officer or employee;

when the furnishing of such supplies or equipment or the detail of such an officer or employee is for the convenience of and at the request of such grant recipient and for the purpose of carrying out a program with respect to which the grant under subsection (a) is made. The amount by which any such grant is so reduced shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment, or in detailing the personnel, on which the reduction of such grant is based, and such amount shall be deemed as part of the grant and shall be deemed to have been paid to the grant recipient.

“(h) RECORDS.—Each recipient of a grant under subsection (a) shall keep such records as the Secretary shall prescribe, including records which fully disclose the amount and disposition by such recipient of the proceeds of such grant, the total cost of the undertaking in connection with which such grant was made, and the amount of that portion of the cost of the undertaking supplied by other sources, and such other records as will facilitate an effective audit.

“(i) AUDIT AND EXAMINATION OF RECORDS.—The Secretary and the Comptroller General of the United States, or any of their duly authorized representatives, shall have access for the purpose of audit and examination to any books, documents, papers, and records of the recipient of a grant under subsection (a), that are pertinent to such grant.

“(j) ANNUAL REPORT.—

“(1) **IN GENERAL.**—Not later than May 1 of each year, the Secretary shall submit to the Congress a report on the effectiveness during the preceding fiscal year of programs carried out with grants under subsection (a) and of any programs that are carried out by the Secretary pursuant to subsection (1)(2).

“(2) **CERTAIN REQUIREMENTS.**—Each report under paragraph (1) shall include, in addition to any other information that the Secretary may require, the following information:

“(A) The number of infants and children screened.

“(B) Demographic information on the population of infants and children screened, including the age and racial or ethnic status of such population.

“(C) The number of screening sites.

“(D) A description of the severity of the extent of the blood lead levels of the infants and children screened, expressed in categories of severity.

“(E) The sources of payment for the screenings.

“(F) A comparison of the data provided pursuant to subparagraphs (A) through (E) with the equivalent data, if any, provided in the report under paragraph (1) preceding the report involved.

“(k) INDIAN TRIBES.—For purposes of this section, the term ‘political subdivision’ includes Indian tribes.

“(l) FUNDING.—

“(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$40,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1997.

“(2) ALLOCATION FOR OTHER PROGRAMS.—Of the amounts appropriated under paragraph (1) for any fiscal year, the Secretary may reserve not more than 20 percent for carrying out programs regarding the activities described in subsection (a) in addition to the program of grants established in such subsection.”.

(b) OTHER PROGRAMS.—Part A of title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by inserting after section 317A the following section:

“EDUCATION, TECHNOLOGY ASSESSMENT, AND EPIDEMIOLOGY
REGARDING LEAD POISONING

42 USC 247b-3.

“SEC. 317B. (a) PREVENTION.—

“(1) PUBLIC EDUCATION.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall carry out a program to educate health professionals and paraprofessionals and the general public on the prevention of lead poisoning in infants and children. In carrying out the program, the Secretary shall make available information concerning the health effects of low-level lead toxicity, the causes of lead poisoning, and the primary and secondary preventive measures that may be taken to prevent such poisoning.

Establishment.

“(2) INTERAGENCY TASK FORCE.—

“(A) Not later than 6 months after the date of the enactment of the Preventive Health Amendments of 1992, the Secretary shall establish a council to be known as the Interagency Task Force on the Prevention of Lead Poisoning (in this paragraph referred to as the ‘Task Force’). The Task Force shall coordinate the efforts of Federal agencies to prevent lead poisoning.

“(B) The Task Force shall be composed of—

“(i) the Secretary, who shall serve as the chair of the Task Force;

“(ii) the Secretary of Housing and Urban Development;

“(iii) the Administrator of the Environmental Protection Agency; and

“(iv) senior staff of each of the officials specified in clauses (i) through (iii), as selected by the officials respectively.

“(C) The Task Force shall—

“(i) review, evaluate, and coordinate current strategies and plans formulated by the officials serving as members of the Task Force, including—

“(I) the plan of the Secretary of Health and Human Services entitled “Strategic Plan for the Elimination of Lead Poisoning”, dated February 21, 1991;

“(II) the plan of the Secretary of Housing and Urban Development entitled “Comprehensive and Workable Plan for the Abatement of Lead-Based Paint in Privately Owned Housing”, dated December 7, 1990; and

“(III) the strategy of the Administrator of the Environmental Protection Agency entitled “Strategy for Reducing Lead Exposures”, dated February 21, 1991;

“(ii) develop a unified implementation plan for programs that receive Federal financial assistance for activities related to the prevention of lead poisoning;

“(iii) establish a mechanism for sharing and disseminating information among the agencies represented on the Task Force;

“(iv) identify the most promising areas of research and education concerning lead poisoning;

“(v) identify the practical and technological constraints to expanding lead poisoning prevention;

“(vi) annually carry out a comprehensive review of Federal programs providing assistance to prevent lead poisoning, and not later than May 1 of each year, submit to the Committee on Labor and Human Resources of the Senate and the Committee on the Environment and Public Works of the Senate, and to the Committee on Energy and Commerce of the House of Representatives, a report that summarizes the findings made as a result of such review and that contains the recommendations of the Task Force on the programs and policies with respect to which the Task Force is established, including related budgetary recommendations; and

“(vii) annually review and coordinate departmental and agency budgetary requests with respect to all lead poisoning prevention activities of the Federal Government.

“(b) TECHNOLOGY ASSESSMENT AND EPIDEMIOLOGY.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall, directly or through grants or contracts—

“(1) provide for the development of improved, more cost-effective testing measures for detecting lead toxicity in children;

“(2) provide for the development of improved methods of assessing the prevalence of lead poisoning, including such methods as may be necessary to conduct individual assessments for each State;

“(3) provide for the collection of data on the incidence and prevalence of lead poisoning of infants and children, on the demographic characteristics of infants and children with such poisoning (including racial and ethnic status), and on the source of payment for treatment for such poisoning (including the extent to which insurance has paid for such treatment); and

“(4) provide for any applied research necessary to improve the effectiveness of programs for the prevention of lead poisoning in infants and children.”

