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Senate

The Senate met at 10 a.m. and was called to order by the President pro tempore [Mr. THURMOND].

PRAYER

The Chaplain, Dr. Lloyd John Ogilvie, offered the following prayer:

Gracious Father, thank You for Your blessing. It gives us approbation, affirmation, a feeling of value, a sense of destiny, and an assurance of Your power. You have chosen, cherished, and called us to be Your sons and daughters. In Your providential planning You have placed each of us where we are and given us special assignments. Each of us has unique orders of the work we are to do. You provide power to help us, for You have ordained that if we do not do the work You have given us to do, it will not be done. So we report for duty with the delight that we have been blessed to be a blessing.

Help us to bless the people of our lives with a reminder of how much they mean to us. Heal our lock-jaw so we can articulate our appreciation of the gift each person is to us. May we be used by You to fill the blessing-shaped void inside of everyone needing to be filled by words of encouragement.

We will live this day only once. Before it is gone, may we bless all the people we can, in every way we can, with all the love we can. Help us not to waste today in selfish neglect of the people You have given us. Today is a day to receive and give Your blessing. In Your generous, giving, and forgiving name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable CHUCK HAGEL, a Senator from the State of Nebraska, led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

RECOGNITION OF THE ACTING MAJORITY LEADER

The PRESIDING OFFICER (Mr. HAGEL). The acting majority leader is recognized.

SCHEDULE

Ms. COLLINS. Mr. President, today the Senate will be in a period of morning business throughout most of the day. The Senate may also resume debate on the motion to proceed to the H–1B visa bill. As a reminder, the first vote of next week is scheduled to occur at 4:50 p.m. on Monday, September 25. The vote is on final passage of the Water Resources Development Act of 2000. Also next week, the Senate will continue consideration of the H–1B visa bill.

I thank my colleagues for their attention.

ORDER OF PROCEDURE

Ms. COLLINS. Mr. President, I ask unanimous consent that the Senator from Nebraska, Mr. HAGEL, be recognized for the purposes of morning business for up to 30 minutes at 11 a.m. today.

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

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, there will now be a period for the transaction of morning business with Senators permitted to speak therein for up to 5 minutes each.

The Senator from Maine.

Ms. COLLINS. Mr. President, I ask unanimous consent that I be permitted to proceed for up to 12 minutes to introduce legislation.

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

(The remarks of Ms. COLLINS and Mr. CLELAND pertaining to the introduction of S. 3096 are located in today's RECORD under ''Statements on Introduced Bills and Joint Resolutions.'')

The PRESIDING OFFICER. The Senator from Georgia.

INVESTMENT IN EDUCATION

Mr. CLELAND. Mr. President, one thing behind the growth of the American economy is our educational system. There is good news and bad news about our educational system today.

In a climate that currently seems filled with more dissent than accord, I think we can at least agree that elected officials on both sides of the aisle are in lockstep with the American people on the importance of education: It is a priority so critical that it should be at the top of our national agenda. This is a view very similar to the opinion held by President Lincoln almost 150 years ago. ''Upon the subject of education,'' Lincoln said, ''not presuming to dictate any plan or system respecting it, I can only say that I view it as the most important subject which we, as a people, can be engaged in.''

Education's priority having been espoused by both sides during this Congress, it is profoundly disappointing that S. 2, the critically important legislation to reauthorize the landmark Elementary and Education Act, appears to be dead for this year. What a shame. It is apparent from the earlier floor debate on S. 2 that agreement breaks down on the condition of America's educational system today and on the course we should pursue to improve our schools.

Seventeen years ago our country was rocked by the publication of ''A Nation at Risk.'' The findings were devastating: Our educational system was

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

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being ''eroded by a rising tide of mediocrity that threatens our future as a nation and a people.''

That landmark report went on to say that if ''an unfriendly foreign power'' had tried to impose on America our ''mediocre educational performance,'' we might well have viewed it ''as an act of war.''

I have listened to some of my colleagues maintain that nothing has changed in the last 17 years—that American education continues on a downward spiral. They claim that the federal government's role in education is a source of national shame. Barring a radical change in course, they say, America's report card will continue to be a document of failure.

Mr. President, I agree that there is compelling need for improvement. In fact, if you ask the companies in the high-tech world in my State and around America, they know that some 300,000 to 400,000 high-tech jobs out there in this economy today are going begging for want of educated and talented people.

Every day in America almost 2,800 high school students drop out. This is not acceptable. Each school year, more than 45,000 under-prepared teachers, teachers who have not even been trained in the subjects they are teaching, enter the classroom. Who here among us believes this to be acceptable? Here in America fourteen million children attend schools in need of extensive repair or replacement. Who in this body would argue that we have to do better? As a nation we have witnessed school shootings—classroom tragedies which were unheard of 20 years ago. Who here would not do everything in their power to restore safety and sanity to America's schools?

But, Mr. President, I would argue that this is only part of the picture. ''A Nation at Risk'' was a wake-up call. Educators, parents, businesses, community leaders, and officials at all levels of government responded. Yes, serious problems still exist, but so do success stories. America's dropout rate is down—from 14 percent in 1982 to single digits today, including in many of our toughest neighborhoods. In my own State of Georgia, over 70 percent of high school students now graduate, a marked improvement over the 52 percent graduation rate in 1980. In 1950, only 5 percent of Georgians held college degrees. Now over one in five—22 percent—do.

And there's more good news. Nationally SAT and Advanced Placement test scores are up. Performance on the National Assessment of Educational Progress, NAEP, has increased, particularly in the key subjects of reading, mathematics, and science—with African American and Hispanic students making significant gains in both math and science.

Just consider: From 1994 to 1998, average reading scores increased at all three grades tested (4, 8, and 12). The average math score is at its highest level in 26 years. And let us not forget that this progress is happening during a time when many states and school districts are raising standards and putting in place tough graduation requirements. This progress is happening during a time when U.S. students are taking more rigorous courses than ever. By 1994, 52 percent of high school graduates had taken the core subjects recommended by ''A Nation at Risk,'' almost quadruple the 1982 number.

To those who over the last 20 years have uttered doomsday predictions about our failing schools, let me say that parents in this country, in overwhelming numbers, continue to send their children to public schools. In fact, ninety percent of children in the K–12 age group attend public schools. That's nine out of every ten children in this country. When America's school bell rang this September, over 53 million students returned to class, a record school enrollment. What's more, surveys show that most parents think their own child's public school is doing a pretty good job. It's other people's schools they fear are failing.

Mark Twain once said, ''Get your facts first, and then you can distort them as much as you please.'' The facts, I believe, bear out that we have made progress since the publication of ''A Nation at Risk.'' The facts also bear out that many of our education challenges continue to go unmet. In a survey on education issues conducted this past March, Americans were asked to list the major problems facing our public schools today. ''Lack of parental involvement'' topped the list, followed closely by ''undisciplined students.'' The majority of respondents also cited ''lack of retention of good teachers,'' ''overcrowded classrooms,'' ''lack of academic standards for promotion/graduation,'' ''lack of teachers qualified to teach in their subject area,'' and ''outdated schools'' as issues meriting our nation's attention.

It all boils down to this central issue: Do we stay the course or do we reshape, dramatically, the federal government's role in education? I believe strongly that we should increase our federal investment in public schools, for surely the education of America's children is a vital national interest. I also believe that we should continue to work with the states and local school districts—who are now and who should and will remain the major education decision-makers in this country—to ensure that those federal dollars are spent on initiatives that aim to fix the specific problems in our schools which are causing the American people so much concern.

We need to be willing to invest the nation's dollars into improving the recruitment, retention, and professional development of our nation's teachers. What teachers know and can do is the single most important influence on what students learn, according to the National Commission for Teaching and America's Future Teachers.

In the American educational system, it falls to our States and local communities to set high educational standards and provide quality education so that all children can achieve to standards of excellence. While the federal government's precise role in education is open to debate, I believe it is unquestionably in our national interest for federal officials to work in cooperation with States and localities to promote educational excellence and to encourage standards-based reform.

We should work to ensure that parents have information on teacher qualifications and achievement levels at their child's school. One important way to improve our schools is to enable parents to hold schools accountable for progress and to give them choices they can exercise if progress does not occur.

Research has shown that class size directly relates to the quality of education. Students in smaller classes consistently outperform students in larger classes on tests, are more likely to graduate on time, stay in school, enroll in honors classes, and graduate in the top ten percent of their class. We need to help local school districts recruit, hire and train 100,000 qualified teachers to reduce class sizes in the early grades. It is an investment in reducing teacher turnover and in improving student performance.

Research also links student achievement and conduct to the condition of their schools. Yet fourteen million children in the U.S. attend schools in need of extensive repair or replacement. In my own State of Georgia, nearly two-thirds of our schools—62 percent—report a need to upgrade or repair their buildings. We need to help local communities from Savannah to San Antonio to Seattle rebuild, modernize and reduce overcrowding in more than 6,000 of America's public schools.

There is consensus in every borough, town and city throughout this country that bloodshed in our schools cannot and will not be tolerated. Yet every day five million children are left to care for themselves in the hours before and after school. We know that these are the very hours that children are most likely to participate in risky behavior. In fact, almost half of all violent juvenile crime takes place between the hours of 3 and 8 p.m. We need to help our communities reduce juvenile crime by investing more dollars in after-school care. We need to expand the popular 21st Century Learning Centers Program to ensure that 1 million children each year—up from the current 190,000—will have access to safe and constructive after-school tutoring, recreation, and academic enrichment.

Mr. President, I maintain that there is no more powerful—and empowering—force in the universe than education. ''On education all our lives depend,'' said Benjamin Franklin. And Christa McAuliffe, selected to be the first schoolteacher to travel in space, described simply but poetically the

awesome potential of her vocation: ''I touch the future,'' she said. ''I teach.'' While we may bring to the debate on education differing views, it is my hope that we ultimately remember this is a profoundly important issue which should be above politics and ideology. It is all about the future of this country—and the future, after all, is in very small hands.

The PRESIDING OFFICER. The Senator from South Dakota is recognized.

VIOLENCE AGAINST WOMEN ACT

Mr. JOHNSON. Mr. President, I come to the Senate floor to speak about the importance of reauthorizing the Violence Against Women Act before September 30. Since enactment of the Violence Against Women Act in 1994, the number of forcible rapes of women have declined, and the number of sexual assaults nationwide have gone down as well.

Despite the success of the Violence Against Women, Act, domestic abuse and violence against women continue to plague our communities. Consider the fact that a woman is raped every five minutes in this country, and that nearly one in every three adult women experiences at least one physical assault by a partner during adulthood. In fact, more women are injured by domestic violence each year than by automobile accidents and cancer deaths combined.

In South Dakota alone, approximately 15,000 victims of domestic violence were provided assistance last year. Shelters, victims' service providers, and counseling centers in my state rely heavily on VAWA funds to provide assistance to these women and children. VAWA reauthorization assures that states and communities will continue to have access to critical funds for domestic violence services. We must not allow this opportunity to pass us by.

As you know, legislation to reauthorize VAWA has received broad, bipartisan support in both the House and Senate. I am pleased to join 68 of my Senate colleagues in cosponsoring VAWA legislation that unanimously passed the Senate Judiciary Committee in June. Similar legislation in the House has 233 bipartisan cosponsors and was also approved in June by the House Judiciary Committee.

Since the Violence Against Women Act became law, South Dakota organizations have received over $6.7 million in federal funding for domestic abuse programs. In addition, the Violence Against Women Act doubled prison time for repeat sex offenders; established mandatory restitution to victims of violence against women; codified much of our existing laws on rape; and strengthened interstate enforcement of violent crimes against women.

The law also created a national toll-free hotline to provide women with crisis intervention help, information about violence against women, and free referrals to local services. Last year, the hotline took its 300,000th call. The number for women to call for help is: 1–800–799–SAFE.

In addition to reauthorizing the provisions of the original Violence Against Women Act, the legislation that I am supporting would improve our overall efforts to reduce violence against women by strengthening law enforcement's role in reducing violence against women. The legislation also expands legal services and assistance to victims of violence, while also addressing the effects of domestic violence on children. Finally, programs are funded to strengthen education and training to combat violence against women.

A woman from South Dakota recently wrote me about this issue, and I'd like to share her story with you because I believe it makes the most compelling case for reauthorization of the Violence Against Women Act.

The letter begins:

> My story is that I was abused as a child, raped as a teenager, and emotionally abused as a wife. I survived that, but I almost didn't emotionally survive the last two and a half years knowing that my grandchildren were being abused and having my hands tied to be patient while our laws worked. My son has been fighting for custody of his triplets.

The letter continues:

> Their story is horrible. While in the custody of their mother and her live-in boyfriend, they were battered, bruised, emotionally and sexually assaulted.

She writes that one of her grandchildren got her ear cut off, another had his head split open, and the third child's throat was slit.

Thankfully, the woman writes that her son finally got custody of her grandchildren and removed them from the abusive environment.

The letter concludes:

> This is my story, and at least it has a happy ending, but there are hundreds of women and children out there still living in danger. Please reauthorize the Violence Against Women Act. Don't let another woman go through what I went through, and please don't let another child go through what my grandchildren have gone through. You can make a difference.

Simply stated, reauthorization of the Violence Against Women Act will provide much needed resources to prevent domestic violence in our country. I appreciate that we have many worthwhile legislative priorities remaining to be decided, including a majority of appropriations bills that must be passed this year. However, I can think of no better accomplishment for Congress than to reauthorize VAWA and help keep wives, daughters, sisters, and friends from becoming victims of domestic violence.

The PRESIDING OFFICER. The Senator from North Dakota is recognized.

Mr. DORGAN. Am I recognized in morning business under a previous order?

The PRESIDING OFFICER. That is correct.

THE REMAINING BUSINESS OF THE SENATE

Mr. DORGAN. Mr. President, we are nearing the end of the session of the 106th Congress. I believe we have 13 appropriations bills that we are required to enact and required to be signed into law to provide funding for all of the various things that are done in public policy and by our agencies of Government.

Out of the 13 appropriations bills, 2 of them have been signed into law by President Clinton. Now this process is broken. It is quite clear. We have come to the end stage of this session. Most of the appropriations bills are not yet completed. Most of the very difficult and complex issues are as of yet unresolved. I say to my colleagues that all we have to do to resolve all of this is to vote—only vote.

I will give you an example of why this process is broken. I serve on the agriculture appropriations subcommittee. We passed a bill in July that appropriates money for agricultural functions. Now, the Senate passed its bill in mid to late July. The House passed its bill on July 11. I am a conferee in a conference between the House and Senate. There has never been a conference. We have never met. There have been no discussions, and no Senator or Congressman has been involved in any way to try to move this legislation forward. Why? I am not sure exactly the reason why. I suspect the reason why is that this issue—this Agriculture appropriations bill—has some very complicated and controversial matters involved in it and some don't want to vote on them. So if you don't want to vote, don't call them up, don't have a conference. Just dig in your heels and stall. That is what happened.

One of the controversial issues on that bill—and it is appropriate that it should be on that bill—is the question of whether this country should allow the sale of food to certain countries with whom we have economic sanctions. Our country has had a policy, believe it or not, of saying we will use food as a weapon.

We don't like Saddam Hussein, so we impose economic sanctions against him and his country. We impose economic sanctions against the country of Iraq. We impose sanctions against Iran. We impose sanctions against Libya, North Korea, and Cuba. Included in those economic sanctions are provisions that say we will not allow the shipment of food or medicine to your country. That doesn't make any sense to me. We ought never use food as a weapon. We ought never under any condition say that we will prevent the shipment of food to anywhere in the world. This is a policy that takes aim at dictators whom we don't like, and it ends up hitting sick, hungry, and poor people. That makes no sense.

So the Senate passed my amendment that is now in conference. The amendment says let us stop using food as a weapon; no more sanctions on food

shipments anywhere in the world. That passed the Senate. It is in conference. We are not meeting in conference. Do you know why? Because some in this Congress do not like that provision. They want to retain sanctions on food. They want to continue to use food as a weapon. They want to prevent us shipping food, for example, to Cuba and other countries. Because they don't have the votes to prevent it if we had a vote on it, they say let's not have a conference. So there is no conference.

We are now just days from the end of the session, and the Agriculture appropriations bill is not passed. It is in conference. There is no conference meeting and no House conferees appointed. So there are some who think they will do what they did last year. The Senate passed that same provision last year by 70 votes, and the conference got hijacked by House leaders. When we met, the Senate conferees said we insist on our provisions to stop using food as a weapon. At that moment, there was an adjournment by the House conferees, and it never again met. Why? Because the House conferees would have supported us, and the House leaders wouldn't let them do it. In order to prevent a vote, they adjourned the conference, and it never again met.

We come to the end of this session in total chaos in all of these bills because some want to prevent a vote. This is the center for democracy. The process of democracy is to vote, even if it is controversial—vote, and then count them, and the winning side wins.

That is what ought to happen here. This isn't rocket science.

I say to those putting this schedule together to remember the old days. Did you get a tinker toy set or an erector set when you were a kid? You put it together piece by piece. That is the way this should work.

There are 13 bills. There is a sequence by which you pass the bills, put them in conference, have votes, resolve the controversial issues, get them done, get them to the President, and meet the deadline.

But I fear what is going to happen in the next week or two is that the same people who tried to hijack this process last year could do it again this year. The losers will be the American public—the American people and family farmers who rely on us to repeal this provision that says let's continue to use food as a weapon.

It is immoral. It is wrong for our family farmers. It is immoral for our country, and a terrible thing for our family farmers. It hurts hungry, sick, and poor people around the world. We ought to stop it.

I will have more to say about that next week.

ENERGY PRICES

Mr. DORGAN. Mr. President, as we look ahead, aside from the wrench in the crankcase here in Congress that prevents any kind of movement to get things done, one of the significant challenges for us both now and in the months ahead is this issue of energy. What is happening to energy prices? What is happening to the supply of energy? I want to talk for a minute about where we are.

Go back a year, or maybe a year and a half, and the price of oil was $10 a barrel. In fact, in North Dakota it was $6 to $7 a barrel. The price of gasoline at the gas pumps was about 90 cents a gallon. The price of natural gas was about $2 per million cubic feet.

Now, fast forward: What has happened is the OPEC countries have cut their production of oil. We have seen a circumstance in this country where the price of oil has spiked up on the spot market to $36 and $37 a barrel. Gasoline is anywhere from $1.50 to $2 a gallon. Natural gas prices have more than doubled from $2 per mcf, and in some cases $5 to $5.50.

We have people frightened to death with the reports that home heating fuel costs are spiking way up. Those in my State and others—particularly in the Northeast as they enter what could be a cold winter—are trying to figure out how they, on limited incomes, will pay for home heating fuel that is going to double, and in some cases triple in price. These are significant and serious issues. The question is, What do we do about it? What is causing all of this? And what can we do about it? We start out by understanding that it is complicated. It is not simple.

One of the first and most important aspects of understanding this is our country is far too dependent on foreign sources of energy. We are far too dependent especially on the OPEC countries for our oil. When we have to send people from our country to the OPEC countries to beg them to open the faucets and produce more, it has a significant impact on our economy and our future and our economic growth. We ought to understand that this makes us far to vulnerable. We need in the long term to move away from that vulnerability.

Second, with respect to consumers, they ask the question: Not only is OPEC cutting back, but why? The answer to that is, yes; OPEC is cutting back. Why? Because it is in their interest and they can do so. But they are also asking: Is somebody profiteering at the gas pumps? They see merger after merger in the energy industry. They see that British Petroleum and Amoco get married. They see Exxon and Mobil decide they are going to get hitched.

All of these big companies gather together, and then at a time when we have an energy crisis, we have a circumstance where the largest 14 oil companies show profits of over $10 billion in one quarter—up 112 percent—and those who drive to the gas pumps, those who are buying home heating fuel, and those who are paying for natural gas prices are asking the question: Is somebody profiteering at my expense?

As I say, this is a complex issue. But all of these questions need to be answered. The Federal Trade Commission has a current investigation going on. I hope they can wrap that up soon and tell the American people what is happening with respect to prices.

The issue of supply and demand in energy is something I want to talk about just for a moment. There has been a lot of discussion in the last few weeks on this issue of energy. We have some people saying in the last 6 to 8 years we have seen a decrease in production. That is causing our problem. We have been talking about energy supplies. Let's talk about the production of oil. Let's take a look at this line of production and what you see going back to about the late 1960s or 1970s. There has been a continual and diminished production.

That has happened under Republican administrations and Democratic administrations. That has happened under a series of administrations over many years. You see the line on the chart. There is no change in it at all. There is a systematic reduction in the production of energy.

With respect to the consumption of energy, we also see what has happened. In the 1970s, we had this energy scare for a number of reasons. We had a very brief reduction. We had a significant conservation movement in this country to conserve energy. We had some brief reductions. But the fact is, we have begun to trend upward once again in a significant way. You will see that imports are continuing now to increase once again, which makes us much more dependent on foreign source energy.

This is important to everybody. I am a Senator who represents the State of North Dakota. It is important to us. When the price of gas at the pump spikes way up, or the price of diesel fuel begins to spike way up, this is what it means to a State such as North Dakota. We have farmers who are heavy users of fuel in order to put the crop in and to get the crop off the field. Higher prices for fuel means real trouble especially at a time when we have collapsed grain prices. It means people living in North Dakota, or other State such as ours, who drive a lot just to get places, that we pay a much heavier burden than others do. Do you know that North Dakotans drive almost twice as much per person as New Yorkers just to get to a grocery store? Why? Because we are a very large State with a sparse population and you have to drive long distances to get to places.

I have a friend in New York. They have relatives in New Jersey 50 miles away. I am told they pack an emergency kit in the trunk, put blankets in the car, and plan for 6 months to take a little trip to see their relatives 50 miles away. I don't know if that is true. But on the east coast, you don't travel as much. Populations are near. In North Dakota and Montana and States like those, we have to travel a lot. Therefore, we pay twice as much

for our energy and for our transportation needs.

There is a significant interest in what is happening. The consumption is going up. Our production has for 25 years been trending down, and imports are moving up.

Here is the consumption by sector on the chart: Transportation, industrial, residential, and commercial. What we see is a significant trend up in transportation.

It is interesting as we talk about all of these issues, one of the things happening in the Congress is a consistent resistance in Congress to ask anybody to work on vehicles that are more efficient. We have had these issues called CAFE standards, and I know it is very controversial. Does anybody think it is prudent for this country to resist trying to get more efficient automobiles? It makes sense to begin to continue to apply pressure to say we need more efficiency in our vehicles. We can see what is happening in transportation consumption of energy. Yet this Congress continues to demand we not try to establish some new goals with respect to fuel efficiency.

I have not been the biggest cheerleader on these issues because we drive a lot of pickup trucks. We have to make accommodations for that in sparsely populated areas, but we ought to expect the auto industry and others to join in trying to move in a relentless way toward more efficient vehicles and toward trying to provide some balance in this top line. More efficiency will result in less consumption on the transportation side. That is one way to deal with this.

We need to respond to this issue, to respond on two sides of this coin; one is production, and one is consumption. I will describe both quickly, especially in the context of the discussion of the last couple of days.

Vice President GORE says we ought to consider taking some oil out of the Strategic Petroleum Reserve. They call that the SPR. We have over 500 million barrels of oil in the Strategic Petroleum Reserve, and Vice President GORE says we should take some out to provide stability in oil prices. Frankly, I have not been the biggest fan of moving to SPR anytime quickly. We have had this discussion before—8 or 9 months ago.

There is a circumstance today with the intransigence of the OPEC countries in being unwilling to increase production sufficient to provide some short-term balance in energy supply. We could, it seems to me, take half a million barrels a day out of SPR for 6 months, 9 months, 120 days, without dramatically diminishing the Strategic Petroleum Reserve, and at the same time contribute stability to international supply in a way that brings prices down and provides people the ability to see over this hump.

When we get over the heaviest use of supply in this fourth quarter and get into the next year, we will see more production because $35 and $36 a barrel has moved all kinds of rigs into areas where we have not had production before. A year and a half ago, we had zero production rigs drilling for oil in North Dakota; today, we have 20. I am told if there were enough workers, we would probably have 30 rigs in North Dakota. That is just a small amount compared to what is happening all over the world relative to today's oil prices.

My point is, what will provide some stability in the next 2, 3, 4 months? We have an economy that is a blessing. This has been the longest sustained economic growth in this country's history. It doesn't take much to tip an economy. We saw that in the early 1990s with some energy price spikes. Now it seems to me we ought to engineer a serious public discussion about the value of using, in a very cautious and conservative way, a portion of the Strategic Petroleum Reserve—only a very small portion—to come in and provide a cushion for the daily needs, as of yet unmet, that will provide some stability in energy prices. This will then provide, in my judgment, the opportunity to not have to worry quite so much about having these price spikes in energy, tipping this economy out of balance and moving toward a slowdown and a recession.

Vice President GORE talks about SPR. I say again, I have not been a big cheerleader for saying let's run into tapping the Strategic Petroleum Reserve. Normally, the use of the SPR is for national security interest reasons. We have barrels of oil put away for emergencies. Given the production that exists in OPEC, the amount we are short on a daily basis, and the production we expect to come in around the corner sometime beginning January of next year because of the new rigs, it seems to me we can provide some filler with a small amount of inventory from the SPR in a way that provides stability to this market. In providing stability to the market, we will provide some insurance for this economy. I think that would be very important.

We must, however, understand this is a wake-up call for our country. We cannot allow this moment to pass without understanding we are far too dependent on foreign sources of energy. We need more production at home, we need more conservation at home, and less dependence on foreign energy.

In production in this country, I have favored some ability to use royalties as well as the Tax Code to provide some stabilization of prices with respect to production. Ten dollars a barrel for oil was too low; we all understood that. When oil went to $10 a barrel, nobody was drilling anymore; $10 a barrel was too low. We need some price stability for that industry; I understand that.

Even as we work on price stability and to encourage greater production in this country, we also need to understand the issue of conservation is a critically important issue, because in this consumption line we have to understand part of our balance is a production line that we need to get up, and the other part of our balance is a consumption line that we need to trend down, if we can.

We face serious challenges. This is the moment for our country to stop and think a bit about how we get over this short-term problem. I think we ought to have a good discussion about the short-term use of SPR in a very cautious and conservative way to stabilize these markets. This ought to spark a good discussion about conservation and greater fuel efficiencies in our vehicles. It ought to spark a significant discussion about conservation.

Even as we do that in the short run, we need to understand in the long run, we can't sustain an industrialized economy—the strongest, biggest economy in the world—the economy with the longest sustained economic growth in the world, we cannot sustain that with the vagaries of production decisions made by oil sheiks in other countries. We are too vulnerable to allow that to happen.

I make an additional point on a related issue. A part of the problem of these increasing oil imports—but only a part and really not even the largest part—is what it is doing to our trade deficits. When I talk about challenges we face, aside from the fact that this process around here is broken, and we are not passing appropriations bills when we should, and we are in a state of confusion on how to get this 106th Congress adjourned, there are two larger challenges about which we need to be very concerned.

One I just mentioned, and that is the oil issue, the energy issue, and what has happened to energy prices, what might happen to our economy as a result of what is happening in energy prices. The second is our trade deficit. It relates to the energy issue, as well. This is the second challenge to our economic opportunities in the future. Our trade deficit is spiking up, up, up, way up. Importing more oil, obviously, is causing part of this, but it is just part. Our trade deficit is a very serious, abiding, long-term problem.

We are now headed toward a yearly merchandise trade deficit that is going to be around $430 billion in the year 2000. In July, the overall trade deficit in goods and services was $31.9 billion. The merchandise deficit was $38.7 billion. That is unsustainable. A $7.5 billion monthly trade deficit with Japan, a $7.6 billion trade deficit with China, a $6.3 billion trade deficit with the European Union, $4.7 billion with Canada, $2.2 billion with Mexico—we can't sustain that. That cannot continue. The merchandise deficit with Japan for the first half of 2000 was nearly $40 billion; with China, $36 billion; Europe, $26 billion; Canada, $23 billion.

Not many people seem to care much about this. Nobody talks much about it. But this is a deficit that must be repaid. It regrettably will be repaid in the future with a lower standard of living in this country, and the higher the

deficit, the more difficulty we will have to respond to this obligation.

This results from a wide range of things. It results from China, Japan, Europe, Canada, Mexico—which have the largest bilateral trade deficits—deciding they should sell more to us than they are willing to buy from us. This cannot continue.

Even Alan Greenspan, with whom I have had substantial disagreements for a long period of time, says something has to give; this trade deficit is unsustainable.

I was intending to speak at greater length about our trade deficit, but I will save that for a later time. Suffice it to say that if this trade deficit continues to spike up, we could very well see it undermine confidence in the U.S. dollar and we could see the dollar begin falling on international currency markets. That could cause all kinds of problems for our country's economy.

There are two challenges we must meet—dealing with an energy policy both short term and long term that makes sense, and the challenge of dealing with a trade policy that begins to straighten out this trade mess.

I know other colleagues have things they want to talk about. I will come back later to talk about the specific trade issues we have with China and Japan and Canada and Europe. But it is my hope to end where I began today. It is my hope, in the next 2 weeks or so when the 106th Congress is expected to adjourn, that we can decide to bring the issues I have discussed to the floor for a vote. If someone believes we should keep using food as a weapon, good for them. They are dead wrong, but they have a right to think that. Everybody has a right to be wrong.

The point is, if 75 percent of the Senate and 75 percent of the House believes we ought to stop using food as a weapon and stop holding our farmers hostage by preventing them from shipping food to other countries, and stop hurting poor and sick and hungry people in Cuba and Iran and Libya and other places, if you believe that, then let us have a conference and cast a vote to stop it, as the Senate has done with over 70 percent of its Members. But those who bottle this up and try to hijack it by saying, ''We are not going to allow you to vote on this,'' that is not the way the system is supposed to work. If they try to do that in a dozen or so areas—where we have already passed legislation but they are trying not to have a conference and are trying to hijack the process—this place is going to slow way down in a big hurry.

Let me ask for cooperation on the part of the majority leader, the majority party, and my colleagues on my side and let's get this done. Let's do it right.

Another thing, we can't end this session without dealing with the issue of the minimum wage for the people at the lowest rung of the ladder in this country. We have an obligation to do that. That has been kicking around like a Ping-Pong ball for months.

We can't end this session without passing a Patients' Bill of Rights. Of course we ought to do that. That just makes sense. There are the votes to do that, in my judgment. It passed the House. We have the votes in the Senate. If we get it back up, we will win it by one vote.

There are a series of important things we should do, we ought to do—things the American people should expect us to do—and we only have a couple of weeks. I say to the people who run this place: Let's go back to regular order. If you don't like a provision, fine, try to kill it. But at least give us a vote on it. We will see, how the American public feels about it, how our colleagues feel about it. The way they are killing things these days is by putting them in a closet someplace and hoping nobody will see. It is happening to the issue of reimportation of prescription drugs, to the issue of food as a weapon in international sanctions. Frankly, that is the wrong way to legislate. If you have the votes, beat us. If you do not have the votes, give us the chance to win on the floor of the Senate and House as well on these important issues.

Mr. REID. Will the Senator yield?

Mr. DORGAN. I am happy to yield.

Mr. REID. I say to my friend from North Dakota, it is too bad there are not more discussions about trade. I say my colleague has tried, more than any other Member of the Senate. If we take a look at what is happening with these tremendous trade deficits—we are all kind of fat and sassy around here these days. Because the economy is so good, it buries these trade deficits. But if the economy begins to lag a little bit—and it will someday—we are going to feel these trade deficits more than you can imagine—not more that you can imagine but more than most people can imagine.

So I compliment you for trying so hard to keep the fact that we need to be concerned about our trade deficit in the forefront of what we are doing. We cannot have this imbalance of trade going on forever and remain the strong, powerful country that we are. If the trade deficit continues and it keeps getting larger and larger, as the Senator's pictures have shown—I am trying to figure out a way to say ''a picture is worth a thousand words,'' and it really is. What you have shown here tugs at my heartstrings because it really is an issue we need to be addressing, and we are not.

Basically, I want to say to the Senator from North Dakota how much I appreciate his doing everything within his power, not only today but over the past 5 years, to bring this to the forefront so we start talking about these issues.

I have to say we failed. We have not followed your lead. We have not discussed, in any depth at all, the trade deficit.

Mr. DORGAN. Mr. President, the Senator from Nevada is very generous. I must say the two things I came to talk about today are the energy problems that we have that are abiding and serious and that have a huge impact, not only on the State of North Dakota and the citizens I represent, but an impact on all Americans. And also the trade deficit, which has a similar impact on an agricultural State such as the State I represent. These are big issues, big challenges. Unfortunately, they are going unresolved.

There is the old story about a Cherokee Indian chief who is reputed to have said at one point:

> The success of a rain dance depends a lot on the timing.

That was tongue in cheek, I expect, but that is true also with Congress and what it is willing to address and not willing to address, what it is willing to bring out here and sink its teeth into and what it wants to put in a closet and pretend doesn't exist.

These are big issues. We deal with a lot of small issues every day as well, but these are big issues and we have to deal with these issues. These issues will affect the economic lives of millions of small businessmen and women. It will affect the economic future of kids coming out of school, and they want a job and they need a good, growing economy to get a job.

These issues are the kinds of things that can tip a growing economy over into a recession, or something worse. That is why it is important. When you see storm clouds gather on the horizon, you pay attention to them. These are storm clouds on the horizon. Things are good now. This is a blessing. We have a great economy. You wouldn't rather be anywhere than here because we have a wonderful economy and things are very good in a lot of areas of this country, but these are storm clouds and our job is to anticipate and respond to things that we know are going to have a significant impact on the future of this country—energy and trade. We better get busy. We better respond to these issues.

I yield the floor.

Mr. REID. I say, before my friend does leave the floor—I ask I be recognized.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. Mr. President, we in the United States, because of the power of our economy, are not feeling the increase in fuel prices. We are feeling it a little bit. But other places in the world are feeling it very dramatically.

What I say to my friend, talking about the trade deficit and problems with energy, is that we may not be feeling them now, but if we do not address these problems we are going to feel these fuel problems dramatically because it was not long ago a barrel of oil was costing $10. We did nothing. At the time, of course, because of the low prices, we could have done something to put this fuel into our reserves. We did not do anything about that. We, of course, during the good times, have

done nothing to develop alternative fuel sources. We could do that. We have not done that. Now that there is the spike in oil prices, we are looking back and saying: Gee, I wish we would have done something. Tax policy does not do anything to favor alternative fuels.

There are a lot of things that are facing this country that we need to get ahold of while we have the opportunity. This economy is looked upon as the greatest of all time. But as good as our economy is, it can falter just as it has gone up. It does not take a lot of things to start going wrong before we have a problem with our economy.

So, again, before my friend leaves the floor, he could not talk about two issues that are any more important to this thriving economy than the trade deficit—that is pronounced and we are not doing anything about it—and, of course, energy, about which we are doing very little.

Mr. DORGAN. If I might respond, Mr. President, the folks in this country who are now worried sick about what is happening to energy prices are people such as senior citizens who know they are going to pay a home heating fuel bill that is multiples of what they paid last year. They are living on fixed incomes and do not have the money. They are saying: How do I do this? These are people who are living on fixed incomes, who drive up to the gas pump and now discover it costs a significant amount of money to fill their gas tank. Or small truckers—I just make this final point.

Mike and Jenny Mellick from Fargo, ND, called me. They operate seven trucks. It is a small company, a man and wife trying to run an operation with seven tractor-trailer rigs that haul loads across the country. They said the increase in fuel costs is devastating to them and they are worried about losing their business.

This is having repercussions all across this country. This could tip the economy. We have to get ahead of this and say we need more production and more conservation and we need to care about these folks who are being dislocated by the significant energy crisis we face.

I yield the floor.

Mr. REID. Mr. President, the one thing I am appreciative of is the Vice President has a plan; that is, he has recommended that if these prices stay where they are, we should start drawing down our reserves. This is one alternative. I am glad he is doing this rather than just complaining.

We have to have an energy policy. This is not a problem of Democrats or Republicans; it has been a problem of administrations for the last 30 years. They simply will not get involved and work with Congress to come up with a long-term energy policy, and we need one.

Mr. DORGAN. Mr. President, I mentioned earlier about the Vice President's proposal. I have not been a big cheerleader to move to SPR. By the same token, SPR is 570 million barrels of stored reserves. If we take half a million barrels a day, we could for 90 or 120 days, which is what we need at this point to get back into a supply equilibrium, provide some significant stability in energy prices just by taking a very small portion. So we take a very small fraction of the SPR and with it provide stability to oil prices.

We need to work on the longer issues as well. There is merit in having this debate and discussion. The Vice President has raised a very important issue. Good for him. We have a short-term issue, intermediate issues, and long-term issues. In the short term, we ought to take a look at this issue. Maybe half a million barrels a day will be the catalyst to provide the stability we want in oil prices at this moment in order to get to the next intersection, which I think after the first of the year is an intersection of much more production.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. WARNER). The Chair recognizes the Senator from Nebraska.

THE NEED FOR AN AMERICAN ENERGY POLICY

Mr. HAGEL. Mr. President, the one driving factor in the advancement of mankind has been energy. Fire, oil for heat and lamps, water mills, coal, electricity, refined oil, hydro power, nuclear power. Advancements in energy have fueled the great advancements of civilization.

Today, energy touches every facet of our lives. It heats, cools, powers, and lights our homes, our places of business, our schools, and our hospitals. It fuels our modes of transportation whether on road, rail, sea, or air. It powers up our computers, the Internet and the information superhighway. It goes into the production of food, medicine, clothing, and every consumer product ranging from household appliances to health and beauty products. It allows the stock markets to open each morning around the world. It powers the transactions of commerce and business. It fuels the planes, ships, tanks, submarines, and weapons that protect America.

Energy is the great connector. It fuels the productive capacity of the world. It affects world stability.

Energy is serious business. America must have a national energy policy that ensures we have reliable, stable, and affordable sources of energy. This cannot be neglected. To do so leaves our Nation vulnerable on all fronts.

Energy policy ties together America's economy, standard of living, national security, and our geopolitical strategic interests around the world—and our future.

Perhaps the area where energy has the most immediate and visible effect is on the pocketbooks of individual Americans and the economic growth of our Nation.

Oil prices have more than tripled in less than 2 years, to nearly $37 a barrel this week—the highest price since the buildup to the Persian Gulf war in November of 1990. The President of the Organization of Petroleum Exporting Countries, OPEC, said last Friday that the price of oil may temporarily hit $40 a barrel this winter. I suspect we might see $50 a barrel in the next few months.

American consumers have felt this most immediately at the gas pimp.

This winter, consumers are likely to feel an even stronger bite when they heat their homes. Natural gas and home heating oil prices are also on the rise. The prices for natural gas, which is used to heat 58 million homes, have doubled since the beginning of the year. Customers of heating oil, including more than one-third of the homeowners in the Northeastern part of the United States may pay more than $2 a gallon—or twice the current price—to heat their homes this winter.

As energy prices rise this winter, Americans will again be reminded of the lessons we learned in the 1970s about the volatility of energy prices and the impact on our economy. The forecasts are not optimistic. Said Leo Drollas, chief economist at the Center for Global Energy Studies, ''I think the only thing we can do is pray for a very warm winter.'' Praying for a warm winter is not an energy policy.

The concern over natural gas prices is so great that on Wednesday, several of our Nation's Governors met in Columbus, Ohio, to discuss the ''natural gas crisis.''

And it is not just gasoline, natural gas and heating oil prices that are affected by the current energy predicament. It is all energy. Over the past 12 months, costs paid by consumers for all forms of energy have increased by 13 percent.

High energy costs ripple through the economy. They drive up inflation. Then deflation. The Consumer Price Index has risen 3.4 percent in the last year, with energy price increases responsible for nearly one-quarter of that increase.

It also saps the strength of our economy. Energy fuels economic growth. ''Oil shocks'' send a shock through the economy, increasing prices for everything that uses energy. It is a draining force on our society and economy. When consumers are forced to spend more on energy, they spend less on other items.

Higher energy prices increase the cost of doing business, of moving goods, of manufacturing, and of farming.

We are seeing the beginning of the consequences of higher fuel costs in Europe. Protests virtually shut down Great Britain last week, at one point more than 90 percent of their petrol stations were dry. These protests blocked transportation and caused disruption in medical services, postal delivery, education, and food supply. As a matter of fact, for the first time since the years after World War II, Great

Britain had to ration food. Great Britain, one of the great powers of our time had to ration food at the supermarkets last week, and they introduced a policy of one loaf of bread per customer. The British Chambers of Commerce estimated that the protests cost Britain's economy $351 million per day. These protests erupted throughout Europe. In almost every country in Europe there were protests.

High energy prices will dramatically affect the United States, Europe, Japan, and other industrialized nations. But these industrialized nations' economies are better prepared to cushion the heavy blow than the recovering economies in Asia, developing countries, and emerging market economies. These nations, including South Korea and Taiwan, still depend on such heavy industries as steel production for their economic growth. Studies have shown that if oil prices do not fall quickly, these economies could lose at least 2 percent of their gross national product this year.

One of Europe's central bankers has predicted that the current spike in oil prices could cut a full percentage point off the GDP growth expected around the world during the next 12 months. This is an awesome number when you step back and understand what that means. And what that means is catastrophe. The President of the World Bank, James Wolfensohn, echoed these fears in an interview in the International Herald Tribune. He predicted a $10 shift in oil prices could decrease global economic growth by at least one-half of a percentage point.

In the United States, a slowdown in economic growth due to higher energy prices will have a negative impact on our Federal budget. The assumptions for projected Federal budget surpluses over the next 10 years do not take into account what would happen if high energy prices or energy shortages stalled our economy.

Where then would be our proposals to finance new prescription drug plans for Medicare recipients, provide more funding for education, grapple with the restructuring of our entitlement programs, and much-needed funds to improve our Nation's military? Where then would the money come from? The money needed to fund these areas of the Federal budget and pay down our national debt would have gone up in smoke—literally.

Other countries would be affected in the same way. High energy prices affect nations the same way they affect individual households—the more money spent on energy, the less there is available for other priorities.

But this has broader implications than budgetary issues. Increasing energy prices will affect efforts to improve the environment. In recent years, we have made great strides in working with developing nations to help them use responsible measures to grow their economies. But they will do what they must do to survive. If their national self-interests are at stake, they will clear cut forests to grow food, and they will not consider environmental measures. They will draw natural resources from wherever they can get them. They will abandon efforts to upgrade to cleaner technologies and stay with their dirty smokestacks and other energy-producing methods that damage the environment, if energy costs go too high.

The price of oil also has broad national security implications, as you know so well. These broad national security implications to the United States are there because we are so reliant on foreign sources for our supply of crude oil.

During 1973, at the peak of the energy crisis, we relied on foreign sources of oil for 35 percent of our domestic supply. Since that time, we have become more—not less—dependent on foreign oil. Today, we import almost 60 percent of the oil used in the United States. The Department of Energy estimates that we will at least be 65-percent reliant on foreign oil by 2020.

The response to the current high oil prices by the Clinton administration has been to try and cajole oil-exporting nations to increase production in an effort to lower prices. U.S. Secretary of Energy Bill Richardson has said, regarding the pressure on OPEC nations: ''Our quiet diplomacy is working.'' I ask, what diplomacy?

Crude oil is at a record high. We import more oil than we did during the energy crisis in the 1970s, spending more than $300 million a day. Petroleum accounts for one-third of the U.S. total trade deficit.

Who are we kidding? This has bigger implications than high gas prices. In February 1995, President Clinton issued the following statement:

> . . . the nation's growing reliance on imports of crude oil and refined petroleum products threatens the nation's security because they increase U.S. vulnerability to oil supply interruptions . . . I concur with the Department's recommendation that the Administration continue its present efforts to improve U.S. energy security.

Yet through the Clinton-Gore administration policies, this administration has discouraged, and in many cases blocked, American oil and gas producers from increasing domestic production. Since that time, we have increased our use of oil and turned more and more to foreign countries to supply the oil we use. We import 1.5 million barrels of oil more per day than we did 5 years ago. That is an increase of nearly 22 percent in the last 5 years. Therefore, it should not be surprising that President Clinton issued a nearly identical ruling on March 24 of this year, stating again that oil imports threaten U.S. national security.

High energy prices also impact the security of other nations and threaten global stability. Energy fuels the productive capacity of national economies. The adverse effect of high energy prices can cause instability in emerging democracies and in market economies, which then can quickly erupt into regional turmoil, conflict, and war, devastating all prospects for growth, prosperity, and for eliminating hunger and poverty.

The contributing factors to the current high oil prices demonstrate the geopolitical consequences of energy, and the leverage granted to oil-exporting nations. Prices have increased for oil and natural gas because supply has not kept pace with demand. From 1994 to 1999, global oil consumption grew by almost 10 percent, while production rose only at about 7 percent.

Do we have a supply problem? Of course we have a supply problem. When demand stretches supply to the breaking point, the result is rationing. What a dangerous, dangerous development—the rationing of energy.

When the price of oil fell dramatically a few years ago, drilling companies cut back on their exploration of both oil and natural gas. They reduced their spending. There was a drastic decline in global drilling during 1998, 1999, and early this year. Astonishingly, there are only about 40 percent as many drilling rigs working today as there were in the early 1980s. Even OPEC nations must constantly drill to offset depletion. Low levels of drilling reflect a capital shortage, and the result is that oil production has been falling continuously in the United States; it is stable or falling in the North Sea; it is falling in most of Latin America; and it is not growing hardly anywhere else in the world. Capital not invested in energy production a few years ago is now reflected in lower supplies and product.

During this time, global demand for oil has increased, fueled by a strong U.S. economy—which we all applaud, which we all take advantage of, and which we based projected surpluses on—economic growth in Europe, and a stronger than expected economic recovery in Asia, which are all responsible for this demand.

The economic growth of developing nations is a very energy-intensive exercise, we must know. China and India show oil demand growing at nearly 8 percent a year on a sustained basis. This increased demand, coupled with low supplies, has pushed oil reserves near their limits worldwide. Inventories are at low levels. In most industrialized nations, it will take many years to correct the imbalance between supply and demand.

In addition to current inventories, the oil industry normally has another cushion to use to meet increased demand. This is called ''spare capacity'' or unused wells that can be called on to produce additional supplies when necessary.

Turning on these spigots can help correct the imbalance between supply and demand. However, except for the days of the gulf war, the world's spare capacity is at its lowest point since the days leading up to the 1973 energy crisis—less than 3 million barrels per day.

Therefore, the world oil market is very tight and very vulnerable to supply disruptions and price fluctuations. A further tightening of the market could lead to the kind of energy rationing we saw in the 1970s.

The situation is even worse in the natural gas market, especially for North America.

But correcting imbalances of supply and demand in oil markets is very different from traditional economic models. Oil does not move on a free market. The demand is given—individuals and nations do not have a choice about whether they need energy or not, and oil is still the greatest source of global energy in the world today. Its production is concentrated in the hands of a few who have the ability to control the flow of oil into the market and, thereby, the price of this commodity. This makes oil a political commodity.

Our reliance on foreign oil leaves the U.S. vulnerable to the whims of foreign oil cartels. If something happened to threaten this supply, we could not turn on the spigots here in the United States overnight.

A tight oil market gives additional leverage to individual oil-exporting nations. Half of the world's spare production capacity today now is in Saudi Arabia. Iraq, interestingly enough—Iraq, whom we bombed almost daily—is the fastest growing source of U.S. oil imports. We import about 750,000 barrels of oil a day from Iraq.

What if Saddam Hussein were to decide to bully the market by turning off its tap, which currently pumps 2.3 million barrels a day on to the global market?

On Monday, he warned that OPEC nations were bowing to pressures from—in his words—''superpowers'' in agreeing to increase production in an attempt to lower prices. He said, ''The superpowers will fasten their grip on oil producing countries.'' This is a very dangerous development.

Our allies, of course, would be even more vulnerable to threats from oil-producing nations because Europe and Japan are even more dependent than the U.S. on foreign oil.

How did we, the United States, get ourselves into this precarious position?

How did we get here? We have bumbled into it because we were not paying attention. Every administration in the last 25 years must share some responsibility for where we are today. But in particular, this administration, the Clinton-Gore administration, has drifted through the last 8 years without an energy policy, content to sit back and enjoy a good economy—of course, to take credit for that economy—but unwilling to prepare our Nation for the challenges ahead and make the tough choices and hard decisions necessary for energy independence.