Reports.

SEC. 304. PREVENTABLE CASES OF INFERTILITY ARISING AS RESULT OF SEXUALLY TRANSMITTED DISEASES.

Part A of title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by inserting after section 318 the following section:

Women.

"INFERTILITY AND SEXUALLY TRANSMITTED DISEASES

42 USC 247c-1.

"SEC. 318A. (a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States, political subdivisions of States, and other public or nonprofit private entities for the purpose of carrying out the activities described in subsection (c) regarding any treatable sexually transmitted disease that can cause infertility in women if treatment is not received for the disease.

"(b) AUTHORITY REGARDING INDIVIDUAL DISEASES.—With respect to diseases described in subsection (a), the Secretary shall, in making a grant under such subsection, specify the particular disease or diseases with respect to which the grant is to be made. The Secretary may not make the grant unless the applicant involved agrees to carry out this section only with respect to the disease or diseases so specified.

"(c) AUTHORIZED ACTIVITIES.—With respect to any sexually transmitted disease described in subsection (a), the activities referred to in such subsection are—

"(1) screening women for the disease and for secondary conditions resulting from the disease, subject to compliance with criteria issued under subsection (f);

"(2) providing treatment to women for the disease;

"(3) providing counseling to women on the prevention and control of the disease (including, in the case of a woman with the disease, counseling on the benefits of locating and providing such counseling to any individual from whom the woman may have contracted the disease and any individual whom the woman may have exposed to the disease);

"(4) providing follow-up services;

"(5) referrals for necessary medical services for women screened pursuant to paragraph (1), including referrals for evaluation and treatment with respect to acquired immune deficiency syndrome and other sexually transmitted diseases;

"(6) in the case of any woman receiving services pursuant to any of paragraphs (1) through (5), providing to the partner of the woman the services described in such paragraphs, as appropriate;

"(7) providing outreach services to inform women of the availability of the services described in paragraphs (1) through (6);

"(8) providing to the public information and education on the prevention and control of the disease, including disseminating such information; and

"(9) providing training to health care providers in carrying out the screenings and counseling described in paragraphs (1) and (3).

"(d) REQUIREMENT OF AVAILABILITY OF ALL SERVICES THROUGH EACH GRANTEE.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees that each activity authorized in subsection (c) will be available through the applicant. With

respect to compliance with such agreement, the applicant may expend the grant to carry out any of the activities directly, and may expend the grant to enter into agreements with other public or nonprofit private entities under which the entities carry out the activities.

“(e) **REQUIRED PROVIDERS REGARDING CERTAIN SERVICES.**—The Secretary may make a grant under subsection (a) only if the applicant involved agrees that, in expending the grant to carry out activities authorized in subsection (c), the services described in paragraphs (1) through (7) of such subsection will be provided only through entities that are State or local health departments, grantees under section 329, 330, 340, 340A, or 1001, or are other public or nonprofit private entities that provide health services to a significant number of low-income women.

“(f) **QUALITY ASSURANCE REGARDING SCREENING FOR DISEASES.**—For purposes of this section, the Secretary shall establish criteria for ensuring the quality of screening procedures for diseases described in subsection (a).

“(g) **CONFIDENTIALITY.**—The Secretary may make a grant under subsection (a) only if the applicant involved agrees, subject to applicable law, to maintain the confidentiality of information on individuals with respect to activities carried out under subsection (c).

“(h) **LIMITATION ON IMPOSITION OF FEES FOR SERVICES.**—The Secretary may make a grant under subsection (a) only if the applicant involved agrees that, if a charge is imposed for the provision of services or activities under the grant, such charge—

“(1) will be made according to a schedule of charges that is made available to the public;

“(2) will be adjusted to reflect the income of the individual involved; and

“(3) will not be imposed on any individual with an income of less than 150 percent of the official poverty line, as established by the Director of the Office of Management and Budget and revised by the Secretary in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

“(i) **LIMITATIONS ON CERTAIN EXPENDITURES.**—The Secretary may make a grant under subsection (a) only if the applicant involved agrees that not less than 80 percent of the grant will be expended for the purpose of carrying out paragraphs (1) through (7) of subsection (c).

“(j) **REPORTS TO SECRETARY.**—

“(1) **COLLECTION OF DATA.**—The Secretary may make a grant under subsection (a) only if the applicant involved agrees, with respect to any disease selected under subsection (b) for the applicant, to submit to the Secretary, for each fiscal year for which the applicant receives such a grant, a report providing—

“(A) the incidence of the disease among the population of individuals served by the applicant;

“(B) the number and demographic characteristics of individuals in such population;

“(C) the types of interventions and treatments provided by the applicant, and the health conditions with respect to which referrals have been made pursuant to subsection (c)(5);

“(D) an assessment of the extent to which the activities carried pursuant to subsection (a) have reduced the incidence of infertility in the geographic area involved; and

“(E) such other information as the Secretary may require with respect to the project carried out with the grant.

“(2) UTILITY AND COMPARABILITY OF DATA.—The Secretary shall carry out activities for the purpose of ensuring the utility and comparability of data collected pursuant to paragraph (1).

“(k) MAINTENANCE OF EFFORT.—With respect to activities for which a grant under subsection (a) is authorized to be expended, the Secretary may make such a grant only if the applicant involved agrees to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the average level of such expenditures maintained by the applicant for the 2-year period preceding the fiscal year for which the applicant is applying to receive such a grant.

“(l) REQUIREMENT OF APPLICATION.—

“(1) IN GENERAL.—The Secretary may make a grant under subsection (a) only if an application for the grant is submitted to the Secretary, the application contains the plan required in paragraph (2), and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

“(2) SUBMISSION OF PLAN FOR PROGRAM OF GRANTEE.—

“(A) IN GENERAL.—The Secretary may make a grant under subsection (a) only if the applicant involved submits to the Secretary a plan describing the manner in which the applicant will comply with the agreements required as a condition of receiving such a grant, including a specification of the entities through which activities authorized in subsection (c) will be provided.