The lack of a Federal energy policy for the last 8 years has worked to decrease U.S. oil production, making American consumers more vulnerable to the volatility of prices set by oil cartels such as OPEC. The wild swings in price over the last 2 years have hurt U.S. oil and gas producers and shut down many drilling wells because of instability in the markets, loss of investment capital, loss of qualified employees, and elimination of the petroleum infrastructure.

The lack of an overall policy has made U.S. producers more susceptible to the manipulation of prices by cartels such as OPEC. In testimony before the Senate Foreign Relations Committee in March, Denise Bode, an Oklahoma corporation commissioner, discussed the impact of OPEC's manipulation on oil markets:

> Whatever OPEC's motivation, the impact on American petroleum production is that each time this happens, they make the domestic oil and gas production industry in America a little less predictable, driving away capital, qualified oil field employees and scrapping petroleum infrastructure. . . .

The policies of this administration have actually served to discourage and at some point completely block or shut off domestic oil and natural gas production. While oil consumption in the United States has risen by 14 percent since 1992, over the last 8 years U.S. crude oil production has dropped by 17 percent. The number of American jobs in exploring and producing oil and gas has declined by 27 percent. The number of working oil rigs has declined by 77 percent. This administration has failed to encourage viable energy alternatives. They pursue policies promoted by environmentalists with no comprehension or acknowledgment of the consequences of these policies and what these consequences are for real Americans, for our economy, our Nation, and our future.

This administration has blocked exploration in the Alaska National Wildlife Refuge which could contain 16 billion barrels of domestic crude oil. In 1995, President Clinton vetoed legislation to allow any exploration in Alaska. In 1998, President Clinton closed most of the Federal Outer Continental Shelf to any exploration until the year 2012.

Vice President GORE has vowed to prohibit any future exploration for oil and natural gas on the Outer Continental Shelf. Increased Government regulations over the last 8 years have affected investment in our energy industry. Thirty-six oil refineries have been closed in the last 8 years, and no major oil refinery has been built in the last 25 years. This is in part due to the requirements of the Clean Air Act that make it difficult to build or upgrade any refineries.

EPA regulation has placed more and more and more burdens on fewer and fewer oil refineries by forcing them to produce reformulated gasoline for different markets. Use of hydroelectric power has been sharply declining due to the onerous regulatory burdens on the industry. This administration does not consider water to be a renewable resource—that is the definition by this administration of ''water''—and has even advocated taking down current valuable hydroelectric dams in the Pacific Northwest that supply power.

Nuclear energy has not been promoted as a clean energy alternative by this administration. No new plants are scheduled to begin operating. This administration has steadfastly opposed and recently vetoed legislation that would ensure timely construction of a desperately needed Federal storage facility for spent nuclear fuel. In addition, virtually all nuclear operating licenses are up for renewal by 2015. Yet the Nuclear Regulatory Commission has indicated it expects no more than 85 of the 103 units will file renewals. That means we will be taking out of current service, at a minimum, 18 nuclear powerplants in the next few years. Where in the world are we going to recover that capacity? Where will that capacity come from? We don't talk about that.

Furthermore, this administration, while professing a desire to increase natural gas as a source of energy, works constantly against efforts to increase the availability of domestic natural gas. The National Petroleum Council has identified a critical barrier to increasing supplies of natural gas: Access to over 200 trillion cubic feet of natural gas reserves is either off limits or is being severely restricted on multiple-use lands and the Outer Continental Shelf.

This administration says, well, use natural gas but just don't drill for it. This administration's budget clearly demonstrates where its energy priorities are. This year's Department of Energy budget, submitted by this administration, has $1.2 billion for climate change activities, but yet it has only $92 million for oil, gas, and energy research and development—a clear statement on where they are with their priorities. An energy policy that emphasizes only some energy sources and priorities without regard for their negative impacts on energy markets threatens the sustainability of this economy, the welfare of our people, the stability of the world, and the future of this country.

What can we do to address this problem? Can we address this problem? Of course, we can address this problem. Both the next President and the Congress must pursue a comprehensive energy policy that decreases our reliance on foreign oil by increasing the safe, environmentally sound production of our domestic oil and gas resources and by developing a more diversified supply of energy sources.

The answer is not, as Vice President GORE recommended yesterday, to tap into the Strategic Petroleum Reserve. These 570 million barrels were set aside to deal with severe disruptions in oil supply caused by war or other national emergencies.

The strategic reserve was not created to make up for 8 years of inattention from the Clinton-Gore administration

or to make up for the detrimental impact their policies have had on domestic production. The Vice President himself acknowledged in February this statement when he said it would be a ''bad idea''—his words —to tap into the strategic reserve. And so has the President's Secretary of the Treasury, Mr. Summers; as has the Chairman of the Federal Reserve, Mr. Greenspan.

Furthermore, opening up the strategic reserve will not do anything to address the shortage of home heating oil. Why? The strategic reserve consists of crude oil. It would need to be refined into heating oil, and our refineries are already running at full capacity. If we still had the 36 refineries that were shut down over the last 8 years of this administration, then we might be able to refine that extra oil from the strategic reserve, but it does nothing to help our current situation. It is bad policy, shortsighted policy.

In addition to augmenting domestic oil production, the United States must explore other future energy options that will reduce other foreign oil dependency. Our Nation's future is directly connected to energy capacity. If we fail this great challenge, our children and history will judge us harshly and we will leave the world more dangerous than we found it. That is not our heritage. That is not our destiny. It will require bold, forceful, intelligent new leadership. That is America's heritage. That is America's destiny.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The distinguished majority leader.

Mr. LOTT. Mr. President, I commend the Senator from Nebraska for his remarks. He certainly is making points that need to be made. I am sure we are going to hear a lot more about it in the next few days. I thank him for wrapping up his remarks at this point so that we may proceed with a number of business items before we go out for the week.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

IMMIGRATION AND NATIONALITY ACT AMENDMENTS—MOTION TO PROCEED

Mr. LOTT. Mr. President, I call for regular order with respect to the H–1B bill.

The PRESIDING OFFICER. The clerk will report the motion.

The assistant legislative clerk read as follows:

A motion to proceed to the bill (S. 2045) to amend the Immigration and Nationality Act with respect to H–1B nonresidential aliens.

The PRESIDING OFFICER. The question is now on agreeing to the motion.

The motion was agreed to.

AMERICAN COMPETITIVENESS IN THE TWENTY-FIRST CENTURY ACT OF 2000

The PRESIDING OFFICER (Mr. DOMENICI). The clerk will now report the bill by title.

The legislative clerk read as follows:

A bill (S. 2045) to amend the Immigration and Nationality Act with respect to H–1B nonimmigrant aliens bill.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''American Competitiveness in the Twenty-first Century Act of 2000''.

SEC. 2. TEMPORARY INCREASE IN VISA ALLOTMENTS.

In addition to the number of aliens who may be issued visas or otherwise provided nonimmigrant status under section 101(a)(15)(H)(i)(b) (8 U.S.C. 1101 (a)(15)(H)(i)(b)), the following number of aliens may be issued such visas or otherwise provided such status for each of the following fiscal years:

(1) 80,000 for fiscal year 2000;

(2) 87,500 for fiscal year 2001; and

(3) 130,000 for fiscal year 2002.

SEC. 3. SPECIAL RULE FOR UNIVERSITIES, RESEARCH FACILITIES, AND GRADUATE DEGREE RECIPIENTS.

Section 214(g) of the Immigration and Nationality Act (8 U.S.C. 1184(g)) is amended by adding at the end the following new paragraphs:

''(5) The numerical limitations contained in paragraph (1)(A)(iii) shall not apply to any nonimmigrant alien issued a visa or otherwise provided status under section 101(a)(15)(H)(i)(b)—

''(A) who is employed (or has received an offer of employment) at—

''(i) an institution of higher education (as defined in section 101(a) of the Higher Education Act of 1965 (20 U.S.C. 1001(a))), or a related or affiliated nonprofit entity; or

''(ii) a nonprofit research organization or a governmental research organization; or

''(B) for whom a petition is filed not more than 90 days before or not more than 180 days after the nonimmigrant has attained a master's degree or higher degree from an institution of higher education (as defined in section 101(a) of the Higher Education Act of 1965 (20 U.S.C. 1001(a))).''.

''(6) Any alien who ceases to be employed by an employer described in paragraph (5)(A) shall, if employed as a nonimmigrant alien described in section 101(a)(15)(H)(i)(b), be counted toward the numerical limitations contained in paragraph (1)(A)(iii) the first time the alien is employed by an employer other than one described in paragraph (5)(A).''.

SEC. 4. LIMITATION ON PER COUNTRY CEILING WITH RESPECT TO EMPLOYMENT-BASED IMMIGRANTS.

(a) SPECIAL RULES.—Section 202(a) (8 U.S.C. 1152(a)) is amended by adding at the end the following new paragraph:

''(5) RULES FOR EMPLOYMENT-BASED IMMIGRANTS.—

''(A) EMPLOYMENT-BASED IMMIGRANTS NOT SUBJECT TO PER COUNTRY LIMITATION IF ADDITIONAL VISAS AVAILABLE.—If the total number of visas available under paragraph (1), (2), (3), (4), or (5) of section 203(b) for a calendar quarter exceeds the number of qualified immigrants who may otherwise be issued such visas, the visas made available under that paragraph shall be issued without regard to the numerical limitation under paragraph (2) of this subsection during the remainder of the calendar quarter.

''(B) LIMITING FALL ACROSS FOR CERTAIN COUNTRIES SUBJECT TO SUBSECTION (e).—In the case of a foreign state or dependent area to which subsection (e) applies, if the total number of visas issued under section 203(b) exceeds the maximum number of visas that may be made available to immigrants of the state or area under section 203(b) consistent with subsection (e) (determined without regard to this paragraph), in applying subsection (e) all visas shall be deemed to have been required for the classes of aliens specified in section 203(b).''.

(b) CONFORMING AMENDMENTS.—

(1) Section 202(a)(2) (8 U.S.C. 1152(a)(2)) is amended by striking ''paragraphs (3) and (4)'' and inserting ''paragraphs (3), (4), and (5)''.

(2) Section 202(e)(3) (8 U.S.C. 1152(e)(3)) is amended by striking ''the proportion of the visa numbers'' and inserting ''except as provided in subsection (a)(5), the proportion of the visa numbers''.

(c) ONE-TIME PROTECTION UNDER PER COUNTRY CEILING.—Notwithstanding section 214(g)(4) of the Immigration and Nationality Act, any alien who—

(1) is the beneficiary of a petition filed under section 204(a) for a preference status under paragraph (1), (2), or (3) of section 203(b); and

(2) would be subject to the per country limitations applicable to immigrants under those paragraphs but for this subsection,

may apply for, and the Attorney General may grant, an extension of such nonimmigrant status until the alien's application for adjustment of status has been processed and a decision made thereon.

SEC. 5. INCREASED PORTABILITY OF H–1B STATUS.

(a) IN GENERAL.—Section 214 of the Immigration and Nationality Act (8 U.S.C. 1184) is amended by adding at the end the following new subsection:

''(m)(1) A nonimmigrant alien described in paragraph (2) who was previously issued a visa or otherwise provided nonimmigrant status under section 101(a)(15)(H)(i)(b) is authorized to accept new employment upon the filing by the prospective employer of a new petition on behalf of such nonimmigrant as provided under subsection (a). Employment authorization shall continue for such alien until the new petition is adjudicated. If the new petition is denied, employment authorization shall cease.

''(2) A nonimmigrant alien described in this paragraph is a nonimmigrant alien—

''(A) who has been lawfully admitted into the United States;

''(B) on whose behalf an employer has filed a nonfrivolous application for new employment or extension of status before the date of expiration of the period of stay authorized by the Attorney General; and

''(C) who has not been employed without authorization in the United States before or during the pendency of such petition for new employment.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to petitions filed before, on, or after the date of enactment of this Act.

SEC. 6. EXTENSION OF AUTHORIZED STAY IN CASES OF LENGTHY ADJUDICATIONS.

(a) EXEMPTION FROM LIMITATION.—The limitation contained in section 214(g)(4) of the Immigration and Nationality Act with respect to the duration of authorized stay shall not apply to any nonimmigrant alien previously issued a visa or otherwise provided nonimmigrant status under section 101(a)(15)(H)(i)(b) of the Immigration and Nationality Act on whose behalf a petition under section 204(b) to accord the alien immigrant status under section 203(b), or an application for adjustment of status under section 245 to accord the alien status under section 203(b),

has been filed, if 365 days or more have elapsed since the filing of a labor certification application on the alien's behalf, if required for the alien to obtain status under section 203(b), or the filing of the petition under section 204(b).

(b) EXTENSION OF H1–B WORKER STATUS.—The Attorney General shall extend the stay of an alien who qualifies for an exemption under subsection (a) in one-year increments until such time as a final decision is made on the alien's lawful permanent residence.

SEC. 7. EXTENSION OF CERTAIN REQUIREMENTS AND AUTHORITIES THROUGH FISCAL YEAR 2002.

(a) ATTESTATION REQUIREMENTS.—Section 212(n)(1)(E)(ii)) of the Immigration and Nationality Act (8 U.S.C. 1182(n)(1)(E)(ii)) is amended by striking ''October 1, 2001'' and inserting ''October 1, 2002''.

(b) FEE REQUIREMENTS.—Section 212(c)(9)(A) of the Immigration and Nationality Act (8 U.S.C. 1182(c)(9)(A)) is amended in the text above clause (i) by striking ''October 1, 2001'' and inserting ''October 1, 2002''.

(c) DEPARTMENT OF LABOR INVESTIGATIVE AUTHORITIES.—Section 413(e)(2) of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of Public Law 105–277) is amended by striking ''September 30, 2001'' and inserting ''September 30, 2002''.

SEC. 8. RECOVERY OF VISAS USED FRAUDULENTLY.

Section 214(g)(3) of the Immigration and Nationality Act (8 U.S.C. 1184 (g)(3)) is amended to read as follows:

''(3) Aliens who are subject to the numerical limitations of paragraph (1) shall be issued visas (or otherwise provided nonimmigrant status) in the order in which petitions are filed for such visas or status. If an alien who was issued a visa or otherwise provided nonimmigrant status and counted against the numerical limitations of paragraph (1) is found to have been issued such visa or otherwise provided such status by fraud or willfully misrepresenting a material fact and such visa or nonimmigrant status is revoked, then one number shall be restored to the total number of aliens who may be issued visas or otherwise provided such status under the numerical limitations of paragraph (1) in the fiscal year in which the petition is revoked, regardless of the fiscal year in which the petition was approved.''.

SEC. 9. NSF STUDY AND REPORT ON THE "DIGITAL DIVIDE".

(a) STUDY.—The National Science Foundation shall conduct a study of the divergence in access to high technology (commonly referred to as the ''digital divide'') in the United States.

(b) REPORT.—Not later than 18 months after the date of enactment of this Act, the Director of the National Science Foundation shall submit a report to Congress setting forth the findings of the study conducted under subsection (a).

SEC. 10. MODIFICATION OF NONIMMIGRANT PETITIONER ACCOUNT PROVISIONS.

(a) ALLOCATION OF FUNDS.—Section 286(s) of the Immigration and Nationality Act (8 U.S.C. 1356(s)) is amended—

(1) in paragraph (2), by striking ''56.3 percent'' and inserting ''36.2 percent'';

(2) in paragraph (3), by striking ''28.2 percent'' and inserting ''30.7 percent''; and

(3) in paragraph (4)(A), by striking ''4 percent'' and inserting ''2.5 percent''.

(b) LOW-INCOME SCHOLARSHIP PROGRAM.—Section 414(d)(3) of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of Public Law 105–277) is amended by striking ''2,500 per year.'' and inserting ''3,125 per year. The Director may renew scholarships for up to 4 years.''.

(c) NATIONAL SCIENCE FOUNDATION GRANT PROGRAM.—Section 286(s)(4)(B) of the Immigration and Nationality Act (8 U.S.C. 1356(s)) is amended to read as follows:

''(B) NATIONAL SCIENCE FOUNDATION COMPETITIVE GRANT PROGRAM FOR K–12 MATH, SCIENCE AND TECHNOLOGY EDUCATION.—(i) 25.8 percent of the amounts deposited into the H–1B Nonimmigrant Petitioner Account shall remain available to the Director of the National Science Foundation until expended to carry out a direct and/or matching grant program to support private-public partnerships in K–12 education.

''(ii) TYPES OF PROGRAMS COVERED.—The Director shall award grants to such programs, including, those which support the development and implementation of standards-based instructional materials models and related student assessments that enable K–12 students to acquire an understanding of science, mathematics, and technology, as well as to develop critical thinking skills; provide systemic improvement in training K–12 teachers and education for students in science, mathematics, and technology; stimulate system-wide K–12 reform of science, mathematics, and technology in rural, economically disadvantaged regions of the United States; provide externships and other opportunities for students to increase their appreciation and understanding of science, mathematics, engineering, and technology; involve partnerships of industry, educational institutions, and community organizations to address the educational needs of disadvantaged communities; and college preparatory support to expose and prepare students for careers in science, mathematics, engineering, and technology.''.

(d) REPORTING REQUIREMENTS.—Section 414 of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of Public Law 105–277) is amended by adding at the end the following new subsection:

''(e) The Secretary of the Department of Labor and the Director of the National Science Foundation shall—

''(1) track and monitor the performance of programs receiving H–1B Nonimmigrant Fee grant money; and

''(2) not later than one year after the date of enactment of this subsection, submit a report to the Committees on the Judiciary of the House of Representatives and the Senate—

''(A) the tracking system to monitor the performance of programs receiving H–1B grant funding; and

''(B) the number of individuals who have completed training and have entered the high-skill workforce through these programs.''.

SEC. 11. KIDS 2000 CRIME PREVENTION AND COMPUTER EDUCATION INITIATIVE.

(a) SHORT TITLE.—This section may be cited as the ''Kids 2000 Act''.

(b) FINDINGS.—Congress makes the following findings:

(1) There is an increasing epidemic of juvenile crime throughout the United States.

(2) It is well documented that the majority of juvenile crimes take place during after-school hours.

(3) Knowledge of technology is becoming increasingly necessary for children in school and out of school.

(4) The Boys and Girls Clubs of America have 2,700 clubs throughout all 50 States, serving over 3,000,000 boys and girls primarily from at-risk communities.

(5) The Boys and Girls Clubs of America have the physical structures in place for immediate implementation of an after-school technology program.

(6) Building technology centers and providing integrated content and full-time staffing at those centers in the Boys and Girls Clubs of America nationwide will help foster education, job training, and an alternative to crime for at-risk youth.

(7) Partnerships between the public sector and the private sector are an effective way of providing after-school technology programs in the Boys and Girls Clubs of America.

(8) PowerUp: Bridging the Digital Divide is an entity comprised of more than a dozen nonprofit organizations, major corporations, and Federal agencies that have joined together to launch a major new initiative to help ensure that America's underserved young people acquire the skills, experiences, and resources they need to succeed in the digital age.

(9) Bringing PowerUp into the Boys and Girls Clubs of America will be an effective way to ensure that our youth have a safe, crime-free environment in which to learn the technological skills they need to close the divide between young people who have access to computer-based information and technology-related skills and those who do not.

(c) AFTER-SCHOOL TECHNOLOGY GRANTS TO THE BOYS AND GIRLS CLUBS OF AMERICA.—

(1) PURPOSES.—The Attorney General shall make grants to the Boys and Girls Clubs of America for the purpose of funding effective after-school technology programs, such as PowerUp, in order to provide—

(A) constructive technology-focused activities that are part of a comprehensive program to provide access to technology and technology training to youth during after-school hours, weekends, and school vacations;

(B) supervised activities in safe environments for youth; and

(C) full-time staffing with teachers, tutors, and other qualified personnel.

(2) SUBAWARDS.—The Boys and Girls Clubs of America shall make subawards to local boys and girls clubs authorizing expenditures associated with providing technology programs such as PowerUp, including the hiring of teachers and other personnel, procurement of goods and services, including computer equipment, or such other purposes as are approved by the Attorney General.

(d) APPLICATIONS.—

(1) ELIGIBILITY.—In order to be eligible to receive a grant under this section, an applicant for a subaward (specified in subsection (c)(2)) shall submit an application to the Boys and Girls Clubs of America, in such form and containing such information as the Attorney General may reasonably require.

(2) APPLICATION REQUIREMENTS.—Each application submitted in accordance with paragraph (1) shall include—

(A) a request for a subgrant to be used for the purposes of this section;

(B) a description of the communities to be served by the grant, including the nature of juvenile crime, violence, and drug use in the communities;

(C) written assurances that Federal funds received under this section will be used to supplement and not supplant, non-Federal funds that would otherwise be available for activities funded under this section;

(D) written assurances that all activities funded under this section will be supervised by qualified adults;

(E) a plan for assuring that program activities will take place in a secure environment that is free of crime and drugs;

(F) a plan outlining the utilization of content-based programs such as PowerUp, and the provision of trained adult personnel to supervise the after-school technology training; and

(G) any additional statistical or financial information that the Boys and Girls Clubs of America may reasonably require.

(e) GRANT AWARDS.—In awarding subgrants under this section, the Boys and Girls Clubs of America shall consider—

(1) the ability of the applicant to provide the intended services;

(2) the history and establishment of the applicant in providing youth activities; and

(3) the extent to which services will be provided in crime-prone areas and technologically underserved populations, and efforts to achieve an equitable geographic distribution of the grant awards.

(f) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There is authorized to be appropriated $20,000,000 for each of the fiscal

years 2001 through 2006 to carry out this section.

(2) SOURCE OF FUNDS.—Funds to carry out this section may be derived from the Violent Crime Reduction Trust Fund.

(3) CONTINUED AVAILABILITY.—Amounts made available under this subsection shall remain available until expended.

Amend the title to read as follows: ''A bill to amend the Immigration and Nationality Act with respect to H–1B nonimmigrant aliens, and to establish a crime prevention and computer education initiative.''.

AMENDMENT NO. 4177

Mr. LOTT. Mr. President, I send an amendment to the desk and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Mississippi [Mr. LOTT], for Mr. ABRAHAM, proposes an amendment numbered 4177.

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

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

(The text of the amendment is printed in today's RECORD under ''Amendments Submitted.'')

Mr. LOTT. Mr. President, I ask for the yeas and nays on the amendment.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

AMENDMENT NO. 4178 TO AMENDMENT NO. 4177

Mr. LOTT. Mr. President, I send an amendment to the desk and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Mississippi [Mr. LOTT] proposes an amendment numbered 4178 to amendment No. 4177.

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

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

(The text of the amendment is printed in today's RECORD under ''Amendments Submitted.'')

CLOTURE MOTION

Mr. LOTT. Mr. President, I send a cloture motion to the desk to the pending H–1B amendment.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The assistant legislative clerk read as follows:

CLOTURE MOTION

We the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on amendment No. 4178 to Calendar No. 490, S. 2045, a bill to amend the Immigration and Nationality Act with respect to H1–B non-immigrant aliens.

Trent Lott, Chuck Hagel, Spencer Abraham, Phil Gramm, Jim Bunning, Kay Bailey Hutchison, Sam Brownback, Rod Grams, Jesse Helms, Gordon Smith of Oregon, Pat Roberts, Slade Gorton, Connie Mack, John Warner, and Robert F. Bennett.

Mr. LOTT. Mr. President, for the information of all Senators, this cloture vote will occur on Tuesday. I will announce to the Members the time of that vote later today, after consultation on both sides. In the meantime, I ask that the mandatory quorum under rule XXII be waived.

Mr. DORGAN. Mr. President, reserving the right to object, and I shall not object to the request, I ask the Senator if he will be available to answer a couple of questions. I want to ask some questions following this discussion about the Agriculture appropriations bill, if the majority leader would allow that.

Mr. LOTT. Certainly.

Mr. DORGAN. I shall not object.

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

MOTION TO RECOMMIT WITH INSTRUCTIONS

Mr. LOTT. Mr. President, I move to recommit the bill back to the committee to report back forthwith, and I send the motion to the desk.

The PRESIDING OFFICER. The clerk will report the motion.

The assistant legislative clerk read as follows:

The Senator from Mississippi [Mr. LOTT] moves to recommit the bill, S. 2045, to the Committee on Judiciary with instructions and to report back forthwith.