“(B) PARTICIPATION OF CERTAIN ENTITIES.—The Secretary may make a grant under subsection (a) only if the applicant provides assurances satisfactory to the Secretary that the plan submitted under subparagraph (A) has been prepared in consultation with an appropriate number and variety of—

“(i) representatives of entities in the geographic area involved that provide services for the prevention and control of sexually transmitted diseases, including programs to provide to the public information and education regarding such diseases; and

“(ii) representatives of entities in such area that provide family planning services.

“(m) DURATION OF GRANT.—The period during which payments are made to an entity from a grant under subsection (a) may not exceed 3 years. The provision of such payments shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments in such year. The preceding sentence may not be construed to establish a limitation on the number of grants under such subsection that may be made to an entity.

“(n) TECHNICAL ASSISTANCE, AND SUPPLIES AND SERVICES IN LIEU OF GRANT FUNDS.—

“(1) TECHNICAL ASSISTANCE.—The Secretary may provide training and technical assistance to grantees under subsection (a) with respect to the planning, development, and operation of any program or service carried out under such subsection. The Secretary may provide such technical assistance directly or through grants or contracts.

“(2) SUPPLIES, EQUIPMENT, AND EMPLOYEE DETAIL.—The Secretary, at the request of a recipient of a grant under subsection (a), may reduce the amount of such grant by—

“(A) the fair market value of any supplies or equipment furnished the grant recipient; and

“(B) the amount of the pay, allowances, and travel expenses of any officer or employee of the Government when detailed to the grant recipient and the amount of any other costs incurred in connection with the detail of such officer or employee;

when the furnishing of such supplies or equipment or the detail of such an officer or employee is for the convenience of and at the request of such grant recipient and for the purpose of carrying out a program with respect to which the grant under subsection (a) is made. The amount by which any such grant is so reduced shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment, or in detailing the personnel, on which the reduction of such grant is based, and such amount shall be deemed as part of the grant and shall be deemed to have been paid to the grant recipient.

“(o) EVALUATIONS AND REPORTS BY SECRETARY.—

“(1) EVALUATIONS.—The Secretary shall, directly or through contracts with public or private entities, provide for annual evaluations of programs carried out pursuant to subsection (a) in order to determine the quality and effectiveness of the programs.

“(2) REPORT TO CONGRESS.—Not later than 1 year after the date on which amounts are first appropriated pursuant to subsection (s), and biennially thereafter, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report—

“(A) summarizing the information provided to the Secretary in reports made pursuant to subsection (j)(1), including information on the incidence of sexually transmitted diseases described in subsection (a); and

“(B) summarizing evaluations carried out pursuant to paragraph (1) during the preceding fiscal year.

“(p) COORDINATION OF FEDERAL PROGRAMS.—The Secretary shall coordinate the program carried out under this section with any similar programs administered by the Secretary (including coordination between the Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health).

“(q) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, other than subsections (o) and (r), there are authorized to be appropriated \$25,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 and 1995.

“(r) SEPARATE GRANTS FOR RESEARCH ON DELIVERY OF SERVICES.—

“(1) IN GENERAL.—The Secretary may make grants for the purpose of conducting research on the manner in which the delivery of services under subsection (a) may be improved. The Secretary may make such grants only to grantees under such subsection and to public and nonprofit private entities that are carrying out programs substantially similar to programs carried out under such subsection.

“(2) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out paragraph (1), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1993 through 1995.”.

SEC. 305. BULK PURCHASES OF VACCINES FOR CERTAIN PROGRAMS.

Part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by adding at the end the following subpart:

“Subpart VIII—Bulk Purchases of Vaccines for Certain Programs

“BULK PURCHASES OF VACCINES FOR CERTAIN PROGRAMS

42 USC 256c.

“SEC. 340B. (a) AGREEMENTS FOR PURCHASES.—

“(1) IN GENERAL.—Not later than 180 days after the date of the enactment of the Preventive Health Amendments of 1992, the Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with the Administrator of the Health Resources and Services Administration, shall enter into negotiations with manufacturers of vaccines for the purpose of establishing and maintaining agreements under which entities described in paragraph (2) may purchase vaccines from the manufacturers at the prices specified in the agreements.

“(2) RELEVANT ENTITIES.—The entities referred to in paragraph (1) are entities that provide immunizations against vaccine-preventable diseases under the programs established in sections 329, 330, 340, and 340A.

“(b) NEGOTIATION OF PRICES.—In carrying out subsection (a), the Secretary shall, to the extent practicable, ensure that the prices provided for in agreements under such subsection are comparable to the prices provided for in agreements negotiated by the Secretary on behalf of grantees under section 317(j)(1).

“(c) AUTHORITY OF SECRETARY.—In carrying out subsection (a), the Secretary, in the discretion of the Secretary, may enter into the agreements described in such subsection (and may decline to enter into such agreements), may modify such agreements, may extend such agreements, and may terminate such agreements.

“(d) RULE OF CONSTRUCTION.—This section may not be construed as requiring any State to reduce or terminate the supply of vaccines provided by the State to any of the entities described in subsection (a)(2).”.

SEC. 306. STATE PROGRAMS REGARDING DATA ON BIRTH DEFECTS.

(a) IN GENERAL.—Part A of title III of the Public Health Service Act, as amended by section 303(b) of this Act, is amended by inserting after section 317B the following section:

"COLLECTION OF DATA ON BIRTH DEFECTS

"SEC. 317C. (a) STATE PROGRAMS.—

42 USC 247b-4.

"(1) **IN GENERAL.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall encourage States to establish or improve programs for the collection and analysis of epidemiological data on birth defects.

"(2) **PROVISION OF ASSISTANCE.**—The Secretary may, directly or through grants, cooperative agreements, or contracts, provide assistance to States regarding the purpose specified in subsection (a).