Mr. LOTT. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

AMENDMENT NO. 4179 TO THE MOTION TO RECOMMIT WITH INSTRUCTIONS

Mr. LOTT. Mr. President, I send an amendment to the desk to the motion to recommit with instructions and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Mississippi [Mr. LOTT] proposes an amendment numbered 4179 to the motion to recommit with instructions.

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

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

(The text of the amendment is printed in today's RECORD under ''Amendments Submitted.'')

Mr. LOTT. Mr. President, I ask for the yeas and nays on the amendment.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

AMENDMENT NO. 4180 TO AMENDMENT NO. 4179

Mr. LOTT. Mr. President, I send an amendment to the desk and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Mississippi [Mr. LOTT] proposes an amendment numbered 4180 to amendment No. 4179.

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

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

(The text of the amendment is printed in today's RECORD under ''Amendments Submitted.'')

Mr. REID. Mr. President, I ask unanimous consent that the pending amendment be laid aside so that I may offer, on behalf of Senator DASCHLE, Senator KENNEDY, myself, and others, the Latino and Immigrant Fairness Act.

Mr. LOTT. Mr. President, reserving the right to object, first, I know there is a lot of interest in this amendment, and there are a number of Senators who have interest in other amendments on both sides of the aisle—additional immigration amendments.

There is a lot of interest on this side—and probably on both sides of the aisle—with regard to a H–2A provisions, which has to do with additional, I guess, temporary visas in the agriculture area. I understand the interest and support in both of these areas. But Senator DASCHLE and I tried to get clearance. We worked on it over a period of days. We both were very serious in trying to get it agreed to. We have not been able to get it cleared. Even though I think Senator DASCHLE got an agreement cleared on his side, there was objection on our side.

We have tried over a period of months to get an agreement on how to take up this H–1B immigrant visa issue. It is important to industry in America. We have over 2,000 jobs that are going unfilled now. We need these high-tech workers. It is not something that is critical in my own State, but it is critical to the economy and the high-tech industry in our Nation.

We are down to the last few days. We need to get this done. Therefore, I have to object. I object, Mr. President.

Mr. REID. Mr. President, we have tried hard and, as the Senator so graciously stated, we have been able to clear an agreement that we would have five amendments per side, with an hour time agreement. We could finish this bill, certainly, in 1 day.

It is so important that we get this done. I understand the importance of H–1B. I supported it. We have had 420,000 people come to this country as a result of our H–1B legislation in the past. But there are other things that we simply need to do, including the Latino and Immigrant Fairness Act, of which I am a cosponsor. I strongly support this piece of legislation that seeks to provide permanent and legally defined groups of immigrants who are already here working and contributing as taxpayers and to the social fabric of the company. They are awaiting U.S. citizenship.

I say to the majority leader that we need to have an opportunity to, in

some way, in the waning days of this Congress to work this out. We are going to work very hard. We will do it with the support and consideration of the majority leader, or without it. We really believe this is necessary. We are sorry the majority leader has objected, but we understand the reasons.

Mr. LOTT. Let me say, Mr. President, I am sure we have not heard the last of this issue. As we get to the conclusion of the session, there will be other areas or bills where this issue will be presented and argued. I fully expect that to happen.

Mr. President, is there objection?

The PRESIDING OFFICER. There was objection.

Mr. LOTT. We are back to the original objection to the motion and the reading be dispensed with.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

NATIONAL ENERGY SECURITY ACT OF 2000—MOTION TO PROCEED

Mr. LOTT. Mr. President, I move to proceed to Calendar No. 552, S. 2557, regarding the increasing price of gasoline and decreasing America's dependency on foreign oil.

The PRESIDING OFFICER. The motion is debatable.

Mr. LOTT. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. LOTT. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

MORNING BUSINESS

Mr. LOTT. Mr. President, I ask unanimous consent that there now be a period for the transaction of routine morning business with Senators permitted to speak therein for up to 10 minutes each.

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

CONFERENCE ACTION

Mr. LOTT. Mr. President, Senator DORGAN had indicated he had some questions he would like to ask. I have some tributes and routine business and also the closing script that we would like to go into. I thought maybe I would yield for some questions before we begin that.

Mr. DORGAN. Mr. President, I appreciate the Senator from Mississippi yielding to me. I wanted to propound a series of questions.

First of all, let me say that I respect the difficult job the majority leader has. As we come to the end of the 106th Congress and try to put all the pieces together and make them fit, and so on, it is a difficult job.

One specific piece of legislation that is very important to me—as are many others—is the Agriculture appropriations bill.

I come from a farm State. This is a critically important piece of legislation.

The House of Representatives passed an Agriculture appropriations bill on July 11. The Senate passed one on July 20. It is now September 22. I was appointed a conferee for this appropriations conference. I am on the subcommittee, and there has been no appropriations conference at all. We are toward the end of this legislative session, and I worry about the regular process.

Will we have an appropriations conference?

The reason I am asking this question is, as the majority leader knows, there are some very controversial things in this legislation. I understand there are, because the Senate by a majority vote said we want them. One of those controversial issues is a policy that says: Let us stop using food as a weapon. We want to abolish sanctions on food shipments all around the world. It is controversial.

Some don't want to do that. Some want to continue to use food sanctions against Cuba and other countries. I don't. Seventy Members of the Senate voted not to do it. We want to abolish that approach. That is one.

The other controversial issue is—Senator JEFFORDS and I offered the amendment on the reimportation of prescription drugs approved by the FDA. That was controversial.

The reason I am asking the question of the majority leader is, yesterday someone from the news media called me and said another Member of the Senate indicated that next week the Agriculture appropriations bill will be coming to the floor of the Senate. This Senator asked: How will that happen? He said: By magic.

By magic? I am a conferee. If there is a conference report on the Agriculture appropriations bill being brought to the floor of the Senate, it is not coming from a conference I was ever invited to attend.

These are very important issues.

I haven't mentioned the issue of crop loss and quality loss on crops in North Dakota and across the country where farmers have been devastated by disease and quality loss in their crops. We want to focus on that in this bill as well.

I will not give a speech. But I want to ask the majority leader: Can he tell me anything about this conference or anything about this ''magic'' that one Member of the Senate suggested was going to happen? Do we expect to have a conference with the House on Agriculture appropriations? And will those of us who are conferees and who come from farm States and have an abiding interest in doing the right thing have the opportunity to pursue these policies and get votes on them?

Mr. LOTT. Mr. President, I would be glad to try to respond to some of the questions and comments.

First of all, I certainly understand the Senator's interest in this very important funding bill for agriculture in America. There is a lot of funding here. I don't know the total amount of this bill, but it is multibillion dollars, and it is important for our farm economy, for food for our people in this country, and also for exports in many ways.

My State also is heavily involved in agriculture and has to deal with a number of problems, all the way from droughts to floods—everything but locusts.

Then, of course, we have the timber industry, which is an important part of our agricultural economy. Now that is in very difficult straits, caused to a large degree because of subsidized timber products and lumber from other countries—Canada, Russia, and every place else. It is just killing our domestic timber industry. When you add to that the administration's very bad national forest policy and timber policies, they are having a hard time. So I agree, it is important, and I share the Senator's interest in it.

Maybe he is asking the wrong Mississippian about this bill. I certainly have an interest, and as majority leader I continue to try to urge the various Senate committees of appropriations and conferees to get together and complete their work. But the Senator from Mississippi, Mr. COCHRAN, is the chairman of the Senate agriculture appropriations subcommittee. He is directly and intimately involved.

I think there are two or three reasons that conference has not yet met. First of all, the main reason is the House hasn't appointed conferees. They have to appoint conferees. One of the reasons they haven't done that, as the Senator from North Dakota knows, as a former House Member knows, and I do, after they do that, they are then subject to motions in the House that could be a further complicating factor in getting the work done. I think they are waiting to appoint conferees when they are ready to complete action in conference. That is one thing.

The second thing is there still has been, up until yesterday, I think, some question about exactly how much money was going to be needed in the disaster area because, as the Senator knows, there continue to be problems that are related to the fires, and they are still trying to get an estimate of exactly what that amount of money would be.

Then there are some issues that are not going to be easy to resolve, but they are going to have to be resolved—reimportation of drugs, as the Senator mentioned. The Senate acted on that. We had the Jeffords-Dorgan amendment as amended by Senator COCHRAN, then the House language by Congressman COBURN, I believe.

You have to find some way to get a result. I am satisfied that there is

going to be some language in that bill in this area. I don't know what it is going to be. There are a lot of people with a lot more expertise in how that will work, and the safety aspects of it, and what individuals will be able to do. All of that is going to have to be resolved.

You have the sanctions question. There is no easy solution there. You have kind of the Senate position, the House position, a third position, and other options. I wish the Senator the very best in working all of that out. I am not a member of the agriculture appropriations subcommittee, and I hope not to be there when the final decision is made.

Last but not least, I assume within the next week or so the conferees will meet.

There are areas sometimes when communication between the bodies of the Congress or between the parties is not as good as it could be, I guess. But usually in agriculture you have pretty good input all around because it is so important to individual Senators.

But I am assuming conferees will be appointed at some point before too long and that there will be a vote and action taken. I quite often wish for magic, but I rarely see it in dealing with these appropriations issues.

Mr. DORGAN. Mr. President, if the Senator will yield for one further point, I have consulted with the senior Senator from Mississippi, Mr. COCHRAN, someone for whom I have great regard. He has done a wonderful job as chairman of that subcommittee. He indicated, pretty much as the majority leader did, that the House didn't appoint conferees. The House passed the agriculture appropriations bill on July 11.

It may be a stretch, but I think sometimes there are teams around here, and the team kind of gets together to talk about how they are going to do something. When teams huddle up, they do not call both a pass play and run play; they normally call one play. It may be a stretch on my part, but I figured there is a team that has huddled up and said: You know the play. We are not going to call on agriculture because we have a couple of things we don't want to have people vote on, and we are not going to have a conference.

That is the only explanation I can have for being a conferee and never having a conference. I guess the easiest choice is the obvious choice. Let the House and the Senate vote on these controversial issues. Both of them that I mentioned would have passed by 75 percent of the House and the Senate easily.

The reason the Senator from Mississippi, the majority leader, knows I have a little bit of tension about this is, last year we had the same issue on sanctions and food shipments. The same issue went through the Senate with 70 votes and went into conference. I was a conferee. The first order of business in the conference was to say: We insist on the Senate's position. Let's stop using food as a weapon. Let's stop having embargoes on food shipments.

The Senate voted. The Senate conferees insisted on their position, and the conference was disbanded and never met again, because the House conferees were prepared to support us and the House leadership said: No. We are going to disband the conference and bring the conference report to the floor that we haven't had a chance to work on.

My great concern is, that might happen again this year and maybe there has been no play called yet. But I hope that, really soon the majority leader will tell them that the easiest play for these controversial issues is to bring them back, and let's have votes in the House and Senate. I am willing to lose the votes if, after we count them, I am on the wrong end. But we won't lose on either of these issues.

I finally say to the majority leader, it is true that we have suffered, and his State has suffered droughts and floods. We have had fires in my State and devastating quality losses on top of floods. We need to put a piece in this agriculture appropriations bill in response to those disasters as well. That is another significant part of it.

I want to work with the majority leader. But my great concern is that there won't be a conference. If the majority leader is telling me he thinks there will be, I hope he will consult with the Speaker of the House. We both served in the House. I think it is unusual to have a bill passed on July 11, and now on September 22 they haven't appointed conferees.

Mr. LOTT. Has the Senator ever tried giving Senate or House appropriations members orders or directions? What I am saying to the Senator is, it won't do any good; they are going to do what they are going to do in due time.

All I ask from the appropriators on Agriculture, Energy and Water, and Interior is to give me a bill. Whatever you agree on is fine with me. All I want is to be able to schedule the conference report. I have tried saying, Do this; do that. How about that? What about this time? What about another time? They will act when they get ready, I guess. They will have a conference meeting and do their work or they won't. It beats the heck out of me. It is mystifying.

They have a job to do. All I am saying is I have confidence in THAD COCHRAN. I will support whatever he wants to do. I believe the farmers of North Dakota and Mississippi are going to be better for whatever he does. That is all I can do.

I am ready to go the minute they get a conference report. We will bring it to the floor like white lightning. Hopefully, that is next week. I would love to do it next week. The last time I checked, that is the end of the fiscal year. If they have it ready Tuesday, Wednesday, Thursday, the happier I will be.

Mr. DORGAN. If they get it ready, I hope it goes through a conference at some point. If I am a conferee, I hope I am invited.

There is the television commercial where the cowboys are trying to herd cats.

Mr. LOTT. I was one of the cowboys trying to keep the cats; they won't herd up, though.

Mr. DORGAN. I know that.

It is one thing for me to be mystified; that is probably acceptable, but I am worried when the leader is mystified.

Mr. LOTT. You are a cat, and you will want to get grouped up for a conclusion.

Mr. DORGAN. Things will slow down a lot if we have a process that tries to partition people off from this. These are important issues, and they are not done at the end of the session; they probably should have been done long ago. As we get to the end of the session, I am asking we have conferences.

To the extent you are talking to the Speaker, I hope you will encourage them: Appoint conferees, get to conference, and get the business done. That is all I am asking today. I expect to be at a conference next week.

Somebody in this Senate said yesterday to a member of the press—I assume it is probably printed today—that the conference report was going to come to the Senate floor by ''magic.'' Well, that is a magic carpet that will surprise a lot of Members, I suppose, and will cause a lot of problems. If the Senator will support us in regular order in having a conference in which we can all participate, that is what we expect to be the case in the Senate.

TRIBUTE TO PAT WADE

Mr. LOTT. Mr. President, I rise in support today and bid farewell to a dear colleague and a member of our Senate family. That person is Patricia ''Pat'' Wade, who has worked on Capitol Hill with distinction and loyalty for over 28 years.

Pat came to Washington from Memphis, TN. I have known her throughout these 28 years. I have been in Congress all those years and remember when she first came. She came in 1970 and actually began working for Congressman Dan Kuykendall from Tennessee—the Tennessee talking horse, we affectionately called him, a great guy and a good friend.

During her tenure on the House side, she also worked for then-Congressman THAD COCHRAN and his successor in the House, Jon Henson, both from the great State of Mississippi.

After a stint in the House, she moved over to the Senate side to work for Vice President George Bush in his Capitol office. Senate Majority Leader Bob Dole's office was her next stop. Then I brought her on board when I took the position in the Senate majority leader's office.

She now works with Elizabeth Letchworth, and she is administrative

assistant to the secretary for the majority's office. She is invariably friendly and effective. When I call looking for this very important floor staff director, Pat can find her no matter where she is. She always has a smile on her face. She has a fun-loving attitude and is just a very nice person. I will miss her dearly. Pat will certainly do well as she goes back to her home State and spends more time with her beloved mother. We will miss her, but we wish her luck in all future endeavors and thank her for her contributions to this body over these many years.

ORDER OF PROCEDURE

Mr. President, I noticed that Senator BYRD from West Virginia was seeking to ask me to yield. I am happy to yield for any kind of question or comment the Senator desires.

Mr. BYRD. The majority leader is very, very gracious. I appreciate that. I have a speech I want to make today. Could the majority leader enter an order that I be recognized for 25 or 30 minutes at the close of day.

Mr. LOTT. Mr. President, certainly. We will modify our closing script to make that possible for Senator BYRD. I know it will be informative, interesting, and entertaining, as his speeches always are, and it will recognize some great moment, some great individual, or some important point about the Senate itself.

We will certainly accommodate that request.

Mr. BYRD. I have my tie on today. This is Constitution Week and this is the last working day for us in the Constitution Week. I do have a speech about the Constitution.

Mr. LOTT. I will be interested in hearing that speech.

ADDITIONAL STATEMENTS

WELCOME TO TAIWAN REPRESENTATIVE C.J. CHEN

• Mr. CRAIG. Mr. President, today I rise to welcome Mr. C.J. Chen as the new Representative at the Taiwan Economic and Cultural Representative Office (TECRO). Mr. C.J. Chen, former foreign minister of Taiwan, has recently replaced Mr. Stephen Chen as Taiwan's top diplomat in the United States. Mr. C.J. Chen is certainly qualified to speak for his government and to brief us on all the issues affecting the good relations between the United States and Taiwan.

Representative Chen was born in China and educated in Taiwan and Great Britain. He received a law degree at the University of Cambridge and was a resident fellow at the University of Madrid. Following his training in Europe, he returned to Taipei and served in many key positions. Most notably he was senior deputy in Taiwan's Washington office in the 1980's; later he was a vice foreign minister, a senator in the Parliament, and a government spokesman. Prior to June of this year, he was the Foreign Minister for the Republic of China.

Representative Chen's appointment as Taiwan's chief diplomat in the United States is a strong indication of the importance his government attaches to Taiwan-United States relations. He will have a unique opportunity to keep us abreast of the new administration's peace initiatives for the region.

Representative Chen has already made a great start on Capitol Hill. I trust that he will have a very successful stay in Washington and on Capitol Hill. He is a very talented and respected representative for TECRO.•

BABY SAFETY MONTH

• Mr. GRAMS. Mr. President, I rise today to recognize the month of September as Baby Safety Month. This year's theme, ''Good Night, Sleep Tight,'' stresses crib safety. As a grandparent, I experienced the tragic loss of my grandson Blake on March 30, 1995, when he passed away from Sudden Infant Death Syndrome, or SIDS. My experience, and the experiences of the many others I have met since then who faced similar losses, have helped heighten for me the importance of doing everything we can to ensure the safety of an infant.

A baby brings so much joy and excitement into a family, along with a new perspective on life. Of course, a birth also means a host of baby products coming into the home—everything from a car seat and safety locks on cabinet doors, to a crib. Experts recommend parents do not use second-hand products because of the safety standards new baby products have to meet. However, if older products are used, parents should make certain they do not have loose or missing parts.

The most important thing parents can do for the safety of their baby is to supervise them carefully, especially when they are using juvenile products. Baby products are designed for safe use, but not as a substitute for parental supervision. For more than 20 years, the Juvenile Products Manufacturers Association has been helping parents keep their babies safe from harm by certifying juvenile products and working with the American Society for Testing and Materials (ASTM), a nonprofit organization, to inform and educate the American public on safe products.

Research has told us that normal, healthy infants should ALWAYS sleep on their backs unless otherwise advised by a pediatrician. Consulting their pediatrician and using a safe crib that meets current federal and ASTM standards will help parents feel comfortable placing their babies to sleep. Despite all the precautions, however, nearly 50 babies suffocate or strangle themselves each year in cribs with unsafe designs. During Baby Safety Month, JPMA provides promotional materials at retail outlets to help promote crib and baby safety to every new parent.

Since the death of my grandson, I have been privileged to get to know the men and women of the Minnesota SIDS Center, which serves Minnesotans by working to prevent SIDS and helping families who have suffered a loss due to SIDS. They are doing important work, and their efforts are very much appreciated. The Minnesota SIDS Center and other organizations have helped reduce SIDS rates by 43 percent by spreading the word to parents that putting infants to sleep on their backs has been proven to reduce SIDS deaths in some cases. The lives of more than 1,500 infants are being spared each year. That is exciting news. Even with the recent progress, though, SIDS claims nearly 3,000 lives every year and remains the leading cause of death for infants between one month and one year of age. Clearly, there is still much more we need to learn.

Mr. President, I hope every parent, new and expecting, takes the necessary precautions to prevent all potential risks to the safety of their baby. I would also like to thank those at the Minnesota SIDS Center and similar organizations across America who are working hard to improve the safety of every baby, thereby ensuring that ''Good Night, Sleep Tight'' is more than just another catchy slogan.•

AMERICAN BUSINESS WOMEN'S DAY

• Mr. GRAMS. Mr. President, today I rise to recognize September 22 as American Business Women's Day. On this day in 1949, the American Business Women's Association (ABWA) was founded as a support organization for women either entering or already in the workforce. The ABWA was founded by Mr. Hilary A. Bufton, Jr., a Missouri business owner who realized the positive economic impact women can have in the workplace.

American Business Women's Day won national attention after passage of a congressional resolution in 1983 and 1986, and President Ronald Reagan issued a proclamation granting it official recognition. Today, American Business Women's Day gives every American an opportunity to recognize the vital contributions women are making to this nation.

Women have long played a vital role in America's workforce. As scientists, elected officials, presidents of companies, and small business owners, in every job category in every profession upon which this nation depends, women take key roles in all facets of business. Some 27.5 million women work in the 9.1 million women-owned businesses in the United States, representing 38 percent of all businesses and generating over $3.6 trillion in annual sales. Consisting of nearly 48 percent of the overall workforce in the United States, more than 61 million

working women continue to prove their excellence with the positive influence they have on America's growing economy.

These women are rightly concerned about the critical issues in Congress that affect their ability to work and provide for their families, at the same time they are often trying to balance the competing demands of business and family. The tax burden, for example, imposes a marriage penalty on women who choose to get married, which in turn often forces both spouses to take jobs just to meet their annual tax obligations. And that, of course, ultimately forces families to spend less time together. The estate tax, or ''death tax,'' severely limits the ability of a business owner to pass along her business to her children, and often results in that business having to be sold upon her death. Social Security discriminates against women, especially those who are forced to return to the workforce after the death of a spouse, or who choose to work part time while raising a family. Obsolete federal laws restrict the ability of employers to offer flexible working arrangements. For example, a week in which a working mother must stay home with a sick child cannot legally be ''balanced'' with the hours of the following week, when a lighter home schedule means a worker could spend extra hours on the job.

At the urging of thousands of Minnesota's working women, these are concerns I have worked hard to address. We have made progress—the $500 per-child tax credit I authored is helping ease the family tax burden—but much work remains.

The American Business Women's Association has recognized 10 influential women each year since 1953 for their stellar achievements and contributions to the American work force. I am proud to mention that Ms. Leslie Hall from Rochester, MN, is one of the 10 finalists for the year 2001. Ms. Hall is an associate of clinical microbiology at the Mayo Clinic, who was recognized in 1998, for her scientific work in mycology as the recipient of the Billy H. Cooper Memorial Award. I congratulate her for her many achievements.

Mr. President, I am honored to be able to stand here today and pay tribute to every woman in my home state of Minnesota and across America who has contributed to our nation's economic prosperity and innovation. They have my sincere thanks.●

MESSAGE FROM THE PRESIDENT

A message from the President of the United States was communicated to the Senate by Mr. Williams, one of his secretaries.

EXECUTIVE MESSAGE REFERRED

As in executive session, the Presiding Officer laid before the Senate the following message from the President of the United States, transmitting a nomination, which was referred to the appropriate committee.

(The nomination received today is printed at the end of the Senate proceedings.)

REPORT ON THE EMERGENCY DECLARED WITH RESPECT TO THE NATIONAL UNION FOR THE TOTAL INDEPENDENCE OF ANGOLA (UNITA)—MESSAGE FROM THE PRESIDENT—PM 129

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States, together with an accompanying report; which was referred to the Committee on Banking, Housing, and Urban Affairs.

To the Congress of the United States:

Section 202(d) of the National Emergencies Act, 50 U.S.C. 1622(d) provides for the automatic termination of a national emergency unless, prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent the enclosed notice, stating that the emergency declared with respect to the National Union for the Total Independence of Angola (UNITA) is to continue in effect beyond September 26, 2000, to the *Federal Register* for publication.

The circumstances that led to the declaration on September 26, 1993, of a national emergency have not been resolved. The actions and policies of UNITA pose a continuing unusual and extraordinary threat to the foreign policy of the United States. United Nations Security Council Resolutions 864 (1993), 1127 (1997), 1173 (1998), and 1176 (1998) continue to oblige all member states to maintain sanctions. Discontinuation of the sanctions would have a prejudicial effect on the prospects for peace in Angola. For these reasons, I have determined that it is necessary to maintain in force the broad authorities necessary to apply economic pressure on UNITA to reduce its ability to pursue its military operations.