"(b) **NATIONAL CLEARINGHOUSE.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish and maintain a National Information Clearinghouse on Birth Defects to collect and disseminate to health professionals and the general public information on birth defects, including the prevention of such defects.

"(c) **REPORT.**—Not later than July 1, 1993, and biennially thereafter, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and the Committee on Labor and Human Resources of the Senate, a report describing activities carried out under this section and containing any recommendations of the Secretary regarding this section.

"(d) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated \$5,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 and 1995."

SEC. 307. SCREENINGS FOR BREAST AND CERVICAL CANCER.

Title XV of the Public Health Service Act (42 U.S.C. 300k et seq.) is amended by inserting after section 1502 the following section:

"SEC. 1502A. REQUIREMENT REGARDING MEDICAID.

42 USC 300l-1.

"The Secretary may not make a grant under section 1501 for a program in a State unless the State plan under title XIX of the Social Security Act for the State includes the screening procedures specified in subparagraphs (A) and (B) of section 1503(a)(2) as medical assistance provided under the plan."

SEC. 308. SCREENINGS FOR PROSTATE CANCER.

Part A of title III of the Public Health Service Act, as amended by section 306 of this Act, is amended by inserting after section 317C the following section:

**"PREVENTIVE HEALTH MEASURES WITH RESPECT TO PROSTATE
CANCER**

"SEC. 317D. (a) **IN GENERAL.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States and local health departments for the purpose of enabling such States and departments to carry out programs—

42 USC 247b-5.

"(1) to screen men for prostate cancer as a preventive health measure;

"(2) to provide appropriate referrals for medical treatment of men screened pursuant to paragraph (1) and to ensure, to the extent practicable, the provision of appropriate follow-up services;

“(3) to develop and disseminate public information and education programs for the detection and control of prostate cancer;

“(4) to improve the education, training, and skills of health professionals (including appropriate allied health professionals) in the detection and control of prostate cancer;

“(5) to establish mechanisms through which the States and such departments can monitor the quality of screening procedures for prostate cancer, including the interpretation of such procedures; and

“(6) to evaluate activities conducted under paragraphs (1) through (5) through appropriate surveillance or program monitoring activities.

“(b) REQUIREMENT OF MATCHING FUNDS.—

“(1) IN GENERAL.—The Secretary may not make a grant under subsection (a) unless the applicant involved agrees, with respect to the costs to be incurred by the applicant in carrying out the purpose described in such section, to make available non-Federal contributions (in cash or in kind under paragraph (2)) toward such costs in an amount equal to not less than \$1 for each \$3 of Federal funds provided in the grant. Such contributions may be made directly or through donations from public or private entities.

“(2) DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTION.—

“(A) Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including equipment or services (and excluding indirect or overhead costs). Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

“(B) In making a determination of the amount of non-Federal contributions for purposes of paragraph (1), the Secretary may include only non-Federal contributions in excess of the average amount of non-Federal contributions made by the applicant involved toward the purpose described in subsection (a) for the 2-year period preceding the fiscal year for which the applicant involved is applying to receive a grant under such subsection.

“(C) In making a determination of the amount of non-Federal contributions for purposes of paragraph (1), the Secretary shall, subject to subparagraphs (A) and (B) of this paragraph, include any non-Federal amounts expended pursuant to title XIX of the Social Security Act by the applicant involved toward the purpose described in paragraphs (1) and (2) of subsection (a).

“(c) EDUCATION ON SIGNIFICANCE OF EARLY DETECTION.—The Secretary may not make a grant under subsection (a) unless the applicant involved agrees that, in carrying out subsection (a)(3), the applicant will carry out education programs to communicate to men, and to local health officials, the significance of the early detection of prostate cancer.

“(d) REQUIREMENT OF PROVISION OF ALL SERVICES BY DATE CERTAIN.—The Secretary may not make a grant under subsection (a) unless the applicant involved agrees—

“(1) to ensure that, initially and throughout the period during which amounts are received pursuant to the grant, not less than 60 percent of the grant is expended to provide each of the services or activities described in paragraphs (1) and (2) of such subsection;

“(2) to ensure that, by the end of any second fiscal year of payments pursuant to the grant, each of the services or activities described in such subsection is provided; and

“(3) to ensure that not more than 40 percent of the grant is expended to provide the services or activities described in paragraphs (3) through (6) of such section.

“(e) ADDITIONAL REQUIRED AGREEMENTS.—

“(1) PRIORITY FOR LOW-INCOME MEN.—The Secretary may not make a grant under subsection (a) unless the applicant involved agrees that low-income men, and men at risk of prostate cancer, will be given priority in the provision of services and activities pursuant to paragraphs (1) and (2) of such subsection.

“(2) LIMITATION ON IMPOSITION OF FEES FOR SERVICES.—The Secretary may not make a grant under subsection (a) unless the applicant involved agrees that, if a charge is imposed for the provision of services or activities under the grant, such charge—

“(A) will be made according to a schedule of charges that is made available to the public;

“(B) will be adjusted to reflect the income of the man involved; and

“(C) will not be imposed on any man with an income of less than 100 percent of the official poverty line, as established by the Director of the Office of Management and Budget and revised by the Secretary in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

“(3) RELATIONSHIP TO ITEMS AND SERVICES UNDER OTHER PROGRAMS.—The Secretary may not make a grant under subsection (a) unless the applicant involved agrees that the grant will not be expended to make payment for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to such item or service—

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

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

“(4) COORDINATION WITH OTHER PROSTATE CANCER PROGRAMS.—The Secretary may not make a grant under subsection (a) unless the applicant involved agrees that the services and activities funded through the grant will be coordinated with other Federal, State, and local prostate cancer programs.

“(5) LIMITATION ON ADMINISTRATIVE EXPENSES.—The Secretary may not make a grant under subsection (a) unless the applicant involved agrees that not more than 10 percent of the grant will be expended for administrative expenses with respect to the grant.

“(6) RESTRICTIONS ON USE OF GRANT.—The Secretary may not make a grant under subsection (a) unless the applicant

involved agrees that the grant will not be expended to provide inpatient hospital services for any individual.

“(7) RECORDS AND AUDITS.—The Secretary may not make a grant under subsection (a) unless the applicant involved agrees that—

“(A) the applicant will establish such fiscal control and fund accounting procedures as may be necessary to ensure the proper disbursement of, and accounting for, amounts received by the applicant under such section; and

“(B) upon request, the applicant will provide records maintained pursuant to paragraph (1) to the Secretary or the Comptroller of the United States for purposes of auditing the expenditures by the applicant of the grant.

“(f) REPORTS TO SECRETARY.—The Secretary may not make a grant under subsection (a) unless the applicant involved agrees to submit to the Secretary such reports as the Secretary may require with respect to the grant.

“(g) DESCRIPTION OF INTENDED USES OF GRANT.—The Secretary may not make a grant under subsection (a) unless—

“(1) the applicant involved submits to the Secretary a description of the purposes for which the applicant intends to expend the grant;

“(2) the description identifies the populations, areas, and localities in the applicant with a need for the services or activities described in subsection (a);

“(3) the description provides information relating to the services and activities to be provided, including a description of the manner in which the services and activities will be coordinated with any similar services or activities of public or nonprivate entities; and

“(4) the description provides assurances that the grant funds will be used in the most cost-effective manner.

“(h) REQUIREMENT OF SUBMISSION OF APPLICATION.—The Secretary may not make a grant under subsection (a) unless an application for the grant is submitted to the Secretary, the application contains the description of intended uses required in subsection (g), and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

“(i) METHOD AND AMOUNT OF PAYMENT.—The Secretary shall determine the amount of a grant made under subsection (a). Payments under such grants may be made in advance on the basis of estimates or by way of reimbursement, with necessary adjustments on account of the underpayments or overpayments, and in such installments and on such terms and conditions as the Secretary finds necessary to carry out the purposes of such grants.

“(j) TECHNICAL ASSISTANCE AND PROVISION OF SUPPLIES AND SERVICES IN LIEU OF GRANT FUNDS.—

“(1) TECHNICAL ASSISTANCE.—The Secretary may provide training and technical assistance with respect to the planning, development, and operation of any program or service carried out pursuant to subsection (a). The Secretary may provide such technical assistance directly or through grants to, or contracts with, public and private entities.

“(2) PROVISION OF SUPPLIES AND SERVICES IN LIEU OF GRANT FUNDS.—

“(A) Upon the request of an applicant receiving a grant under subsection (a), the Secretary may, subject to subparagraph (B), provide supplies, equipment, and services for the purpose of aiding the applicant in carrying out such section and, for such purpose, may detail to the applicant any officer or employee of the Department of Health and Human Services.

“(B) With respect to a request described in subparagraph (A), the Secretary shall reduce the amount of payments under the grant under subsection (a) to the applicant involved by an amount equal to the costs of detailing personnel (including pay, allowances, and travel expenses) and the fair market value of any supplies, equipment, or services provided by the Secretary. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

“(k) DEFINITION.—For purposes of this section, the term ‘units of local government’ includes Indian tribes.

“(l) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—For the purpose of carrying out this section, there are authorized to be appropriated \$20,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1996.

“(2) ALLOCATION FOR TECHNICAL ASSISTANCE.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary shall reserve not more than 20 percent for carrying out subsection (j)(1).”.

SEC. 309. CERTAIN PROGRAMS.

(a) MIGRANT HEALTH CENTERS.—

(1) INFANT MORTALITY AND MORBIDITY.—Section 329(h)(2) of the Public Health Service Act (42 U.S.C. 254b(h)(2)) is amended—

(A) by amending subparagraph (B) to read as follows:

“(B) The Secretary may make grants to migrant health centers for the purpose of assisting such centers in—

“(i) providing comprehensive health care and support services for the reduction of (I) the incidence of infant mortality, and (II) morbidity among children who are less than 3 years of age; and

“(ii) developing and coordinating service and referral arrangements between migrant health centers and other entities for the health management of pregnant women and children described in clause (i).”; and

(B) by adding at the end the following subparagraphs:

“(D) The Secretary may make a grant under subparagraph (B) only if the migrant health center involved agrees to expend the grant for the following activities with respect to the purpose described in such subparagraph:

“(i) Primary health services, including prenatal care.

“(ii) Community education, outreach, and case finding.

“(iii) Case management services.

“(iv) Client education, including parenting and child development education.

“(E) The purposes for which a migrant health center may expend a grant under subparagraph (B) include, with respect to the purpose described in such subparagraph, substance abuse

screening, counseling and referral services, and other necessary nonmedical support services, including child care, translation services, and housing assistance.

“(F) The Secretary may make a grant under subparagraph (B) only if the migrant health center involved agrees that—

“(i) the center will coordinate the provision of services under the grant to each of the recipients of the services;

“(ii) such services will be continuous for each such recipient;

“(iii) the center will provide follow-up services for individuals who are referred by the center for services described in subparagraph (E); and

“(iv) the grant will be expended to supplement, and not supplant, the expenditures of the center for primary health services (including prenatal care) with respect to the purpose described in such subparagraph.”.

(2) CERTAIN SERVICES.—Section 329(a)(6)(C) of the Public Health Service Act (42 U.S.C. 254b(a)(6)(C)) is amended by inserting after “well child services,” the following: “immunizations against vaccine-preventable diseases, screenings for elevated blood lead levels,”.

(3) CERTAIN EXPENDITURES.—Section 329(d)(4) of the Public Health Service Act (42 U.S.C. 254b(d)(4)) is amended by adding at the end the following subparagraph:

“(C) With respect to amounts described in clauses (i) and (ii) of subparagraph (A), the Secretary may not restrict expenditures of such amounts by any grantee under paragraph (1)(A) for—

“(i) repair or minor renovation of the physical plant;

“(ii) establishment of a financial reserve as required for the furnishing of services on a prepaid basis or as needed to cover unanticipated expenses;

“(iii) interest payments on short-term loans to cover cash shortfalls; or

“(iv) necessary salary requirements to remain competitive in hiring health care practitioners.”.