WILLIAM J. CLINTON.
THE WHITE HOUSE, *September 22, 2000.*

NOTICE—CONTINUATION OF EMERGENCY WITH RESPECT TO UNITA

On September 26, 1993, by Executive Order 12865, I declared a national emergency to deal with the unusual and extraordinary threat to the foreign policy of the United States constituted by the actions and policies of the National Union for the Total Independence of Angola (UNITA), prohibiting the sale or supply by United States persons or from the United States, or using U.S. registered vessels or aircraft, of arms, related materiel of all types, petroleum, and petroleum products to the territory of Angola, other than through designated points of entry. The order also prohibits the sale or supply of such commodities to UNITA. On December 12, 1997, in order to take additional steps with respect to the national emergency declared in Executive Order 12865, I issued Executive Order 13069, closing all UNITA offices in the United States and imposing additional sanctions with regard to the sale or supply of aircraft or aircraft parts, the granting of take-off, landing and overflight permission, and the provision of certain aircraft-related services. On August 18, 1998, in order to take further steps with respect to the national emergency declared in Executive Order 12865, I issued Executive Order 13098, blocking all property and interests in property of UNITA and designated UNITA officials and adult members of their immediate families, prohibiting the importation of certain diamonds exported from Angola, and imposing additional sanctions with regard to the sale or supply of equipment used in mining, motorized vehicles, watercraft, spare parts for motorized vehicles or watercraft, mining services, and ground or waterborne transportation services.

Because of our continuing international obligations and because of the prejudicial effect that discontinuation of the sanctions would have on prospects for peace in Angola, the national emergency declared on September 26, 1993, and the measures adopted pursuant thereto to deal with that emergency, must continue in effect beyond September 26, 2000. Therefore, in accordance with section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)), I am continuing the national emergency with respect to UNITA.

This notice shall be published in the *Federal Register* and transmitted to the Congress.

WILLIAM J. CLINTON.
THE WHITE HOUSE, *September 22, 2000.*

MESSAGE FROM THE HOUSE

At 11:36 a.m., a message from the House of Representatives, delivered by Ms. Niland, one of its reading clerks, announced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 5109. An Act to amend title 38, United States Code, to improve the personnel system of the Veterans Health Administration, and for other purposes.

MEASURE REFERRED

The following bill was read the first and second time by unanimous consent, and referred as indicated:

H.R. 5109. An Act to amend title 38, United States Code, to improve the personnel system of the Veterans Health Administration, and for other purposes; to the Committee on Veterans' Affairs.

MEASURES PLACED ON THE CALENDAR

The following bill was read the second time, and placed on the calendar:

S 3095. A bill to amend the Immigration and Nationality Act to remove certain limitations on the eligibility of aliens residing in

the United States to obtain lawful permanent resident status.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, which were referred as indicated:

EC–10886. A communication from the Special Assistant to the Bureau Chief, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments, FM Broadcast Stations (Blackduck and Kelliher , MN)'' (MM Docket No. 99–78, RM–9487, RM–9646) received on September 18, 2000; to the Committee on Commerce, Science, and Transportation.

EC–10887. A communication from the Special Assistant to the Bureau Chief, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments, FM Broadcast Stations (Johannesburg, Edwards, California)'' (MM Docket No. 99–239, RM–9658) received on September 18, 2000; to the Committee on Commerce, Science, and Transportation.

EC–10888. A communication from the Special Assistant to the Bureau Chief, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments, DTV Broadcast Stations, Monroe, LA'' (MM Docket No. 99–265, RM–9660) received on September 18, 2000; to the Committee on Commerce, Science, and Transportation.

EC–10889. A communication from the Special Assistant to the Bureau Chief, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments, DTV Broadcast Stations, Klamath Falls, Oregon'' (MM Docket No. 99–296, RM–9661) received on September 18, 2000; to the Committee on Commerce, Science, and Transportation.

EC–10890. A communication from the Special Assistant to the Bureau Chief, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments, FM Broadcast Stations, Osceola, Sedalia and Wheatland, Missouri'' (MM Docket No. 99–299) received on September 18, 2000; to the Committee on Commerce, Science, and Transportation.

EC–10891. A communication from the Special Assistant to the Bureau Chief, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments, DTV Broadcast Stations, Baton Rouge, LA'' (MM Docket No. 99–317, RM–9743) received on September 18, 2000; to the Committee on Commerce, Science, and Transportation.

EC–10892. A communication from the Special Assistant to the Bureau Chief, Mass Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), Table of Allotments, FM Broadcast Stations Mertzon, Texas and Big Pine Key, Florida'' (MM Docket No. 99–356 and 00–29) received on September 18, 2000; to the Committee on Commerce, Science, and Transportation.

EC–10893. A communication from the Associate Bureau Chief, wireless Telecommunications Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''1998 Biennial Regulatory Review—Private Land Mobile Radio Services'' (WT Docket No. 98–182, FCC 00–235, PR Doc. 92–235) received on September 18, 2000; to the Committee on Commerce, Science, and Transportation.

EC–10894. A communication from the Associate Bureau Chief, wireless Telecommunications Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Implementation of the 911 Act; The Use of N11 Codes and other abbreviated Dialing Arrangements'' (FCC 00–327, WT Doc. 00–110, CC Doc. 92–105) received on September 18, 2000; to the Committee on Commerce, Science, and Transportation.

EC–10895. A communication from the Assistant Administrator For Fisheries, National Marine Fisheries Service, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled ''Final Rule to Implement a Previously Disapproved Measure Originally Contained in Amendment 9 to the Fishery Management Plan for the Snapper-Grouper Fishery of the South Atlantic Region'' (RIN0648–AM93) received on September 19, 2000; to the Committee on Commerce, Science, and Transportation.

EC–10896. A communication from the Associate Bureau Chief, Wireless Telecommunications Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Parts 2 and 95 of the Commissions's Rules to Establish a Medical Implant communications Service in the 402-405 MHz Band'' (WT Docket No. 99–66, FCC 99–363) received on September 20, 2000; to the Committee on Commerce, Science, and Transportation.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Ms. COLLINS (for herself, Mr. CLELAND, and Mr. ROTH):

S. 3096. A bill to amend the Internal Revenue Code of 1986 to increase and modify the exclusion relating to qualified small business; to the Committee on Finance.

By Mr. ENZI (for himself and Mr. THOMAS):

S. 3097. A bill to suspend temporarily the duty on acrylic fiber tow; to the Committee on Finance.

By Mr. DORGAN:

S. 3098. A bill to amend the Internal Revenue Code of 1986 to phase in a full estate tax deduction for family-owned business interests; to the Committee on Finance.

By Mr. GRAMS:

S. 3099. A bill to amend the Internal Revenue Code of 1986 to clarify the exemption from tax for small property and casualty insurance companies, and for other purposes; to the Committee on Finance.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Ms. COLLINS (for herself, Mr. CLELAND, and Mr. ROTH):

S. 3096. A bill to amend the Internal Revenue Code of 1986 to increase and modify the exclusion relating to qualified small business; to the Committee on Finance.

ENCOURAGING INVESTMENT IN SMALL BUSINESS ACT

Ms. COLLINS. Mr. President, I rise today to introduce the Encouraging Investment in Small Business Act, legislation intended to stimulate private investment in the entrepreneurs who drive our economy. I am very pleased to be joined today by my good friend, the Senator from Georgia, Mr. CLELAND, and by the distinguished chairman of the Finance Committee, Senator ROTH, in introducing this important legislation. Senators CLELAND and ROTH both understand the importance of small businesses to our economy and have been tireless advocates on their behalf.

The bill we are introducing today will encourage long-term investment in small and emerging businesses by rewarding individuals who risk investment in such firms. According to the U.S. Small Business Administration, small firms account for three-quarters of the Nation's employment growth and almost all of our net new jobs.

Small businesses employ more than 50 percent of all private workers, provide 51 percent of our private sector output, and are responsible for a disproportionate share of innovations. Moreover, small businesses are avenues of opportunity for women and minorities, younger and older workers, and those making the transition from welfare to work.

At the same time, small businesses face unique financing challenges. I know this from my experience serving as the New England Administrator for the Small Business Administration. There are so many small entrepreneurs who have a wonderful idea for an innovative product but simply have great difficulty in getting the financing they need to get that idea off the ground.

Simply put, entrepreneurs need access to more capital to start and expand their businesses. Small businesses that cannot deliver ''dot-com'' rates of return are particularly having trouble raising needed funds. As the Small Business Administration noted earlier this year, ''Adequate financing for rapidly growing firms will be America's greatest economic policy challenge of the new century.''

A recent report by the National Commission on Entrepreneurship presented findings of 18 focus groups with more than 250 entrepreneurs from across the country. According to the report, these entrepreneurs were ''nearly unanimous in identifying difficulties in obtaining seed capital investments.'' That is the early stage financing that helps get a business off the ground.

Moreover, minority-owned small businesses and research-intensive businesses that may take many years to develop a product find raising sufficient capital to be particularly difficult. Consider that it takes, on average, 14 years for a biotechnology company to develop a new pharmaceutical. This promising and growing sector of our economy requires patient capital—and lots of it.

Cheryl Timberlake, the executive director of the Biotechnology Association in my State, recently wrote to endorse the legislation I am introducing today and to reinforce the need to stimulate more investment in biotech firms. Cheryl wrote that:

Many of the Maine biotech companies are still in the research stage and rely on venture capital to fund their innovative drug development. Most research-stage biotech companies do not yet have products on the market. Without a source of revenue, there are no profits to fund their business. These companies are dependent on private investors for most or all of their financial support. [Therefore, the Biotechnology Association of Maine] believes that the changes in . . . the Internal Revenue Code [such as you propose] will enable more small business investment in our member companies.

I think Cheryl summed up the problem well in Maine. We have a growing and diverse biotechnology sector, but they are having difficulty in finding the kind of financial support that they need to grow.

I also received recently a letter of support from the executive director of the National Commission on Entrepreneurship. He noted that startup companies are ''struggling to find access to equity investments [particularly in the range] between $100,000 and $3 million.''

His letter continues:

So the question becomes: how can we motivate more individuals with investment capital, who may not have previous experience with entrepreneurial companies, to invest in such companies at the ''seed'' or ''early-stage'' level? The Encouraging investment in Small Business Act, by increasing the incentives provided by Section 1202 of the Internal Revenue Code, may well provide one important part of the answer to this question.

Similarly, the National Federation of Independent Business, our Nation's largest small business group, has also written in support of the legislation that the Senator from Georgia and I are introducing today.

Dan Danner wrote:

Unfortunately, while our nation's current prosperity has brought unprecedented funds to certain sectors of our economy, small business entrepreneurs still lack access to valuable capital needed to start and expand their businesses.

Mr. President, I ask unanimous consent that the three letters from which I quoted this morning be printed in the RECORD, in their entirety.

There being no objection, the letter were ordered to be printed in the RECORD, as follows:

BIOTECHNOLOGY ASSOCIATION OF MAINE,
Augusta, ME, August 28, 2000.

Hon. SUSAN M. COLLINS,
U.S. Senate, Russell Building,
Washington, DC.

DEAR SENATOR COLLINS: On behalf of the Biotechnology Association of Maine (BAM), a trade organization representing Maine's biotechnology companies, our affiliated educational institutions, and the not for profit research organizations. I am writing to endorse the Encouraging Small Business Act.

In an industry survey conducted by our sister organization the Center for Innovation in Biotechnology (CIB), the first most critical challenge to the success of biotechnology firms in Maine is financing. The incredible pace of new technological developments create unceasing demands for new and established companies to remain competitive and grow. All efforts to stay competitive require investment. Businesses in Maine involved in biotechnology and life sciences look for any opportunity to increase their financial footing.

Many of the Maine biotech companies are still in the research stage and rely on venture capital to fund their innovative drug development. Most research-stage biotech companies do not yet have products in the market. Without a source of revenue, there are no profits to fund their business. These companies are dependent on private investors for most or all of their financial support.

BAM believes the changes in Section 1202 of the Internal Revenue Code, as proposed will enable more small business investment in our member companies. The changes will enable private investors to use the Code, as it was intended and eliminate the duplication and unnecessary provisions that complicate the process. The key is to encourage investment, in whatever means possible. It should be recognized that the Section 1202 has proven useful to small and large companies, but it frequently burdensome, with difficult accounting procedures and other unrelated hurdles.

On behalf of the Biotechnology Association of Maine, I appreciate your continued leadership and thank you for proposing the Encouraging Investment in Small Business Act. We look forward to working with you on passage of this important piece bill. Thank you.

Sincerely yours,

CHERYL C. TIMBERLAKE,
Executive Director.

NATIONAL COMMISSION ON ENTREPRENEURSHIP,
Washington, DC, September 15, 2000.

Hon. SUSAN M. COLLINS,
Russell Senate Office Building, U.S. Senate,
Washington, DC.

DEAR SENATOR COLLINS: I congratulate you on your introduction of The Encouraging Investment in Small Business Act of 2000. The bill represents one way that tax policy can help address the current ''capital gap'' facing emerging high-growth companies throughout the country, especially in regions just beginning to build entrepreneurial economies.

The National Commission on Entrepreneurship has just completed 18 focus groups with 250 entrepreneurs around the country. We asked these entrepreneurs to tell us what key external constraints face the start-up and growth of their companies. Finding qualified people—from entry level to technical to management employees—was their number one concern. But also very high on their lists was a growing ''seed capital'' or ''early-stage capital'' gap. Entrepreneurial companies are struggling to find access to equity investments roughly between $100,000 and $3,000,000.

In brief, the ''early stage capital'' problem is this. Entrepreneurs can cobble together the equity they need up to about $100,000 through the use of credit cards, second mortgages, and cash investments from friends and family. And if they are building a company, say in ''hot'' sectors like the Internet or biotech, where the dynamics of the industry require extraordinary amounts of cash early in a firm's life, they can find venture capital firms to invest a minimum of three to five million dollars. But if they need less than $3,000,000 for the near future, investors at that funding level are very hard to find.

Highly developed entrepreneurial regions provide this ''early-stage capital'' typically in the form of organized ''angel'' investor networks. ''Angels'' are usually previously successful entrepreneurs and other wealthy investors connected with the entrepreneurial economy in their regions who regularly and systematically review potential investments. They then serve either as board members or mentors to their new investee companies, and prepare them for a round of venture capital investment or acquisition by another company or an initial public offering.

Unfortunately, regions just beginning to build entrepreneurial economies do not yet have these ''angel networks'' in place. So the question becomes: how can we motivate more individuals with investment capital, who may not have previous experience with entrepreneurial companies, to invest in such companies at the ''seed'' or ''early-stage'' level?

The Encouraging Investment in Small Business Act, by increasing the incentives provided by Section 1202 of the Internal Revenue Code, may well provide one important part of the answer to this question. While we have not reviewed in detail all the provisions of your legislation, your bill takes two important steps in this direction.

First, the bill accounts for post-1993 changes in tax rates for capital gains of all kinds, by increasing the capital gains exclusion for investments in small businesses from 50% to 75%. And second, the bill excludes the gains from these investments from calculations under the Alternative Minimum Tax (AMT) provisions of the Code. Combined with the other provisions of your bill that simplify the use of Section 1202, the tax incentives could well motivate many more investors to allocate more of their investment dollars to high-growth entrepreneurial companies. Typically, the combined investments of several individuals in one such company would amount to meeting the critical ''seed'' or ''early stage'' capital needs of that company.

We look forward to working with you as your legislation moves forward and would be delighted to provide any additional information about ''angel'' investing and the growing ''early-stage'' capital gap. To that end, I have taken the liberty of attaching a copy of one of our bi-weekly columns that addresses the topic.

Sincerely,

PATRICK VON BARGEN,
Executive Director.

NFIB, THE VOICE OF SMALL BUSINESS
Washington, DC.

Hon. SUSAN COLLINS,
U.S. Senate,
Washington, DC.

DEAR SENATOR COLLINS: On behalf of the 600,000 members of the National Federation of Independent Business (NFIB), I want to express our support for the Encouraging Investment in Small Business Act, which you will be introducing in September.

As you are aware, small businesses are the engines driving our economy. They constitute 98 percent of all businesses in America, and they employ almost 60 percent of the workforce. Additionally, small businesses have created roughly two-thirds of the net new jobs in the American economy since the early 1970's.

Unfortunately, while our nation's current prosperity has brought unprecedented funds to certain sectors of our economy, small business entrepreneurs still lack the access to valuable capital needed to start and expand their businesses.

Your legislation goes along way towards addressing this problem. By reforming and improving Section 1202 of the Internal Revenue Code, investors will now have a true incentive to invest in small businesses. Under current law, Section 1202 is no longer a viable option in many of the circumstances it

was originally intended to address. Moreover, Section 1202's impact will continue to be diluted by a scheduled decrease in long-term capital gains rates applicable to most stock purchased after 2000 and the probability that still more taxpayers will be subject to the extremely complicated and cumbersome Alternative Minimum Tax. The Encouraging Investment in Small Business Act would eliminate unnecessary complexity in Section 1202 and make it a more robust engine of capital formation for small businesses.

Senator Collins, thank you for your continued support of small businesses. We look forward to working with you to get the Encouraging Investment in Small Business Act enacted into law.

Sincerely,

DAN DANNER,
Senior Vice President,
Federal Public Policy.

Ms. COLLINS. Mr. President, if we want to remain the world's most entrepreneurial country, which is certainly the strength of this Nation, where small businesses generate the ideas and create the jobs that fuel our economy, we must continue to create an environment that nurtures and supports entrepreneurs. Our bill would help to create such an environment, not by establishing a new Federal program or adding a complicated new section to our Tax Code but, rather, by simplifying and improving a provision that is already there.

By way of background, section 1202 was added to the Internal Revenue Code in 1993 in order to encourage investment in small business. The bill that created this section was introduced by senator Dale Bumpers and enjoyed widespread bipartisan support. Similarly, the legislation we introduce today will improve upon the 1993 legislation.

In brief, section 1202 of the Internal Revenue Code permits noncorporate taxpayers to exclude from gross income 50 percent of the gain from the sale or exchange of qualified small business stock, known as QSB stock, held for more than 5 years. The concept is a sound one. In practice, however, this section has proven to be cumbersome to use and less advantageous than originally intended.

As an article in the December 1998 edition of the Tax Adviser noted:

Section 1202 places numerous and complex requirements on both the qualified small business and the shareholder.

The article went on to note that the provision ''is no longer the deal it seemed to be.''

The Encouraging investment in Small Business Act would amend section 1202 to eliminate unnecessary complexity and to make it a more robust engine of capital formation for small business. As it stands now, that engine needs some fine-tuning. Given the reductions in capital gains rates subsequent to section 1202's enactment and the fact that more and more taxpayers are now subject to the alternative minimum tax, section 1202 is no longer a viable option in many circumstances. Moreover, its impact will continue to be diluted by a scheduled decrease in long-term capital gains rates applicable to most stock purchased after the year 2000, as well as the probability that still more taxpayers will be subject to the AMT.

The Encouraging Investment in Small Business Act makes a number of improvements to this section of the code. First, the bill increases the amount of qualified small business stock gain that an individual can exclude from gross income from 50 percent to 75 percent. Second, the legislation strikes the section of the Tax Code that makes a portion of the section 1202 exclusion a preference item under the alternative minimum tax. These two changes rejuvenate the section and make it the potent generator of small business capital that it was intended to be.

Currently, an individual who invested in QSB stock, sold it, and found her or himself subject to the AMT, would face an effective capital gains rate of 19.9 percent or just .1 percent less than the existing rate on long-term capital gains. When we consider that the number of taxpayers subject to the AMT is predicted to triple over the next 5 years, it becomes crystal clear that a fix is needed now. The legislation would take additional steps to make section 1202 more attractive to small businesses and investors.

The legislation may sound complicated and, indeed, revising tax law is always a challenge, but the bottom line is that our legislation makes a number of common sense changes that are all designed to encourage more investment in small businesses, the engine of our economy.

These changes have been endorsed by the leading small business organizations. They are changes recommended by a recent Securities and Exchange Commission forum on small business capital formation, and they are the changes needed to accommodate and, indeed, to foster the capital-raising needs of small business, the foundation of our national economy.

I thank the Chair and yield the floor.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. CLELAND. Mr. President, I applaud the distinguished Senator from Maine, Ms. COLLINS, for her gargantuan effort to tackle the Byzantine aspects of the U.S. Tax Code to see if there is some way we can assist our venture capitalists to help our small businesses, particularly our high-tech small business more.

It is a pleasure to work with Senator COLLINS, not only in this endeavor but in other endeavors. We serve together on the Government Affairs Committee. One of our responsibilities is oversight of the Securities and Exchange Commission which looks at the world of investments in businesses in this country. I applaud her for her insight, for her innovation in this area, she is right on target. I am pleased to associate myself with her remarks today and pleased to cosponsor the legislation of which she speaks.

On that point, in terms of being relevant to what is driving the American economy, not only in my home State of Georgia, particularly in Atlanta, where more and more high-tech businesses are located, but in Silicon Valley, where I just got back from a tour in early August, it is obvious that we are generating a lot of talented young minds in America with great ideas and that those young minds can form together, and with the right capital at the right time can generate businesses that literally were unknown or unheard of just months ago. We see those kind of successes now driving the American economy. Information technology economies now provide the leading edge for American economic growth and our prosperity. I couldn't agree more with the Senator from Maine. We will do everything in our power to assist this legislation and move it forward.

By Mr. DORGAN:

S. 3098. A bill to amend the Internal Revenue Code of 1986 to phase in a full estate tax deduction for family-owned business interests; to the Committee on Finance.

ESTATE TAX DEDUCTION FOR FAMILY-OWNED BUSINESS INTERESTS

Mr. DORGAN. Mr. President, one of the things Americans like least about Congress is the way we wrangle over things we don't agree about instead of acting on things we can agree about.

The estate tax is a case in point. There is wide agreement in the Senate that we should act to eliminate the burden of the estate tax on family farms and businesses. We could accomplish that this year—this week in fact—with little fuss or ado.

I propose that we do just that, and save for later the parts of the estate tax that we don't agree on. We should not hold the family farms and businesses of this nation hostage to the heirs of multi-billion-dollar investment fortunes. We can address that problem right now so let's do it.

We often forget in this country that a family is an economic unit as well as a social unit. This nation was built upon an economy of family-based farms and businesses. That is why the values of family—a commitment to community, a loyalty to place, a sense of tradition passing through the generations—were an important part of the economy in the formative days of our republic.

Those values weakened as the economy became national and corporate. They have weakened further still as the economy has become global, and the cold calculus of the global marketplace has displaced considerations of family and community in our economic life.

In this setting it is crucial that we strive to keep the family farms and businesses that we have, and to encourage new ones. Family-based enterprise

provides a counterweight to the centrifugal forces of the global economy. It can help to anchor the market in values and concerns that the large impersonal corporation does not share, and we should encourage this form of enterprise whenever we can.

Certainly the Federal Government never should force the sale of such an enterprise just to pay an estate tax. That does not happen often today. But not often is still too often. It should never happen, and that is why I am introducing a bill today to make sure it doesn't.

Under this bill, the estate tax on farms and businesses under active family management would phase out over 6 years, until by 2006 it would be gone completely.

This bill is different from the one that passed this Chamber earlier this year in one key respect: It applies onto family farms and businesses passed along to the next generation. It does not apply to the heirs of multi-billion dollar investment fortunes and the like. There was a strange disconnect in the debate over that earlier bill. Virtually all the talk from proponents was about family farms and businesses. Yet the bulk of the actual belief of their bill would have gone to the heirs of investment fortunes instead.

That is why many of us voted against the bill. The walk didn't match the talk. And that is why I am proposing today that, for once, we move forward on what we do agree on instead of wrangling continuously, for political advantage, over what we don't. Large stock fortunes are not the same as family farms and businesses. They raise a different set of questions where the estate tax is concerned, and we ought to deal with those questions separately and at a later time.

This is not the place to debate the merits of the estate tax as it applies to large fortunes as opposed to operating farms and businesses. I will just note briefly a few of the reasons why many of us could not support the previous bill.

For one thing, the tax was enacted out of the conviction that those who have benefited most from our democracy in the past ought to contribute to its security and well-being in the future. That was true back in 1916 and it is equally true today. To repeal the estate tax completely would shift the burden of paying for the Federal Government even more onto the working men and women of this country. That is not fair.

Second, the estate tax encourages people with large fortunes to make significant contributions to charity. If we are going to rely less on government in addressing our social problems, and more on the efforts of individuals and private nonprofit organizations, then we must not dry up a prime source of funding for these efforts.

Third, the estate tax encourages the work ethic, as it applies to estates other than family-based farms and businesses. Those who might otherwise be able to live on inherited fortunes occasionally have to some useful work instead.

I know that there is disagreement on these points. They deserve an honest debate. But as I said, we should not hold family based farms and businesses hostage to that debate. We can agree that help for these family based enterprises is the first priority of estate tax reform. We can agree that no family farm or family business should have to be sold to pay an estate tax.

So let's do that now and save the rest for another day.

By Mr. GRAMS:

S. 3099. A bill to amend the Internal Revenue Code of 1986 to clarify the exemption from tax for small property and casualty insurance companies, and for other purposes; to the Committee on Finance.

SMALL PROPERTY AND CASUALTY INSURANCE EXEMPTION ACT

Mr. GRAMS. Mr. President, I rise to introduce a bill to clarify the tax exemption status for small property and casualty insurance companies. These small companies are vitally important to provide needed services for our rural and farming communities.

Under current law, an insurance company with up to $350,000 in premium is tax-exempt. In addition, companies with premiums that exceed $350,000 but do not exceed $1,200,000 are allowed to elect to be taxed on their net investment income.

Investment income or assets are not considered when determining qualification for either tax-exempt status or investment income taxation. These companies are allowed to elect to be taxed on their net investment income.

Early this year, President proposed in his FY 2001 budget to modify this calculation to include investment and other types of income. The proposal would also change the tax law to allow companies with premiums below $350,000 to elect to be taxed on their net investment income.

By including investment income into the calculation, it is the intent of the administration to prohibit foreign companies and other large insurers from sheltering income from taxes.

However, by including investment into the calculation, the intended beneficiaries, small property and casualty insurance companies, will not be able to qualify for the exemption defeating the intent of Congress and purpose for the provision.

Mr. President, since 1921, small insurance companies have been exempt from federal taxation so that all their financial resources could be used for claims paying.

It has been the public policy goal to maintain small, rural, farm-oriented insurers so that all Americans would have access to coverage at a reasonable cost.

While the administration's goal of closing the loophole is admirable, the current proposal would only serve to harm the small U.S. farm insurance company that the provision is there to protect.

My legislation would close the loophole by limiting the provision to only those companies that are directly owned by their policyholders and the company operates in only one state.

In addition, the legislation would increase the tax exemption level from $350,000 to $531,000, indexed for inflation every year thereafter, and it would increase the investment income election from $1.2 million to $1.8 million, indexed for inflation every year thereafter.

The last time these levels were increased was 1986. Inflation has eroded the levels to the point of being irrelevant. The increased levels were calculated by using the CPI to adjust the levels for inflation.

Mr. President, by making these changes we can ensure that our rural and farming communities will continue to receive the needed insurance services. I urge my colleagues to support this legislation.

ADDITIONAL COSPONSORS

S. 670

At the request of Mr. JEFFORDS, the name of the Senator from Utah (Mr. HATCH) was added as a cosponsor of S. 670, a bill to amend the Internal Revenue Code of 1986 to provide that the exclusion from gross income for foster care payments shall also apply to payments by qualifying placement agencies, and for other purposes.

S. 1536

At the request of Mr. DEWINE, the names of the Senator from Vermont (Mr. LEAHY), the Senator from Wyoming (Mr. ENZI) and the Senator from Kansas (Mr. ROBERTS) were added as cosponsors of S. 1536, a bill to amend the Older Americans Act of 1965 to extend authorizations of appropriations for programs under the Act, to modernize programs and services for older individuals, and for other purposes.

S. 1855

At the request of Mr. MURKOWSKI, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 1855, a bill to establish age limitations for airmen.

S. 2264

At the request of Mr. ROCKEFELLER, the name of the Senator from New Mexico (Mr. BINGAMAN) was added as a cosponsor of S. 2264, a bill to amend title 38, United States Code, to establish within the Veterans Health Administration the position of Advisor on Physician Assistants, and for other purposes.

S. 2686

At the request of Mr. COCHRAN, the name of the Senator from Georgia (Mr. CLELAND) was added as a cosponsor of S. 2686, a bill to amend chapter 36 of title 39, United States Code, to modify rates relating to reduced rate mail matter, and for other purposes.

S. 2787

At the request of Mr. GRAMS, his name was added as a cosponsor of S. 2787, a bill to reauthorize the Federal programs to prevent violence against women, and for other purposes.

S. 2986

At the request of Mr. HUTCHINSON, the name of the Senator from Wyoming (Mr. ENZI) was added as a cosponsor of S. 2986, a bill to limit the issuance of regulations relating to Federal contractor responsibility, to require the Comptroller General to conduct a review of Federal contractor compliance with applicable laws, and for other purposes.

S. CON. RES. 111

At the request of Mr. NICKLES, the name of the Senator from Kansas (Mr. ROBERTS) was added as a cosponsor of S. Con. Res. 111, a concurrent resolution expressing the sense of the Congress regarding ensuring a competitive North American market for softwood lumber.

S. RES. 304

At the request of Mr. BIDEN, the name of the Senator from North Dakota (Mr. DORGAN) was added as a cosponsor of S. Res. 304, a resolution expressing the sense of the Senate regarding the development of educational programs on veterans' contributions to the country and the designation of the week that includes Veterans Day as ''National Veterans Awareness Week'' for the presentation of such educational programs.

AMENDMENTS SUBMITTED

AMERICAN COMPETITIVENESS IN THE TWENTY-FIRST CENTURY ACT OF 2000

ABRAHAM AMENDMENT NO. 4177

Mr. LOTT (for Mr. ABRAHAM) proposed an amendment to the bill (S. 2045) to amend the Immigration and Nationality Act with respect to H–1B nonimmigrant aliens; as follows:

Strike all after the word ''section'' and insert the following:

1. SHORT TITLE.

This Act may be cited as the ''American Competitiveness in the Twenty-first Century Act of 2000''.

SEC. 2. TEMPORARY INCREASE IN VISA ALLOTMENTS.

(a) FISCAL YEARS 2000–2002.—Section 214(g)(1)(A) of the Immigration and Nationality Act (8 U.S.C. 1184(g)(1)(A)) is amended—

(1) by redesignating clause (v) as clause (vi); and

(2) by striking clauses (iii) and (iv) and inserting the following:

''(iii) 195,000 in fiscal year 2000; and

''(iv) 195,000 in fiscal year 2001;

''(v) 195,000 in fiscal year 2002; and''.

(b) ADDITIONAL VISAS FOR FISCAL YEAR 1999.—

(1) IN GENERAL.—Notwithstanding section 214(g)(1)(A)(ii) of the Immigration and Nationality Act (8 U.S.C. 1184(g)(1)(A)(ii)), the total number of aliens who may be issued visas or otherwise provided nonimmigrant status under section 101(a)(15)(H)(i)(b) of such Act in fiscal year 1999 is increased by a number equal to the number of aliens who are issued such a visa or provided such status during the period beginning on the date on which the limitation in such section 214(g)(1)(A)(ii) is reached and ending on September 30, 1999.

(2) EFFECTIVE DATE.—Paragraph (1) shall take effect as if included in the enactment of section 411 of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of the Omnibus Consolidated and Emergency Supplemental Appropriations Act, 1999; Public Law 105–277).

SEC. 3. SPECIAL RULE FOR UNIVERSITIES, RESEARCH FACILITIES, AND GRADUATE DEGREE RECIPIENTS; COUNTING RULES.

Section 214(g) of the Immigration and Nationality Act (8 U.S.C. 1184(g)) is amended by adding at the end the following new paragraphs:

''(5) The numerical limitations contained in paragraph (1)(A) shall not apply to any nonimmigrant alien issued a visa or otherwise provided status under section 101(a)(15)(H)(i)(b)—

''(A) who is employed (or has received an offer of employment) at—

''(i) an institution of higher education (as defined in section 101(a) of the Higher Education Act of 1965 (20 U.S.C. 1001(a))), or a related or affiliated nonprofit entity; or

''(ii) a nonprofit research organization or a governmental research organization; or

''(B) for whom a petition is filed not more than 90 days before or not more than 180 days after the nonimmigrant has attained a master's degree or higher degree from an institution of higher education (as defined in section 101(a) of the Higher Education Act of 1965 (20 U.S.C. 1001(a))).

''(6) Any alien who ceases to be employed by an employer described in paragraph (5)(A) shall, if employed as a nonimmigrant alien described in section 101(a)(15)(H)(i)(b), who has not previously been counted toward the numerical limitations contained in paragraph (1)(A), be counted toward those limitations the first time the alien is employed by an employer other than one described in paragraph (5)(A).

''(7) Any alien who has already been counted, within the 6 years prior to the approval of a petition described in subsection (c), toward the numerical limitations of paragraph (1)(A) shall not again be counted toward those limitations unless the alien would be eligible for a full 6 years of authorized admission at the time the petition is filed. Where multiple petitions are approved for 1 alien, that alien shall be counted only once.''.

SEC. 4. LIMITATION ON PER COUNTRY CEILING WITH RESPECT TO EMPLOYMENT-BASED IMMIGRANTS.

(a) SPECIAL RULES.—Section 202(a) of the Immigration and Nationality Act (8 U.S.C. 1152(a)) is amended by adding at the end the following new paragraph:

''(5) RULES FOR EMPLOYMENT-BASED IMMIGRANTS.—

''(A) EMPLOYMENT-BASED IMMIGRANTS NOT SUBJECT TO PER COUNTRY LIMITATION IF ADDITIONAL VISAS AVAILABLE.—If the total number of visas available under paragraph (1), (2), (3), (4), or (5) of section 203(b) for a calendar quarter exceeds the number of qualified immigrants who may otherwise be issued such visas, the visas made available under that paragraph shall be issued without regard to the numerical limitation under paragraph (2) of this subsection during the remainder of the calendar quarter.

''(B) LIMITING FALL ACROSS FOR CERTAIN COUNTRIES SUBJECT TO SUBSECTION (E).—In the case of a foreign state or dependent area to which subsection (e) applies, if the total number of visas issued under section 203(b) exceeds the maximum number of visas that may be made available to immigrants of the state or area under section 203(b) consistent with subsection (e) (determined without regard to this paragraph), in applying subsection (e) all visas shall be deemed to have been required for the classes of aliens specified in section 203(b).''.

(b) CONFORMING AMENDMENTS.—

(1) Section 202(a)(2) of the Immigration and Nationality Act (8 U.S.C. 1152(a)(2)) is amended by striking ''paragraphs (3) and (4)'' and inserting ''paragraphs (3), (4), and (5)''.

(2) Section 202(e)(3) of the Immigration and Nationality Act (8 U.S.C. 1152(e)(3)) is amended by striking ''the proportion of the visa numbers'' and inserting ''except as provided in subsection (a)(5), the proportion of the visa numbers''.

(c) ONE-TIME PROTECTION UNDER PER COUNTRY CEILING.—Notwithstanding section 214(g)(4) of the Immigration and Nationality Act (8 U.S.C. 1184(g)(4)), any alien who—

(1) is the beneficiary of a petition filed under section 204(a) of that Act for a preference status under paragraph (1), (2), or (3) of section 203(b) of that Act; and

(2) would be subject to the per country limitations applicable to immigrants but for this subsection,

may apply for, and the Attorney General may grant, an extension of such nonimmigrant status until the alien's application for adjustment of status has been processed and a decision made thereon.

SEC. 5. INCREASED PORTABILITY OF H–1B STATUS.

(a) IN GENERAL.—Section 214 of the Immigration and Nationality Act (8 U.S.C. 1184) is amended by adding at the end the following new subsection:

''(m)(1) A nonimmigrant alien described in paragraph (2) who was previously issued a visa or otherwise provided nonimmigrant status under section 101(a)(15)(H)(i)(b) is authorized to accept new employment upon the filing by the prospective employer of a new petition on behalf of such nonimmigrant as provided under subsection (a). Employment authorization shall continue for such alien until the new petition is adjudicated. If the new petition is denied, such authorization shall cease.

''(2) A nonimmigrant alien described in this paragraph is a nonimmigrant alien—

''(A) who has been lawfully admitted into the United States;

''(B) on whose behalf an employer has filed a nonfrivolous petition for new employment before the date of expiration of the period of stay authorized by the Attorney General; and

''(C) who has not been employed without authorization before or during the pendency of such petition for new employment in the United States.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to petitions filed before, on, or after the date of enactment of this Act.

SEC. 6. SPECIAL PROVISIONS IN CASES OF LENGTHY ADJUDICATIONS.

(a) EXEMPTION FROM LIMITATION.—The limitation contained in section 214(g)(4) of the Immigration and Nationality Act (8 U.S.C. 1184(g)(4)) with respect to the duration of authorized stay shall not apply to any nonimmigrant alien previously issued a visa or otherwise provided nonimmigrant status under section 101(a)(15)(H)(i)(b) of that Act on whose behalf a petition under section 204(b) of that Act to accord the alien immigrant status under section 203(b) of that Act, or an application for adjustment of status

under section 245 of that Act to accord the alien status under such section 203(b), has been filed, if 365 days or more have elapsed since—

(1) the filing of a labor certification application on the alien's behalf (if such certification is required for the alien to obtain status under such section 203(b)); or

(2) the filing of the petition under such section 204(b).

(b) EXTENSION OF H1–B WORKER STATUS.—The Attorney General shall extend the stay of an alien who qualifies for an exemption under subsection (a) in one-year increments until such time as a final decision is made on the alien's lawful permanent residence.

SEC. 7. EXTENSION OF CERTAIN REQUIREMENTS AND AUTHORITIES THROUGH FISCAL YEAR 2002.

(a) ATTESTATION REQUIREMENTS.—Section 212(n)(1)(E)(ii)) of the Immigration and Nationality Act (8 U.S.C. 1182(n)(1)(E)(ii)) is amended by striking ''October 1, 2001'' and inserting ''October 1, 2002''.

(b) DEPARTMENT OF LABOR INVESTIGATIVE AUTHORITIES.—Section 413(e)(2) of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of Public Law 105–277) is amended by striking ''September 30, 2001'' and inserting ''September 30, 2002''.

SEC. 8. RECOVERY OF VISAS USED FRAUDULENTLY.

Section 214(g)(3) of the Immigration and Nationality Act (8 U.S.C. 1184 (g)(3)) is amended to read as follows:

''(3) Aliens who are subject to the numerical limitations of paragraph (1) shall be issued visas (or otherwise provided nonimmigrant status) in the order in which petitions are filed for such visas or status. If an alien who was issued a visa or otherwise provided nonimmigrant status and counted against the numerical limitations of paragraph (1) is found to have been issued such visa or otherwise provided such status by fraud or willfully misrepresenting a material fact and such visa or nonimmigrant status is revoked, then one number shall be restored to the total number of aliens who may be issued visas or otherwise provided such status under the numerical limitations of paragraph (1) in the fiscal year in which the petition is revoked, regardless of the fiscal year in which the petition was approved.''.

SEC. 9. NSF STUDY AND REPORT ON THE ''DIGITAL DIVIDE''.

(a) STUDY.—The National Science Foundation shall conduct a study of the divergence in access to high technology (commonly referred to as the ''digital divide'') in the United States.

(b) REPORT.—Not later than 18 months after the date of enactment of this Act, the Director of the National Science Foundation shall submit a report to Congress setting forth the findings of the study conducted under subsection (a).

SEC. 10. MODIFICATION OF NONIMMIGRANT PETITIONER ACCOUNT PROVISIONS.

(a) ALLOCATION OF FUNDS.—Section 286(s) of the Immigration and Nationality Act (8 U.S.C. 1356(s)) is amended—

(1) in paragraph (2), by striking ''56.3 percent'' and inserting ''55 percent'';

(2) in paragraph (3), by striking ''28.2 percent'' and inserting ''23.5 percent'';

(3) by amending paragraph (4) to read as follows:

''(4) NATIONAL SCIENCE FOUNDATION COMPETITIVE GRANT PROGRAM FOR K–12 MATH, SCIENCE AND TECHNOLOGY EDUCATION.—

''(A) IN GENERAL.—15 percent of the amounts deposited into the H–1B Nonimmigrant Petitioner Account shall remain available to the Director of the National Science Foundation until expended to carry out a direct or matching grant program to support private-public partnerships in K–12 education.

''(B) TYPES OF PROGRAMS COVERED.—The Director shall award grants to such programs, including those which support the development and implementation of standards-based instructional materials models and related student assessments that enable K–12 students to acquire an understanding of science, mathematics, and technology, as well as to develop critical thinking skills; provide systemic improvement in training K–12 teachers and education for students in science, mathematics, and technology; support the professional development of K–12 math and science teachers in the used of technology in the classroom; stimulate system-wide K–12 reform of science, mathematics, and technology in rural, economically disadvantaged regions of the United States; provide externships and other opportunities for students to increase their appreciation and understanding of science, mathematics, engineering, and technology (including summer institutes sponsored by an institution of higher education for students in grades 7–12 that provide instruction in such fields); involve partnerships of industry, educational institutions, and community organizations to address the educational needs of disadvantaged communities; provide college preparatory support to expose and prepare students for careers in science, mathematics, engineering, and technology; and provide for carrying out systemic reform activities under section 3(a)(1) of this National Science Foundation Act of 1950 (42 U.S.C. 1862(a)(1)).'';

(4) in paragraph (6), by striking ''6 percent'' and inserting ''5 percent''; and

(5) in paragraph (6), by striking ''3 percent'' each place it appears and inserting ''2.5 percent''.

(b) LOW-INCOME SCHOLARSHIP PROGRAM.—Section 414(d)(3) of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of Public Law 105–277) is amended by striking ''$2,500 per year.'' and inserting ''$3,125 per year. The Director may renew scholarships for up to 4 years.''.

(c) REPORTING REQUIREMENT.—Section 414 of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of Public Law 105–277) is amended by adding at the end the following new subsection:

''(e) REPORTING REQUIREMENT.—The Secretary of Labor and the Director of the National Science Foundation shall—

''(1) track and monitor the performance of programs receiving H–1B Nonimmigrant Fee grant money; and

''(2) not later than one year after the date of enactment of this subsection, submit a report to the Committees on the Judiciary of the House of Representatives and the Senate—

''(A) the tracking system to monitor the performance of programs receiving H–1B grant funding; and

''(B) the number of individuals who have completed training and have entered the high-skill workforce through these programs.''.

SEC. 11. DEMONSTRATION PROGRAMS AND PROJECTS TO PROVIDE TECHNICAL SKILLS TRAINING FOR WORKERS.

Section 414(c) of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of Public Law 105–277; 112 Stat. 2681–653) is amended to read as follows:

''(c) DEMONSTRATION PROGRAMS AND PROJECTS TO PROVIDE TECHNICAL SKILLS TRAINING FOR WORKERS.—

''(1) IN GENERAL.—

''(A) FUNDING.—The Secretary of Labor shall use funds available under section 286(s)(2) of the Immigration and Nationality Act (8 U.S.C. 1356(s)(2)) to establish demonstration programs or projects to provide technical skills training for workers, including both employed and unemployed workers.

''(B) TRAINING PROVIDED.—Training funded by a program or project described in subparagraph (A) shall be for persons who are currently employed and who wish to obtain and upgrade skills as well as for persons who are unemployed. Such training is not limited to skill levels commensurate with a four-year undergraduate degree, but should include the preparation of workers for a broad range of positions along a career ladder. Consideration shall be given to the use of grant funds to demonstrate a significant ability to expand a training program or project through such means as training more workers or offering more courses, and training programs or projects resulting from collaborations, especially with more than one small business or with a labor-management training program or project. All training shall be justified with evidence of skill shortages as demonstrated through reliable regional, State, or local data.

''(2) GRANTS.—

''(A) ELIGIBILITY.—To carry out the programs and projects described in paragraph (1)(A), the Secretary of Labor shall, in consultation with the Secretary of Commerce, subject to the availability of funds in the H–1B Nonimmigrant Petitioner Account, award—

''(i) 75 percent of the grants to a local workforce investment board established under section 117 of the Workforce Investment Act of 1998 (29 U.S.C. 2832) or consortia of such boards in a region. Each workforce investment board or consortia of boards receiving grant funds shall represent a local or regional public-private partnership consisting of at least—

''(I) one workforce investment board;

''(II) one community-based organization or higher education institution or labor union; and

''(III) one business or business-related nonprofit organization such as a trade association; and

''(ii) 25 percent of the grants under the Secretary of Labor's authority to award grants for demonstration projects or programs under section 171 of the Workforce Investment Act (29 U.S.C. 2916) to partnerships that shall consist of at least 2 businesses or a business-related nonprofit organization that represents more than one business, and that may include any educational, labor, community organization, or workforce investment board, except that such grant funds may be used only to carry out a strategy that would otherwise not be eligible for funds provided under clause (i), due to barriers in meeting those partnership eligibility criteria, on a national, multistate, regional, or rural area (such as rural telework programs) basis.

''(B) DESIGNATION OF RESPONSIBLE FISCAL AGENTS.—Each partnership formed under subparagraph (A) shall designate a responsible fiscal agent to receive and disburse grant funds under this subsection.

''(C) PARTNERSHIP CONSIDERATIONS.—Consideration in the awarding of grants shall be given to any partnership that involves and directly benefits more than one small business (each consisting of 100 employees or less).

''(D) ALLOCATION OF GRANTS.—In making grants under this paragraph, the Secretary shall make every effort to fairly distribute grants across rural and urban areas, and across the different geographic regions of the United States. The total amount of grants

awarded to carry out programs and projects described in paragraph (1)(A) shall be allocated as follows:

''(i) At least 80 percent of the grants shall be awarded to programs and projects that train employed and unemployed workers in skills that are in shortage in high technology, information technology, and biotechnology, including skills needed for software and communications services, telecommunications, systems installation and integration, computers and communications hardware, advanced manufacturing, health care technology, biotechnology and biomedical research and manufacturing, and innovation services.

''(ii) No more than 20 percent of the grants shall be available to programs and projects that train employed and unemployed workers for skills related to any H–1B skill shortage.

''(E) H–1B SKILL SHORTAGE.—In subparagraph (D)(ii), the term 'H–1B skill shortage' means a shortage of skills necessary for employment in a specialty occupation, as defined in section 214(i) of the Immigration and Nationality Act.

''(3) START-UP FUNDS.—

''(A) IN GENERAL.—Except as provided in subparagraph (B), not more than 5 percent of any single grant, or not to exceed $75,000, whichever is less, may be used toward the start-up costs of partnerships or new training programs and projects.

''(B) EXCEPTION.—In the case of partnerships consisting primarily of small businesses, not more than 10 percent of any single grant, or $150,000, whichever is less, may be used toward the start-up costs of partnerships or new training programs and projects.

''(C) DURATION OF START-UP PERIOD.—For purposes of this subsection, a start-up period consists of a period of not more than 2 months after the grant period begins, at which time training shall immediately begin and no further Federal funds may be used for start-up purposes.

''(4) TRAINING OUTCOMES.—

''(A) CONSIDERATION FOR CERTAIN PROGRAMS AND PROJECTS.—Consideration in the awarding of grants shall be given to applicants that provide a specific, measurable commitment upon successful completion of a training course, to—

''(i) hire or effectuate the hiring of unemployed trainees (where applicable);

''(ii) increase the wages or salary of incumbent workers (where applicable); and

''(iii) provide skill certifications to trainees or link the training to industry-accepted occupational skill standards, certificates, or licensing requirements.

''(B) REQUIREMENTS FOR GRANT APPLICATIONS.—Applications for grants shall—

''(i) articulate the level of skills that workers will be trained for and the manner by which attainment of those skills will be measured; and

''(ii) include an agreement that the program or project shall be subject to evaluation by the Secretary of Labor to measure its effectiveness.

''(5) MATCHING FUNDS.—Each application for a grant to carry out a program or project described in paragraph (1)(A) shall state the manner by which the partnership will provide non-Federal matching resources (cash, or in-kind contributions, or both) equal to at least 50 percent of the total grant amount awarded under paragraph (2)(A)(i), and at least 100 percent of the total grant amount awarded under paragraph (2)(A)(ii). At least one-half of the non-Federal matching funds shall be from the business or businesses or business-related nonprofit organizations involved. Consideration in the award of grants shall be given to applicants that provide a specific commitment or commitments of resources from other public or private sources, or both, so as to demonstrate the long-term sustainability of the training program or project after the grant expires.

''(6) ADMINISTRATIVE COSTS.—An entity that receives a grant to carry out a program or project described in paragraph (1)(A) may not use more than 10 percent of the amount of the grant to pay for administrative costs associated with the program or project.''.