(b) COMMUNITY HEALTH CENTERS.—

(1) INFANT MORTALITY AND MORBIDITY.—Section 330(g)(2) of the Public Health Service Act (42 U.S.C. 254c(g)(2)) is amended—

(A) by amending subparagraph (B) to read as follows:

“(B) The Secretary may make grants to community health centers for the purpose of assisting such centers in—

“(i) providing comprehensive health care and support services for the reduction of (I) the incidence of infant mortality, and (II) morbidity among children who are less than 3 years of age; and

“(ii) developing and coordinating service and referral arrangements between community health centers and other entities for the health management of pregnant women and children described in clause (i).”; and

(B) by adding at the end the following subparagraphs:

“(D) The Secretary may make a grant under subparagraph (B) only if the community health center involved agrees to expend the grant for the following activities with respect to the purpose described in such subparagraph:

“(i) Primary health services, including prenatal care.

“(ii) Community education, outreach, and case finding.

“(iii) Case management services.

“(iv) Client education, including parenting and child development education.

“(E) The purposes for which a community health center may expend a grant under subparagraph (B) include, with respect to the purpose described in such subparagraph, substance abuse screening, counseling and referral services, and other necessary nonmedical support services, including child care, translation services, and housing assistance.

“(F) The Secretary may make a grant under subparagraph (B) only if the community health center involved agrees that—

“(i) the center will coordinate the provision of services under the grant to each of the recipients of the services;

“(ii) such services will be continuous for each such recipient;

“(iii) the center will provide follow-up services for individuals who are referred by the center for services described in subparagraph (E); and

“(iv) the grant will be expended to supplement, and not supplant, the expenditures of the center for primary health services (including prenatal care) with respect to the purpose described in such subparagraph.”

(2) CERTAIN SERVICES.—Section 330(b)(1)(C) of the Public Health Service Act (42 U.S.C. 254c(b)(1)(C)) is amended by inserting after “well child services,” the following: “immunizations against vaccine-preventable diseases, screenings for elevated blood lead levels.”

(3) CERTAIN EXPENDITURES.—Section 330(d)(4) of the Public Health Service Act (42 U.S.C. 254c(d)(4)) is amended by adding at the end the following subparagraph:

“(C) With respect to amounts described in clauses (i) and (ii) of subparagraph (A), the Secretary may not restrict expenditures of such amounts by any grantee under paragraph (1) for—

“(i) repair or minor renovation of the physical plant;

“(ii) establishment of a financial reserve as required for the furnishing of services on a prepaid basis or as needed to cover unanticipated expenses;

“(iii) interest payments on short-term loans to cover cash shortfalls; or

“(iv) necessary salary requirements to remain competitive in hiring health care practitioners.”

(c) HEALTH CARE FOR THE HOMELESS.—Section 340 of the Public Health Service Act (42 U.S.C. 256) is amended by adding at the end the following subsection:

“(t) INFANT MORTALITY AND MORBIDITY.—

“(1) IN GENERAL.—The Secretary may make grants to grantees under subsection (a) for the purpose of assisting such grantees in—

“(A) providing comprehensive health care and support services for the reduction of (i) the incidence of infant mortality, and (ii) morbidity among children who are less than 3 years of age; and

“(B) developing and coordinating service and referral arrangements between such grantees and other entities for the health management of pregnant women and children described in subparagraph (A).

“(2) REQUIRED ACTIVITIES.—The Secretary may make a grant under paragraph (1) only if the applicant involved agrees

to expend the grant for the following activities with respect to the purpose described in such paragraph:

“(A) Primary health services, including prenatal care.

“(B) Community education, outreach, and case finding.

“(C) Case management services.

“(D) Client education, including parenting and child development education.

“(3) CERTAIN AUTHORIZED ACTIVITIES.—The purposes for which a grant under paragraph (1) may be expended include, with respect to the purpose described in such paragraph, substance abuse screening, counseling and referral services, and other necessary nonmedical support services, including child care, translation services, and housing assistance.

“(4) CERTAIN REQUIREMENTS REGARDING PROVISION OF SERVICES.—The Secretary may make a grant under paragraph (1) only if the applicant involved agrees that—

“(A) the applicant will coordinate the provision of services under the grant to each of the recipients of the services;

“(B) such services will be continuous for each such recipient;

“(C) the applicant will provide follow-up services for individuals who are referred by the applicant for services described in paragraph (3); and

“(D) the grant will be expended to supplement, and not supplant, the expenditures of the applicant for primary health services (including prenatal care) with respect to the purpose described in paragraph (1).

“(5) APPLICATION FOR GRANT.—The Secretary may make a grant under paragraph (1) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this subsection.

“(6) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subsection, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1993 and 1994.”.

(d) HEALTH CARE FOR RESIDENTS OF PUBLIC HOUSING.—Section 340A of the Public Health Service Act (42 U.S.C. 256a) is amended by adding at the end the following subsection:

“(q) INFANT MORTALITY AND MORBIDITY.—

“(1) IN GENERAL.—The Secretary may make grants to grantees under subsection (a) for the purpose of assisting such grantees in—

“(A) providing comprehensive health care and support services for the reduction of (i) the incidence of infant mortality, and (ii) morbidity among children who are less than 3 years of age; and

“(B) developing and coordinating service and referral arrangements between such grantees and other entities for the health management of pregnant women and children described in subparagraph (A).

“(2) REQUIRED ACTIVITIES.—The Secretary may make a grant under paragraph (1) only if the applicant involved agrees to expend the grant for the following activities with respect to the purpose described in such paragraph:

“(A) Primary health services, including prenatal care.

“(B) Community education, outreach, and case finding.

“(C) Case management services.

“(D) Client education, including parenting and child development education.