SEC. 12. KIDS 2000 CRIME PREVENTION AND COMPUTER EDUCATION INITIATIVE.

(a) SHORT TITLE.—This section may be cited as the ''Kids 2000 Act''.

(b) FINDINGS.—Congress makes the following findings:

(1) There is an increasing epidemic of juvenile crime throughout the United States.

(2) It is well documented that the majority of juvenile crimes take place during after-school hours.

(3) Knowledge of technology is becoming increasingly necessary for children in school and out of school.

(4) The Boys and Girls Clubs of America have 2,700 clubs throughout all 50 States, serving over 3,000,000 boys and girls primarily from at-risk communities.

(5) The Boys and Girls Clubs of America have the physical structures in place for immediate implementation of an after-school technology program.

(6) Building technology centers and providing integrated content and full-time staffing at those centers in the Boys and Girls Clubs of America nationwide will help foster education, job training, and an alternative to crime for at-risk youth.

(7) Partnerships between the public sector and the private sector are an effective way of providing after-school technology programs in the Boys and Girls Clubs of America.

(8) PowerUp: Bridging the Digital Divide is an entity comprised of more than a dozen nonprofit organizations, major corporations, and Federal agencies that have joined together to launch a major new initiative to help ensure that America's underserved young people acquire the skills, experiences, and resources they need to succeed in the digital age.

(9) Bringing PowerUp into the Boys and Girls Clubs of America will be an effective way to ensure that our youth have a safe, crime-free environment in which to learn the technological skills they need to close the divide between young people who have access to computer-based information and technology-related skills and those who do not.

(c) AFTER-SCHOOL TECHNOLOGY GRANTS TO THE BOYS AND GIRLS CLUBS OF AMERICA.—

(1) PURPOSES.—The Attorney General shall make grants to the Boys and Girls Clubs of America for the purpose of funding effective after-school technology programs, such as PowerUp, in order to provide—

(A) constructive technology-focused activities that are part of a comprehensive program to provide access to technology and technology training to youth during after-school hours, weekends, and school vacations;

(B) supervised activities in safe environments for youth; and

(C) full-time staffing with teachers, tutors, and other qualified personnel.

(2) SUBAWARDS.—The Boys and Girls Clubs of America shall make subawards to local boys and girls clubs authorizing expenditures associated with providing technology programs such as PowerUp, including the hiring of teachers and other personnel, procurement of goods and services, including computer equipment, or such other purposes as are approved by the Attorney General.

(d) APPLICATIONS.—

(1) ELIGIBILITY.—In order to be eligible to receive a grant under this section, an applicant for a subaward (specified in subsection (c)(2)) shall submit an application to the Boys and Girls Clubs of America, in such form and containing such information as the Attorney General may reasonably require.

(2) APPLICATION REQUIREMENTS.—Each application submitted in accordance with paragraph (1) shall include—

(A) a request for a subgrant to be used for the purposes of this section;

(B) a description of the communities to be served by the grant, including the nature of juvenile crime, violence, and drug use in the communities;

(C) written assurances that Federal funds received under this section will be used to supplement and not supplant, non-Federal funds that would otherwise be available for activities funded under this section;

(D) written assurances that all activities funded under this section will be supervised by qualified adults;

(E) a plan for assuring that program activities will take place in a secure environment that is free of crime and drugs;

(F) a plan outlining the utilization of content-based programs such as PowerUp, and the provision of trained adult personnel to supervise the after-school technology training; and

(G) any additional statistical or financial information that the Boys and Girls Clubs of America may reasonably require.

(e) GRANT AWARDS.—In awarding subgrants under this section, the Boys and Girls Clubs of America shall consider—

(1) the ability of the applicant to provide the intended services;

(2) the history and establishment of the applicant in providing youth activities; and

(3) the extent to which services will be provided in crime-prone areas and technologically underserved populations, and efforts to achieve an equitable geographic distribution of the grant awards.

(f) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There is authorized to be appropriated $20,000,000 for each of the fiscal years 2001 through 2006 to carry out this section.

(2) SOURCE OF FUNDS.—Funds to carry out this section may be derived from the Violent Crime Reduction Trust Fund.

(3) CONTINUED AVAILABILITY.—Amounts made available under this subsection shall remain available until expended.

SEC. 13. SEVERABILITY.

If any provision of this Act (or any amendment made by this Act) or the application thereof to any person or circumstance is held invalid, the remainder of the Act (and the amendments made by this Act) and the application of such provision to any other person or circumstance shall not be affected thereby. This section shall be enacted one day after effective date.

LOTT AMENDMENT NO. 4178

Mr. LOTT proposed an amendment to amendment No. 4177 proposed by Mr. LOTT (for Mr. ABRAHAM) to the bill, S. 2045, supra; as follows:

Strike all after the figure one and insert the following:

SHORT TITLE.

This Act may be cited as the ''American Competitiveness in the Twenty-first Century Act of 2000''.

SEC. 2. TEMPORARY INCREASE IN VISA ALLOTMENTS.

(a) FISCAL YEARS 2000–2002.—Section 214(g)(1)(A) of the Immigration and Nationality Act (8 U.S.C. 1184(g)(1)(A)) is amended—

(1) by redesignating clause (v) as clause (vi); and

(2) by striking clauses (iii) and (iv) and inserting the following:

''(iii) 195,000 in fiscal year 2000; and

''(iv) 195,000 in fiscal year 2001;

''(v) 195,000 in fiscal year 2002; and''.

(b) ADDITIONAL VISAS FOR FISCAL YEAR 1999.—

(1) IN GENERAL.—Notwithstanding section 214(g)(1)(A)(ii) of the Immigration and Nationality Act (8 U.S.C. 1184(g)(1)(A)(ii)), the total number of aliens who may be issued visas or otherwise provided nonimmigrant status under section 101(a)(15)(H)(i)(b) of such Act in fiscal year 1999 is increased by a number equal to the number of aliens who are issued such a visa or provided such status during the period beginning on the date on which the limitation in such section 214(g)(1)(A)(ii) is reached and ending on September 30, 1999.

(2) EFFECTIVE DATE.—Paragraph (1) shall take effect as if included in the enactment of section 411 of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of the Omnibus Consolidated and Emergency Supplemental Appropriations Act, 1999; Public Law 105–277).

SEC. 3. SPECIAL RULE FOR UNIVERSITIES, RESEARCH FACILITIES, AND GRADUATE DEGREE RECIPIENTS; COUNTING RULES.

Section 214(g) of the Immigration and Nationality Act (8 U.S.C. 1184(g)) is amended by adding at the end the following new paragraphs:

''(5) The numerical limitations contained in paragraph (1)(A) shall not apply to any nonimmigrant alien issued a visa or otherwise provided status under section 101(a)(15)(H)(i)(b)—

''(A) who is employed (or has received an offer of employment) at—

''(i) an institution of higher education (as defined in section 101(a) of the Higher Education Act of 1965 (20 U.S.C. 1001(a))), or a related or affiliated nonprofit entity; or

''(ii) a nonprofit research organization or a governmental research organization; or

''(B) for whom a petition is filed not more than 90 days before or not more than 180 days after the nonimmigrant has attained a master's degree or higher degree from an institution of higher education (as defined in section 101(a) of the Higher Education Act of 1965 (20 U.S.C. 1001(a))).

''(6) Any alien who ceases to be employed by an employer described in paragraph (5)(A) shall, if employed as a nonimmigrant alien described in section 101(a)(15)(H)(i)(b), who has not previously been counted toward the numerical limitations contained in paragraph (1)(A), be counted toward those limitations the first time the alien is employed by an employer other than one described in paragraph (5)(A).

''(7) Any alien who has already been counted, within the 6 years prior to the approval of a petition described in subsection (c), toward the numerical limitations of paragraph (1)(A) shall not again be counted toward those limitations unless the alien would be eligible for a full 6 years of authorized admission at the time the petition is filed. Where multiple petitions are approved for 1 alien, that alien shall be counted only once.''.

SEC. 4. LIMITATION ON PER COUNTRY CEILING WITH RESPECT TO EMPLOYMENT-BASED IMMIGRANTS.

(a) SPECIAL RULES.—Section 202(a) of the Immigration and Nationality Act (8 U.S.C. 1152(a)) is amended by adding at the end the following new paragraph:

''(5) RULES FOR EMPLOYMENT-BASED IMMIGRANTS.—

''(A) EMPLOYMENT-BASED IMMIGRANTS NOT SUBJECT TO PER COUNTRY LIMITATION IF ADDITIONAL VISAS AVAILABLE.—If the total number of visas available under paragraph (1), (2), (3), (4), or (5) of section 203(b) for a calendar quarter exceeds the number of qualified immigrants who may otherwise be issued such visas, the visas made available under that paragraph shall be issued without regard to the numerical limitation under paragraph (2) of this subsection during the remainder of the calendar quarter.

''(B) LIMITING FALL ACROSS FOR CERTAIN COUNTRIES SUBJECT TO SUBSECTION (E).—In the case of a foreign state or dependent area to which subsection (e) applies, if the total number of visas issued under section 203(b) exceeds the maximum number of visas that may be made available to immigrants of the state or area under section 203(b) consistent with subsection (e) (determined without regard to this paragraph), in applying subsection (e) all visas shall be deemed to have been required for the classes of aliens specified in section 203(b).''.

(b) CONFORMING AMENDMENTS.—

(1) Section 202(a)(2) of the Immigration and Nationality Act (8 U.S.C. 1152(a)(2)) is amended by striking ''paragraphs (3) and (4)'' and inserting ''paragraphs (3), (4), and (5)''.

(2) Section 202(e)(3) of the Immigration and Nationality Act (8 U.S.C. 1152(e)(3)) is amended by striking ''the proportion of the visa numbers'' and inserting ''except as provided in subsection (a)(5), the proportion of the visa numbers''.

(c) ONE-TIME PROTECTION UNDER PER COUNTRY CEILING.—Notwithstanding section 214(g)(4) of the Immigration and Nationality Act (8 U.S.C. 1184(g)(4)), any alien who—

(1) is the beneficiary of a petition filed under section 204(a) of that Act for a preference status under paragraph (1), (2), or (3) of section 203(b) of that Act; and

(2) would be subject to the per country limitations applicable to immigrants but for this subsection,

may apply for, and the Attorney General may grant, an extension of such nonimmigrant status until the alien's application for adjustment of status has been processed and a decision made thereon.

SEC. 5. INCREASED PORTABILITY OF H–1B STATUS.

(a) IN GENERAL.—Section 214 of the Immigration and Nationality Act (8 U.S.C. 1184) is amended by adding at the end the following new subsection:

''(m)(1) A nonimmigrant alien described in paragraph (2) who was previously issued a visa or otherwise provided nonimmigrant status under section 101(a)(15)(H)(i)(b) is authorized to accept new employment upon the filing by the prospective employer of a new petition on behalf of such nonimmigrant as provided under subsection (a). Employment authorization shall continue for such alien until the new petition is adjudicated. If the new petition is denied, such authorization shall cease.

''(2) A nonimmigrant alien described in this paragraph is a nonimmigrant alien—

''(A) who has been lawfully admitted into the United States;

''(B) on whose behalf an employer has filed a nonfrivolous petition for new employment before the date of expiration of the period of stay authorized by the Attorney General; and

''(C) who has not been employed without authorization before or during the pendency of such petition for new employment in the United States.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to petitions filed before, on, or after the date of enactment of this Act.

SEC. 6. SPECIAL PROVISIONS IN CASES OF LENGTHY ADJUDICATIONS.

(a) EXEMPTION FROM LIMITATION.—The limitation contained in section 214(g)(4) of the Immigration and Nationality Act (8 U.S.C. 1184(g)(4)) with respect to the duration of authorized stay shall not apply to any nonimmigrant alien previously issued a visa or otherwise provided nonimmigrant status under section 101(a)(15)(H)(i)(b) of that Act on whose behalf a petition under section 204(b) of that Act to accord the alien immigrant status under section 203(b) of that Act, or an application for adjustment of status under section 245 of that Act to accord the alien status under such section 203(b), has been filed, if 365 days or more have elapsed since—

(1) the filing of a labor certification application on the alien's behalf (if such certification is required for the alien to obtain status under such section 203(b)); or

(2) the filing of the petition under such section 204(b).

(b) EXTENSION OF H1–B WORKER STATUS.—The Attorney General shall extend the stay of an alien who qualifies for an exemption under subsection (a) in one-year increments until such time as a final decision is made on the alien's lawful permanent residence.

SEC. 7. EXTENSION OF CERTAIN REQUIREMENTS AND AUTHORITIES THROUGH FISCAL YEAR 2002.

(a) ATTESTATION REQUIREMENTS.—Section 212(n)(1)(E)(ii)) of the Immigration and Nationality Act (8 U.S.C. 1182(n)(1)(E)(ii)) is amended by striking ''October 1, 2001'' and inserting ''October 1, 2002''.

(b) DEPARTMENT OF LABOR INVESTIGATIVE AUTHORITIES.—Section 413(e)(2) of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of Public Law 105–277) is amended by striking ''September 30, 2001'' and inserting ''September 30, 2002''.

SEC. 8. RECOVERY OF VISAS USED FRAUDULENTLY.

Section 214(g)(3) of the Immigration and Nationality Act (8 U.S.C. 1184 (g)(3)) is amended to read as follows:

''(3) Aliens who are subject to the numerical limitations of paragraph (1) shall be issued visas (or otherwise provided nonimmigrant status) in the order in which petitions are filed for such visas or status. If an alien who was issued a visa or otherwise provided nonimmigrant status and counted against the numerical limitations of paragraph (1) is found to have been issued such visa or otherwise provided such status by fraud or willfully misrepresenting a material fact and such visa or nonimmigrant status is revoked, then one number shall be restored to the total number of aliens who may be issued visas or otherwise provided such status under the numerical limitations of paragraph (1) in the fiscal year in which the petition is revoked, regardless of the fiscal year in which the petition was approved.''.

SEC. 9. NSF STUDY AND REPORT ON THE "DIGITAL DIVIDE".

(a) STUDY.—The National Science Foundation shall conduct a study of the divergence in access to high technology (commonly referred to as the ''digital divide'') in the United States.

(b) REPORT.—Not later than 18 months after the date of enactment of this Act, the Director of the National Science Foundation shall submit a report to Congress setting forth the findings of the study conducted under subsection (a).

SEC. 10. MODIFICATION OF NONIMMIGRANT PETITIONER ACCOUNT PROVISIONS.

(a) ALLOCATION OF FUNDS.—Section 286(s) of the Immigration and Nationality Act (8 U.S.C. 1356(s)) is amended—

(1) in paragraph (2), by striking ''56.3 percent'' and inserting ''55 percent'';

(2) in paragraph (3), by striking ''28.2 percent'' and inserting ''23.5 percent'';

(3) by amending paragraph (4) to read as follows:

''(4) NATIONAL SCIENCE FOUNDATION COMPETITIVE GRANT PROGRAM FOR K–12 MATH, SCIENCE AND TECHNOLOGY EDUCATION.—

''(A) IN GENERAL.—15 percent of the amounts deposited into the H–1B Nonimmigrant Petitioner Account shall remain available to the Director of the National Science Foundation until expended to carry out a direct or matching grant program to support private-public partnerships in K–12 education.

''(B) TYPES OF PROGRAMS COVERED.—The Director shall award grants to such programs, including those which support the development and implementation of standards-based instructional materials models and related student assessments that enable K–12 students to acquire an understanding of science, mathematics, and technology, as well as to develop critical thinking skills; provide systemic improvement in training K–12 teachers and education for students in science, mathematics, and technology; support the professional development of K–12 math and science teachers in the used of technology in the classroom; stimulate system-wide K–12 reform of science, mathematics, and technology in rural, economically disadvantaged regions of the United States; provide externships and other opportunities for students to increase their appreciation and understanding of science, mathematics, engineering, and technology (including summer institutes sponsored by an institution of higher education for students in grades 7–12 that provide instruction in such fields); involve partnerships of industry, educational institutions, and community organizations to address the educational needs of disadvantaged communities; provide college preparatory support to expose and prepare students for careers in science, mathematics, engineering, and technology; and provide for carrying out systemic reform activities under section 3(a)(1) of this National Science Foundation Act of 1950 (42 U.S.C. 1862(a)(1)).'';

(4) in paragraph (6), by striking ''6 percent'' and inserting ''5 percent''; and

(5) in paragraph (6), by striking ''3 percent'' each place it appears and inserting ''2.5 percent''.

(b) LOW-INCOME SCHOLARSHIP PROGRAM.—Section 414(d)(3) of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of Public Law 105–277) is amended by striking ''$2,500 per year.'' and inserting ''$3,125 per year. The Director may renew scholarships for up to 4 years.''.

(c) REPORTING REQUIREMENT.—Section 414 of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of Public Law 105–277) is amended by adding at the end the following new subsection:

''(e) REPORTING REQUIREMENT.—The Secretary of Labor and the Director of the National Science Foundation shall—

''(1) track and monitor the performance of programs receiving H–1B Nonimmigrant Fee grant money; and

''(2) not later than one year after the date of enactment of this subsection, submit a report to the Committees on the Judiciary of the House of Representatives and the Senate—

''(A) the tracking system to monitor the performance of programs receiving H–1B grant funding; and

''(B) the number of individuals who have completed training and have entered the high-skill workforce through these programs.''.

SEC. 11. DEMONSTRATION PROGRAMS AND PROJECTS TO PROVIDE TECHNICAL SKILLS TRAINING FOR WORKERS.

Section 414(c) of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of Public Law 105–277; 112 Stat. 2681–653) is amended to read as follows:

''(c) DEMONSTRATION PROGRAMS AND PROJECTS TO PROVIDE TECHNICAL SKILLS TRAINING FOR WORKERS.—

''(1) IN GENERAL.—

''(A) FUNDING.—The Secretary of Labor shall use funds available under section 286(s)(2) of the Immigration and Nationality Act (8 U.S.C. 1356(s)(2)) to establish demonstration programs or projects to provide technical skills training for workers, including both employed and unemployed workers.

''(B) TRAINING PROVIDED.—Training funded by a program or project described in subparagraph (A) shall be for persons who are currently employed and who wish to obtain and upgrade skills as well as for persons who are unemployed. Such training is not limited to skill levels commensurate with a four-year undergraduate degree, but should include the preparation of workers for a broad range of positions along a career ladder. Consideration shall be given to the use of grant funds to demonstrate a significant ability to expand a training program or project through such means as training more workers or offering more courses, and training programs or projects resulting from collaborations, especially with more than one small business or with a labor-management training program or project. All training shall be justified with evidence of skill shortages as demonstrated through reliable regional, State, or local data.

''(2) GRANTS.—

''(A) ELIGIBILITY.—To carry out the programs and projects described in paragraph (1)(A), the Secretary of Labor shall, in consultation with the Secretary of Commerce, subject to the availability of funds in the H–1B Nonimmigrant Petitioner Account, award—

''(i) 75 percent of the grants to a local workforce investment board established under section 117 of the Workforce Investment Act of 1998 (29 U.S.C. 2832) or consortia of such boards in a region. Each workforce investment board or consortia of boards receiving grant funds shall represent a local or regional public-private partnership consisting of at least—

''(I) one workforce investment board;

''(II) one community-based organization or higher education institution or labor union; and

''(III) one business or business-related nonprofit organization such as a trade association; and

''(ii) 25 percent of the grants under the Secretary of Labor's authority to award grants for demonstration projects or programs under section 171 of the Workforce Investment Act (29 U.S.C. 2916) to partnerships that shall consist of at least 2 businesses or a business-related nonprofit organization that represents more than one business, and that may include any educational, labor, community organization, or workforce investment board, except that such grant funds may be used only to carry out a strategy that would otherwise not be eligible for funds provided under clause (i), due to barriers in meeting those partnership eligibility criteria, on a national, multistate, regional, or rural area (such as rural telework programs) basis.

''(B) DESIGNATION OF RESPONSIBLE FISCAL AGENTS.—Each partnership formed under subparagraph (A) shall designate a responsible fiscal agent to receive and disburse grant funds under this subsection.

''(C) PARTNERSHIP CONSIDERATIONS.—Consideration in the awarding of grants shall be given to any partnership that involves and directly benefits more than one small business (each consisting of 100 employees or less).

''(D) ALLOCATION OF GRANTS.—In making grants under this paragraph, the Secretary shall make every effort to fairly distribute grants across rural and urban areas, and across the different geographic regions of the United States. The total amount of grants awarded to carry out programs and projects described in paragraph (1)(A) shall be allocated as follows:

''(i) At least 80 percent of the grants shall be awarded to programs and projects that train employed and unemployed workers in skills that are in shortage in high technology, information technology, and biotechnology, including skills needed for software and communications services, telecommunications, systems installation and integration, computers and communications hardware, advanced manufacturing, health care technology, biotechnology and biomedical research and manufacturing, and innovation services.

''(ii) No more than 20 percent of the grants shall be available to programs and projects that train employed and unemployed workers for skills related to any H–1B skill shortage.

''(E) H–1B SKILL SHORTAGE.—In subparagraph (D)(ii), the term 'H–1B skill shortage' means a shortage of skills necessary for employment in a specialty occupation, as defined in section 214(i) of the Immigration and Nationality Act.

''(3) START-UP FUNDS.—

''(A) IN GENERAL.—Except as provided in subparagraph (B), not more than 5 percent of any single grant, or not to exceed $75,000, whichever is less, may be used toward the start-up costs of partnerships or new training programs and projects.

''(B) EXCEPTION.—In the case of partnerships consisting primarily of small businesses, not more than 10 percent of any single grant, or $150,000, whichever is less, may be used toward the start-up costs of partnerships or new training programs and projects.

''(C) DURATION OF START-UP PERIOD.—For purposes of this subsection, a start-up period consists of a period of not more than 2 months after the grant period begins, at which time training shall immediately begin and no further Federal funds may be used for start-up purposes.

''(4) TRAINING OUTCOMES.—

''(A) CONSIDERATION FOR CERTAIN PROGRAMS AND PROJECTS.—Consideration in the awarding of grants shall be given to applicants that provide a specific, measurable commitment upon successful completion of a training course, to—

''(i) hire or effectuate the hiring of unemployed trainees (where applicable);

''(ii) increase the wages or salary of incumbent workers (where applicable); and

''(iii) provide skill certifications to trainees or link the training to industry-accepted occupational skill standards, certificates, or licensing requirements.

''(B) REQUIREMENTS FOR GRANT APPLICATIONS.—Applications for grants shall—

''(i) articulate the level of skills that workers will be trained for and the manner by which attainment of those skills will be measured; and

''(ii) include an agreement that the program or project shall be subject to evaluation by the Secretary of Labor to measure its effectiveness.

''(5) MATCHING FUNDS.—Each application for a grant to carry out a program or project described in paragraph (1)(A) shall state the

manner by which the partnership will provide non-Federal matching resources (cash, or in-kind contributions, or both) equal to at least 50 percent of the total grant amount awarded under paragraph (2)(A)(i), and at least 100 percent of the total grant amount awarded under paragraph (2)(A)(ii). At least one-half of the non-Federal matching funds shall be from the business or businesses or business-related nonprofit organizations involved. Consideration in the award of grants shall be given to applicants that provide a specific commitment or commitments of resources from other public or private sources, or both, so as to demonstrate the long-term sustainability of the training program or project after the grant expires.

''(6) ADMINISTRATIVE COSTS.—An entity that receives a grant to carry out a program or project described in paragraph (1)(A) may not use more than 10 percent of the amount of the grant to pay for administrative costs associated with the program or project.''.

SEC. 12. KIDS 2000 CRIME PREVENTION AND COMPUTER EDUCATION INITIATIVE.

(a) SHORT TITLE.—This section may be cited as the ''Kids 2000 Act''.

(b) FINDINGS.—Congress makes the following findings:

(1) There is an increasing epidemic of juvenile crime throughout the United States.

(2) It is well documented that the majority of juvenile crimes take place during after-school hours.

(3) Knowledge of technology is becoming increasingly necessary for children in school and out of school.

(4) The Boys and Girls Clubs of America have 2,700 clubs throughout all 50 States, serving over 3,000,000 boys and girls primarily from at-risk communities.

(5) The Boys and Girls Clubs of America have the physical structures in place for immediate implementation of an after-school technology program.