“(3) CERTAIN AUTHORIZED ACTIVITIES.—The purposes for which a grant under paragraph (1) may be expended include, with respect to the purpose described in such paragraph, substance abuse screening, counseling and referral services, and other necessary nonmedical support services, including child care, translation services, and housing assistance.

“(4) CERTAIN REQUIREMENTS REGARDING PROVISION OF SERVICES.—The Secretary may make a grant under paragraph (1) only if the applicant involved agrees that—

“(A) the applicant will coordinate the provision of services under the grant to each of the recipients of the services;

“(B) such services will be continuous for each such recipient;

“(C) the applicant will provide follow-up services for individuals who are referred by the applicant for services described in paragraph (3); and

“(D) the grant will be expended to supplement, and not supplant, the expenditures of the applicant for primary health services (including prenatal care) with respect to the purpose described in paragraph (1).

“(5) APPLICATION FOR GRANT.—The Secretary may make a grant under paragraph (1) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this subsection.

“(6) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subsection, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1993 and 1994.”

SEC. 310. INTERNATIONAL COOPERATION.

Section 307(b) of the Public Health Service Act (42 U.S.C. 242(b)) is amended—

(1) in paragraph (6), by striking “and” after the semicolon at the end;

(2) in paragraph (7), by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following paragraph:

“(8) enter into contracts with individuals for the provision of services (as defined in section 104 of part 37 of title 48, Code of Federal Regulations (48 CFR 37.104)) in participating foreign countries, which individuals may not be deemed employees of the United States for any purpose.”

SEC. 311. MISCELLANEOUS PROVISIONS.

(a) CERTAIN STUDY.—Section 813 of the Health Maintenance Organization Amendments of 1986 (42 U.S.C. 300e note) is repealed. The amendment made by the preceding sentence shall take effect as if enacted on November 14, 1986.

(b) HEALTH INFORMATION.—

(1) GENERAL AUTHORITY.—Section 1701(a)(11)(C) of the Public Health Service Act (42 U.S.C. 300u(a)(11)(C)) is amended by striking “preventive health services,” and inserting the fol-

Effective date.

lowing: “preventive health services (which may include information concerning models and standards for insurance coverage of such services),”.

(2) **RESEARCH PROGRAMS.**—Section 1702(a)(6) of the Public Health Service Act (42 U.S.C. 300u-2(a)(6)) is amended by inserting before the period the following: “(which measures and services may include blood pressure screening, cholesterol screening and control, smoking cessation programs, substance abuse programs, cancer screening, dietary and nutritional counseling, diabetes screening and education, intraocular pressure screening, and stress management)”.

SEC. 312. CHANGE IN NAME OF CENTERS FOR DISEASE CONTROL.

(a) **COMPREHENSIVE SMOKING EDUCATION ACT.**—Section 3(b)(1)(A) of the Comprehensive Smoking Education Act (15 U.S.C. 1341(b)(1)(A)) is amended by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”.

25 USC 2001.

(b) **EDUCATION AMENDMENTS OF 1978.**—Section 1121(b)(2) of the Education Amendments of 1978 is amended by striking out “Federal Center for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”.

(c) **VETERANS’ BENEFITS AND SERVICES ACT OF 1988.**—Section 123(b)(1) of the Veterans’ Benefits and Services Act of 1988 (38 U.S.C. 210 note) is amended by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”.

(d) **PUBLIC HEALTH SERVICE ACT.**—The Public Health Service Act is amended—

(1) in section 227 (42 U.S.C. 236) by striking out “Centers for Disease Control” each place that such occurs and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(2) in section 319(a) (42 U.S.C. 247d(a)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(3) in section 391 (42 U.S.C. 280b) by striking out “Centers for Disease Control” each place that such occurs and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(4) in section 392 (42 U.S.C. 280b-1) by striking out “Centers for Disease Control” each place that such occurs and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(5) in section 393 (42 U.S.C. 280b-2) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(6) in section 430(b)(2)(A)(i) (42 U.S.C. 285c-4(b)(2)(A)(i)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(7) in section 442(b)(2)(A) (42 U.S.C. 285d-7(b)(2)(A)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(8) in section 464D(b)(2)(A) (42 U.S.C. 285m-4(b)(2)(A)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;

(9) in section 494(a) (42 U.S.C. 289c(a)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;

- (10) in section 508(b)(6) (42 U.S.C. 290aa-6(b)(6)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- (11) in section 509B(a) (42 U.S.C. 290aa-9(a)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- (12) in section 1706(c)(2)(B) (42 U.S.C. 300u-5(c)(2)(B)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- (13) in section 2102 (42 U.S.C. 300aa-2) by striking out “Centers for Disease Control” each place that such occurs and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- (14) in section 2119(a)(2) (42 U.S.C. 300aa-19(a)(2)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- (15) in section 2126(b)(2) (42 U.S.C. 300aa-26(b)(2)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- (16) in section 2301(b)(4) (42 U.S.C. 300cc(b)(4)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- (17) in section 2303 (42 U.S.C. 300cc-2) by striking out “Centers for Disease Control” each place that such occurs and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- (18) in section 2315(b) (42 U.S.C. 300cc-15(b)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- (19) in section 2317 (42 U.S.C. 300cc-17) by striking out “Centers for Disease Control” each place that such occurs and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- (20) in section 2320 (42 U.S.C. 300cc-20) by striking out “Centers for Disease Control” each place that such occurs and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- (21) in section 2341(a) (42 U.S.C. 300cc-31(a)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- (22) in section 2521 (42 U.S.C. 300ee-31) by striking out “Centers for Disease Control” each place that such occurs and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- (23) in section 2522(a) (42 U.S.C. 300ee-32(a)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- (24) in section 2524(b)(2) (42 U.S.C. 300ee-34(b)(2)) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- (25) in section 2601 by striking out “Centers for Disease Control” each place that such occurs and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- (26) in section 2602(a)(1) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;

42 USC 290bb-1.

42 USC 300ff-11.

42 USC 300ff-12.

- 42 USC 300ff-13. (27) in section 2603(a)(3)(B)(i) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- 42 USC 300ff-17. (28) in section 2607(2) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- 42 USC 300ff-27. (29) in section 2617(d)(3)(A) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- 42 USC 300ff-28. (30) in section 2618(c)(1) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- 42 USC 300ff-41. (31) in section 2641(a) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- 42 USC 300ff-43. (32) in section 2643(c)(1)(A) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- 42 USC 300ff-49. (33) in section 2649 by striking out “Centers for Disease Control” each place that such occurs and inserting in lieu thereof “Centers for Disease Control and Prevention”; and
- 42 USC 300ff-75. (34) in section 2675(a) by striking out “Centers for Disease Control” each place that such occurs and inserting in lieu thereof “Centers for Disease Control and Prevention”.
- (e) HEALTH OMNIBUS PROGRAMS EXTENSION OF 1988.—The Health Omnibus Programs Extension of 1988 is amended—
- (1) in section 161 (42 U.S.C. 241 note) by striking out “Centers for Disease Control” each place that such occurs and inserting in lieu thereof “Centers for Disease Control and Prevention”;
- (2) in section 252 (42 U.S.C. 300ee-1) by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”; and
- (3) in section 253 (42 U.S.C. 300ee-2) by striking out “Centers for Disease Control” each place that such occurs and inserting in lieu thereof “Centers for Disease Control and Prevention”.
- (f) HEALTH RESEARCH EXTENSION ACT OF 1985.—Section 5(b)(1)(G) of the Health Research Extension Act of 1985 (42 U.S.C. 281 note) is amended by striking out “Centers for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”.
- (g) PAINT POISONING PREVENTION.—Section 501(3)(B)(i) of Public Law 91-695 (42 U.S.C. 4841(3)(B)(i)) is amended by striking out “Center for Disease Control” and inserting in lieu thereof “Centers for Disease Control and Prevention”.
- (h) COMPREHENSIVE ENVIRONMENTAL RESPONSE, COMPENSATION AND LIABILITY ACT OF 1980.—Section 104 of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (42 U.S.C. 9604) is amended by striking out “Centers for Disease Control” each place that such occurs and inserting in lieu thereof “Centers for Disease Control and Prevention”.
- 42 USC 236 note. (i) RULE OF CONSTRUCTION.—The amendments made by this section may not be construed as prohibiting the Director of the Centers for Disease Control and Prevention from utilizing for official purposes the term “CDC” as an acronym for such Centers.

SEC. 313. TECHNICAL CORRECTIONS.

(a) **IN GENERAL.**—The Public Health Service Act, as amended by the Health Professions Education Extension Amendments of 1992 (the enactment of the bill, H.R. 3508, of the One Hundred Second Congress), is amended—

(1) in section 735(b), by striking “smaller: the amount requested in its application; or an amount which” and inserting “smaller: (A) the amount requested in its application; or (B) an amount which”; *Ante*, p. 2021.

(2) in section 746— *Ante*, p. 2034.

(A) in subsection (a)(2)(A)—

(i) in clause (i), by striking “Health Professionals” and inserting “Health Professions”; and

(ii) in the matter after and below clause (ii), by moving the matter two ems to the right; and

(B) in subsection (i)(1)—

(i) by moving subparagraph (A) two ems to the right; and

(ii) by moving subparagraphs (B) and (C) four ems to the right;

(3) in section 748(a), in the matter preceding paragraph (1), by striking “hospital” and inserting “hospitals”; *Ante*, p. 2043.

(4) in section 776(a)(3), by striking “no grant” and inserting “No grant”; *Ante*, p. 2050.

(5) in section 791(b), in the matter preceding paragraph (1)— *Ante*, p. 2058.

(A) by striking “763” and inserting “763, 766, or 767”; and

(B) by striking “752(a)” and inserting “798(f)(2)”;

(6) in section 793(c)(2), by striking “subparts I and II of part D,” and inserting “this title.”; *Ante*, p. 2061.

(7) in section 795(a)(3), by striking “in the case” and inserting “In the case”; *Ante*, p. 2063.

(8) in section 798(d), by inserting “of the United States” after “Statutes”; *Ante*, p. 2064.

(9) in section 820(d)(5)(A), by striking “nursing respect to” and inserting “nursing with respect to”; *Ante*, p. 2069.

(10) in section 860(d), by inserting “827,” after “822.”; and *Ante*, p. 2075.

(11) in part B of title VIII, by striking subpart III and redesignating subpart IV as subpart III. *42 USC prec. 297j, 297j, and prec. 297n.*

(b) **RELATED TECHNICAL CORRECTION.**—The Health Professions Education Extension Amendments of 1992 (the enactment of the bill, H.R. 3508, of the One Hundred Second Congress) is amended in section 301(a)(2) by striking “voluntary” and inserting “voluntarily”. *Ante*, p. 2080.

(c) **EFFECTIVE DATE.**—The amendments described in this section are made, and take effect, immediately after the enactment of the bill, H.R. 3508, of the One Hundred Second Congress. *42 USC 292g note.*

SEC. 314. AUTHORIZATION OF APPROPRIATIONS REGARDING VACCINE COMPENSATION.

Section 2115(j) of the Public Health Service Act (42 U.S.C. 300aa-15(j)) is amended by striking "\$80,000,000 for fiscal year 1993," and inserting "\$110,000,000 for fiscal year 1993,".

Approved October 27, 1992.

LEGISLATIVE HISTORY—H.R. 3635:

HOUSE REPORTS: Nos. 102-318 (Comm. on Energy and Commerce) and 102-1019 (Comm. of Conference).

CONGRESSIONAL RECORD:

Vol. 137 (1991): Nov. 19, considered and passed House.

Nov. 27, considered and passed Senate, amended.

Vol. 138 (1992): Oct. 5, House agreed to conference report.

Oct. 7, Senate agreed to conference report.

WEEKLY COMPILATION OF PRESIDENTIAL DOCUMENTS, Vol. 28 (1992):

Oct. 27, Presidential statement.