(6) Building technology centers and providing integrated content and full-time staffing at those centers in the Boys and Girls Clubs of America nationwide will help foster education, job training, and an alternative to crime for at-risk youth.

(7) Partnerships between the public sector and the private sector are an effective way of providing after-school technology programs in the Boys and Girls Clubs of America.

(8) PowerUp: Bridging the Digital Divide is an entity comprised of more than a dozen nonprofit organizations, major corporations, and Federal agencies that have joined together to launch a major new initiative to help ensure that America's underserved young people acquire the skills, experiences, and resources they need to succeed in the digital age.

(9) Bringing PowerUp into the Boys and Girls Clubs of America will be an effective way to ensure that our youth have a safe, crime-free environment in which to learn the technological skills they need to close the divide between young people who have access to computer-based information and technology-related skills and those who do not.

(c) AFTER-SCHOOL TECHNOLOGY GRANTS TO THE BOYS AND GIRLS CLUBS OF AMERICA.—

(1) PURPOSES.—The Attorney General shall make grants to the Boys and Girls Clubs of America for the purpose of funding effective after-school technology programs, such as PowerUp, in order to provide—

(A) constructive technology-focused activities that are part of a comprehensive program to provide access to technology and technology training to youth during after-school hours, weekends, and school vacations;

(B) supervised activities in safe environments for youth; and

(C) full-time staffing with teachers, tutors, and other qualified personnel.

(2) SUBAWARDS.—The Boys and Girls Clubs of America shall make subawards to local boys and girls clubs authorizing expenditures associated with providing technology programs such as PowerUp, including the hiring of teachers and other personnel, procurement of goods and services, including computer equipment, or such other purposes as are approved by the Attorney General.

(d) APPLICATIONS.—

(1) ELIGIBILITY.—In order to be eligible to receive a grant under this section, an applicant for a subaward (specified in subsection (c)(2)) shall submit an application to the Boys and Girls Clubs of America, in such form and containing such information as the Attorney General may reasonably require.

(2) APPLICATION REQUIREMENTS.—Each application submitted in accordance with paragraph (1) shall include—

(A) a request for a subgrant to be used for the purposes of this section;

(B) a description of the communities to be served by the grant, including the nature of juvenile crime, violence, and drug use in the communities;

(C) written assurances that Federal funds received under this section will be used to supplement and not supplant, non-Federal funds that would otherwise be available for activities funded under this section;

(D) written assurances that all activities funded under this section will be supervised by qualified adults;

(E) a plan for assuring that program activities will take place in a secure environment that is free of crime and drugs;

(F) a plan outlining the utilization of content-based programs such as PowerUp, and the provision of trained adult personnel to supervise the after-school technology training; and

(G) any additional statistical or financial information that the Boys and Girls Clubs of America may reasonably require.

(e) GRANT AWARDS.—In awarding subgrants under this section, the Boys and Girls Clubs of America shall consider—

(1) the ability of the applicant to provide the intended services;

(2) the history and establishment of the applicant in providing youth activities; and

(3) the extent to which services will be provided in crime-prone areas and technologically underserved populations, and efforts to achieve an equitable geographic distribution of the grant awards.

(f) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There is authorized to be appropriated $20,000,000 for each of the fiscal years 2001 through 2006 to carry out this section.

(2) SOURCE OF FUNDS.—Funds to carry out this section may be derived from the Violent Crime Reduction Trust Fund.

(3) CONTINUED AVAILABILITY.—Amounts made available under this subsection shall remain available until expended.

SEC. 13. SEVERABILITY.

If any provision of this Act (or any amendment made by this Act) or the application thereof to any person or circumstance is held invalid, the remainder of the Act (and the amendments made by this Act) and the application of such provision to any other person or circumstance shall not be affected thereby. This section shall be enacted 2 days after effective date.

LOTT AMENDMENT NO. 4179

Mr. LOTT proposed an amendment to the instructions of the motion to recommit the bill, S. 2045, supra; as follows:

At the end of the instructions add the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''American Competitiveness in the Twenty-first Century Act of 2000''.

SEC. 2. TEMPORARY INCREASE IN VISA ALLOTMENTS.

(a) FISCAL YEARS 2000–2002.—Section 214(g)(1)(A) of the Immigration and Nationality Act (8 U.S.C. 1184(g)(1)(A)) is amended—

(1) by redesignating clause (v) as clause (vi); and

(2) by striking clauses (iii) and (iv) and inserting the following:

''(iii) 195,000 in fiscal year 2000; and

''(iv) 195,000 in fiscal year 2001;

''(v) 195,000 in fiscal year 2002; and''.

(b) ADDITIONAL VISAS FOR FISCAL YEAR 1999.—

(1) IN GENERAL.—Notwithstanding section 214(g)(1)(A)(ii) of the Immigration and Nationality Act (8 U.S.C. 1184(g)(1)(A)(ii)), the total number of aliens who may be issued visas or otherwise provided nonimmigrant status under section 101(a)(15)(H)(i)(b) of such Act in fiscal year 1999 is increased by a number equal to the number of aliens who are issued such a visa or provided such status during the period beginning on the date on which the limitation in such section 214(g)(1)(A)(ii) is reached and ending on September 30, 1999.

(2) EFFECTIVE DATE.—Paragraph (1) shall take effect as if included in the enactment of section 411 of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of the Omnibus Consolidated and Emergency Supplemental Appropriations Act, 1999; Public Law 105–277).

SEC. 3. SPECIAL RULE FOR UNIVERSITIES, RESEARCH FACILITIES, AND GRADUATE DEGREE RECIPIENTS; COUNTING RULES.

Section 214(g) of the Immigration and Nationality Act (8 U.S.C. 1184(g)) is amended by adding at the end the following new paragraphs:

''(5) The numerical limitations contained in paragraph (1)(A) shall not apply to any nonimmigrant alien issued a visa or otherwise provided status under section 101(a)(15)(H)(i)(b)—

''(A) who is employed (or has received an offer of employment) at—

''(i) an institution of higher education (as defined in section 101(a) of the Higher Education Act of 1965 (20 U.S.C. 1001(a))), or a related or affiliated nonprofit entity; or

''(ii) a nonprofit research organization or a governmental research organization; or

''(B) for whom a petition is filed not more than 90 days before or not more than 180 days after the nonimmigrant has attained a master's degree or higher degree from an institution of higher education (as defined in section 101(a) of the Higher Education Act of 1965 (20 U.S.C. 1001(a))).

''(6) Any alien who ceases to be employed by an employer described in paragraph (5)(A) shall, if employed as a nonimmigrant alien described in section 101(a)(15)(H)(i)(b), who has not previously been counted toward the numerical limitations contained in paragraph (1)(A), be counted toward those limitations the first time the alien is employed by an employer other than one described in paragraph (5)(A).

''(7) Any alien who has already been counted, within the 6 years prior to the approval of a petition described in subsection (c), toward the numerical limitations of paragraph (1)(A) shall not again be counted toward those limitations unless the alien would be eligible for a full 6 years of authorized admission at the time the petition is filed.

Where multiple petitions are approved for 1 alien, that alien shall be counted only once.''.

SEC. 4. LIMITATION ON PER COUNTRY CEILING WITH RESPECT TO EMPLOYMENT-BASED IMMIGRANTS.

(a) SPECIAL RULES.—Section 202(a) of the Immigration and Nationality Act (8 U.S.C. 1152(a)) is amended by adding at the end the following new paragraph:

''(5) RULES FOR EMPLOYMENT-BASED IMMIGRANTS.—

''(A) EMPLOYMENT-BASED IMMIGRANTS NOT SUBJECT TO PER COUNTRY LIMITATION IF ADDITIONAL VISAS AVAILABLE.—If the total number of visas available under paragraph (1), (2), (3), (4), or (5) of section 203(b) for a calendar quarter exceeds the number of qualified immigrants who may otherwise be issued such visas, the visas made available under that paragraph shall be issued without regard to the numerical limitation under paragraph (2) of this subsection during the remainder of the calendar quarter.

''(B) LIMITING FALL ACROSS FOR CERTAIN COUNTRIES SUBJECT TO SUBSECTION (E).—In the case of a foreign state or dependent area to which subsection (e) applies, if the total number of visas issued under section 203(b) exceeds the maximum number of visas that may be made available to immigrants of the state or area under section 203(b) consistent with subsection (e) (determined without regard to this paragraph), in applying subsection (e) all visas shall be deemed to have been required for the classes of aliens specified in section 203(b).''.

(b) CONFORMING AMENDMENTS.—

(1) Section 202(a)(2) of the Immigration and Nationality Act (8 U.S.C. 1152(a)(2)) is amended by striking ''paragraphs (3) and (4)'' and inserting ''paragraphs (3), (4), and (5)''.

(2) Section 202(e)(3) of the Immigration and Nationality Act (8 U.S.C. 1152(e)(3)) is amended by striking ''the proportion of the visa numbers'' and inserting ''except as provided in subsection (a)(5), the proportion of the visa numbers''.

(c) ONE-TIME PROTECTION UNDER PER COUNTRY CEILING.—Notwithstanding section 214(g)(4) of the Immigration and Nationality Act (8 U.S.C. 1184(g)(4)), any alien who—

(1) is the beneficiary of a petition filed under section 204(a) of that Act for a preference status under paragraph (1), (2), or (3) of section 203(b) of that Act; and

(2) would be subject to the per country limitations applicable to immigrants but for this subsection,

may apply for, and the Attorney General may grant, an extension of such nonimmigrant status until the alien's application for adjustment of status has been processed and a decision made thereon.

SEC. 5. INCREASED PORTABILITY OF H–1B STATUS.

(a) IN GENERAL.—Section 214 of the Immigration and Nationality Act (8 U.S.C. 1184) is amended by adding at the end the following new subsection:

''(m)(1) A nonimmigrant alien described in paragraph (2) who was previously issued a visa or otherwise provided nonimmigrant status under section 101(a)(15)(H)(i)(b) is authorized to accept new employment upon the filing by the prospective employer of a new petition on behalf of such nonimmigrant as provided under subsection (a). Employment authorization shall continue for such alien until the new petition is adjudicated. If the new petition is denied, such authorization shall cease.

''(2) A nonimmigrant alien described in this paragraph is a nonimmigrant alien—

''(A) who has been lawfully admitted into the United States;

''(B) on whose behalf an employer has filed a nonfrivolous petition for new employment before the date of expiration of the period of stay authorized by the Attorney General; and

''(C) who has not been employed without authorization before or during the pendency of such petition for new employment in the United States.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to petitions filed before, on, or after the date of enactment of this Act.

SEC. 6. SPECIAL PROVISIONS IN CASES OF LENGTHY ADJUDICATIONS.

(a) EXEMPTION FROM LIMITATION.—The limitation contained in section 214(g)(4) of the Immigration and Nationality Act (8 U.S.C. 1184(g)(4)) with respect to the duration of authorized stay shall not apply to any nonimmigrant alien previously issued a visa or otherwise provided nonimmigrant status under section 101(a)(15)(H)(i)(b) of that Act on whose behalf a petition under section 204(b) of that Act to accord the alien immigrant status under section 203(b) of that Act, or an application for adjustment of status under section 245 of that Act to accord the alien status under such section 203(b), has been filed, if 365 days or more have elapsed since—

(1) the filing of a labor certification application on the alien's behalf (if such certification is required for the alien to obtain status under such section 203(b)); or

(2) the filing of the petition under such section 204(b).

(b) EXTENSION OF H1–B WORKER STATUS.—The Attorney General shall extend the stay of an alien who qualifies for an exemption under subsection (a) in one-year increments until such time as a final decision is made on the alien's lawful permanent residence.

SEC. 7. EXTENSION OF CERTAIN REQUIREMENTS AND AUTHORITIES THROUGH FISCAL YEAR 2002.

(a) ATTESTATION REQUIREMENTS.—Section 212(n)(1)(E)(ii)) of the Immigration and Nationality Act (8 U.S.C. 1182(n)(1)(E)(ii)) is amended by striking ''October 1, 2001'' and inserting ''October 1, 2002''.

(b) DEPARTMENT OF LABOR INVESTIGATIVE AUTHORITIES.—Section 413(e)(2) of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of Public Law 105–277) is amended by striking ''September 30, 2001'' and inserting ''September 30, 2002''.

SEC. 8. RECOVERY OF VISAS USED FRAUDULENTLY.

Section 214(g)(3) of the Immigration and Nationality Act (8 U.S.C. 1184 (g)(3)) is amended to read as follows:

''(3) Aliens who are subject to the numerical limitations of paragraph (1) shall be issued visas (or otherwise provided nonimmigrant status) in the order in which petitions are filed for such visas or status. If an alien who was issued a visa or otherwise provided nonimmigrant status and counted against the numerical limitations of paragraph (1) is found to have been issued such visa or otherwise provided such status by fraud or willfully misrepresenting a material fact and such visa or nonimmigrant status is revoked, then one number shall be restored to the total number of aliens who may be issued visas or otherwise provided such status under the numerical limitations of paragraph (1) in the fiscal year in which the petition is revoked, regardless of the fiscal year in which the petition was approved.''.

SEC. 9. NSF STUDY AND REPORT ON THE ''DIGITAL DIVIDE''.

(a) STUDY.—The National Science Foundation shall conduct a study of the divergence in access to high technology (commonly referred to as the ''digital divide'') in the United States.

(b) REPORT.—Not later than 18 months after the date of enactment of this Act, the Director of the National Science Foundation shall submit a report to Congress setting forth the findings of the study conducted under subsection (a).

SEC. 10. MODIFICATION OF NONIMMIGRANT PETITIONER ACCOUNT PROVISIONS.

(a) ALLOCATION OF FUNDS.—Section 286(s) of the Immigration and Nationality Act (8 U.S.C. 1356(s)) is amended—

(1) in paragraph (2), by striking ''56.3 percent'' and inserting ''55 percent'';

(2) in paragraph (3), by striking ''28.2 percent'' and inserting ''23.5 percent'';

(3) by amending paragraph (4) to read as follows:

''(4) NATIONAL SCIENCE FOUNDATION COMPETITIVE GRANT PROGRAM FOR K–12 MATH, SCIENCE AND TECHNOLOGY EDUCATION.—

''(A) IN GENERAL.—15 percent of the amounts deposited into the H–1B Nonimmigrant Petitioner Account shall remain available to the Director of the National Science Foundation until expended to carry out a direct or matching grant program to support private-public partnerships in K–12 education.

''(B) TYPES OF PROGRAMS COVERED.—The Director shall award grants to such programs, including those which support the development and implementation of standards-based instructional materials models and related student assessments that enable K–12 students to acquire an understanding of science, mathematics, and technology, as well as to develop critical thinking skills; provide systemic improvement in training K–12 teachers and education for students in science, mathematics, and technology; support the professional development of K–12 math and science teachers in the used of technology in the classroom; stimulate system-wide K–12 reform of science, mathematics, and technology in rural, economically disadvantaged regions of the United States; provide externships and other opportunities for students to increase their appreciation and understanding of science, mathematics, engineering, and technology (including summer institutes sponsored by an institution of higher education for students in grades 7–12 that provide instruction in such fields); involve partnerships of industry, educational institutions, and community organizations to address the educational needs of disadvantaged communities; provide college preparatory support to expose and prepare students for careers in science, mathematics, engineering, and technology; and provide for carrying out systemic reform activities under section 3(a)(1) of this National Science Foundation Act of 1950 (42 U.S.C. 1862(a)(1)).'';

(4) in paragraph (6), by striking ''6 percent'' and inserting ''5 percent''; and

(5) in paragraph (6), by striking ''3 percent'' each place it appears and inserting ''2.5 percent''.

(b) LOW-INCOME SCHOLARSHIP PROGRAM.—Section 414(d)(3) of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of Public Law 105–277) is amended by striking ''$2,500 per year.'' and inserting ''$3,125 per year. The Director may renew scholarships for up to 4 years.''.

(c) REPORTING REQUIREMENT.—Section 414 of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of Public Law 105–277) is amended by adding at the end the following new subsection:

''(e) REPORTING REQUIREMENT.—The Secretary of Labor and the Director of the National Science Foundation shall—

''(1) track and monitor the performance of programs receiving H–1B Nonimmigrant Fee grant money; and

''(2) not later than one year after the date of enactment of this subsection, submit a report to the Committees on the Judiciary of the House of Representatives and the Senate—

''(A) the tracking system to monitor the performance of programs receiving H–1B grant funding; and

''(B) the number of individuals who have completed training and have entered the high-skill workforce through these programs.''.

SEC. 11. DEMONSTRATION PROGRAMS AND PROJECTS TO PROVIDE TECHNICAL SKILLS TRAINING FOR WORKERS.

Section 414(c) of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of Public Law 105–277; 112 Stat. 2681–653) is amended to read as follows:

''(c) DEMONSTRATION PROGRAMS AND PROJECTS TO PROVIDE TECHNICAL SKILLS TRAINING FOR WORKERS.—

''(1) IN GENERAL.—

''(A) FUNDING.—The Secretary of Labor shall use funds available under section 286(s)(2) of the Immigration and Nationality Act (8 U.S.C. 1356(s)(2)) to establish demonstration programs or projects to provide technical skills training for workers, including both employed and unemployed workers.

''(B) TRAINING PROVIDED.—Training funded by a program or project described in subparagraph (A) shall be for persons who are currently employed and who wish to obtain and upgrade skills as well as for persons who are unemployed. Such training is not limited to skill levels commensurate with a four-year undergraduate degree, but should include the preparation of workers for a broad range of positions along a career ladder. Consideration shall be given to the use of grant funds to demonstrate a significant ability to expand a training program or project through such means as training more workers or offering more courses, and training programs or projects resulting from collaborations, especially with more than one small business or with a labor-management training program or project. All training shall be justified with evidence of skill shortages as demonstrated through reliable regional, State, or local data.

''(2) GRANTS.—

''(A) ELIGIBILITY.—To carry out the programs and projects described in paragraph (1)(A), the Secretary of Labor shall, in consultation with the Secretary of Commerce, subject to the availability of funds in the H–1B Nonimmigrant Petitioner Account, award—

''(i) 75 percent of the grants to a local workforce investment board established under section 117 of the Workforce Investment Act of 1998 (29 U.S.C. 2832) or consortia of such boards in a region. Each workforce investment board or consortia of boards receiving grant funds shall represent a local or regional public-private partnership consisting of at least—

''(I) one workforce investment board;

''(II) one community-based organization or higher education institution or labor union; and

''(III) one business or business-related nonprofit organization such as a trade association; and

''(ii) 25 percent of the grants under the Secretary of Labor's authority to award grants for demonstration projects or programs under section 171 of the Workforce Investment Act (29 U.S.C. 2916) to partnerships that shall consist of at least 2 businesses or a business-related nonprofit organization that represents more than one business, and that may include any educational, labor, community organization, or workforce investment board, except that such grant funds may be used only to carry out a strategy that would otherwise not be eligible for funds provided under clause (i), due to barriers in meeting those partnership eligibility criteria, on a national, multistate, regional, or rural area (such as rural telework programs) basis.

''(B) DESIGNATION OF RESPONSIBLE FISCAL AGENTS.—Each partnership formed under subparagraph (A) shall designate a responsible fiscal agent to receive and disburse grant funds under this subsection.

''(C) PARTNERSHIP CONSIDERATIONS.—Consideration in the awarding of grants shall be given to any partnership that involves and directly benefits more than one small business (each consisting of 100 employees or less).

''(D) ALLOCATION OF GRANTS.—In making grants under this paragraph, the Secretary shall make every effort to fairly distribute grants across rural and urban areas, and across the different geographic regions of the United States. The total amount of grants awarded to carry out programs and projects described in paragraph (1)(A) shall be allocated as follows:

''(i) At least 80 percent of the grants shall be awarded to programs and projects that train employed and unemployed workers in skills that are in shortage in high technology, information technology, and biotechnology, including skills needed for software and communications services, telecommunications, systems installation and integration, computers and communications hardware, advanced manufacturing, health care technology, biotechnology and biomedical research and manufacturing, and innovation services.

''(ii) No more than 20 percent of the grants shall be available to programs and projects that train employed and unemployed workers for skills related to any H–1B skill shortage.

''(E) H–1B SKILL SHORTAGE.—In subparagraph (D)(ii), the term 'H–1B skill shortage' means a shortage of skills necessary for employment in a specialty occupation, as defined in section 214(i) of the Immigration and Nationality Act.

''(3) START-UP FUNDS.—

''(A) IN GENERAL.—Except as provided in subparagraph (B), not more than 5 percent of any single grant, or not to exceed $75,000, whichever is less, may be used toward the start-up costs of partnerships or new training programs and projects.

''(B) EXCEPTION.—In the case of partnerships consisting primarily of small businesses, not more than 10 percent of any single grant, or $150,000, whichever is less, may be used toward the start-up costs of partnerships or new training programs and projects.

''(C) DURATION OF START-UP PERIOD.—For purposes of this subsection, a start-up period consists of a period of not more than 2 months after the grant period begins, at which time training shall immediately begin and no further Federal funds may be used for start-up purposes.

''(4) TRAINING OUTCOMES.—

''(A) CONSIDERATION FOR CERTAIN PROGRAMS AND PROJECTS.—Consideration in the awarding of grants shall be given to applicants that provide a specific, measurable commitment upon successful completion of a training course, to—

''(i) hire or effectuate the hiring of unemployed trainees (where applicable);

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''(i) articulate the level of skills that workers will be trained for and the manner by which attainment of those skills will be measured; and

''(ii) include an agreement that the program or project shall be subject to evaluation by the Secretary of Labor to measure its effectiveness.

''(5) MATCHING FUNDS.—Each application for a grant to carry out a program or project described in paragraph (1)(A) shall state the manner by which the partnership will provide non-Federal matching resources (cash, or in-kind contributions, or both) equal to at least 50 percent of the total grant amount awarded under paragraph (2)(A)(i), and at least 100 percent of the total grant amount awarded under paragraph (2)(A)(ii). At least one-half of the non-Federal matching funds shall be from the business or businesses or business-related nonprofit organizations involved. Consideration in the award of grants shall be given to applicants that provide a specific commitment or commitments of resources from other public or private sources, or both, so as to demonstrate the long-term sustainability of the training program or project after the grant expires.

''(6) ADMINISTRATIVE COSTS.—An entity that receives a grant to carry out a program or project described in paragraph (1)(A) may not use more than 10 percent of the amount of the grant to pay for administrative costs associated with the program or project.''.

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(1) There is an increasing epidemic of juvenile crime throughout the United States.

(2) It is well documented that the majority of juvenile crimes take place during after-school hours.

(3) Knowledge of technology is becoming increasingly necessary for children in school and out of school.

(4) The Boys and Girls Clubs of America have 2,700 clubs throughout all 50 States, serving over 3,000,000 boys and girls primarily from at-risk communities.

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(6) Building technology centers and providing integrated content and full-time staffing at those centers in the Boys and Girls Clubs of America nationwide will help foster education, job training, and an alternative to crime for at-risk youth.

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(8) PowerUp: Bridging the Digital Divide is an entity comprised of more than a dozen nonprofit organizations, major corporations, and Federal agencies that have joined together to launch a major new initiative to help ensure that America's underserved young people acquire the skills, experiences, and resources they need to succeed in the digital age.

(9) Bringing PowerUp into the Boys and Girls Clubs of America will be an effective way to ensure that our youth have a safe, crime-free environment in which to learn the technological skills they need to close the divide between young people who have access to computer-based information and technology-related skills and those who do not.

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(1) PURPOSES.—The Attorney General shall make grants to the Boys and Girls Clubs of America for the purpose of funding effective after-school technology programs, such as PowerUp, in order to provide—

(A) constructive technology-focused activities that are part of a comprehensive program to provide access to technology and technology training to youth during after-school hours, weekends, and school vacations;

(B) supervised activities in safe environments for youth; and

(C) full-time staffing with teachers, tutors, and other qualified personnel.

(2) SUBAWARDS.—The Boys and Girls Clubs of America shall make subawards to local boys and girls clubs authorizing expenditures associated with providing technology programs such as PowerUp, including the hiring of teachers and other personnel, procurement of goods and services, including computer equipment, or such other purposes as are approved by the Attorney General.

(d) APPLICATIONS.—

(1) ELIGIBILITY.—In order to be eligible to receive a grant under this section, an applicant for a subaward (specified in subsection (c)(2)) shall submit an application to the Boys and Girls Clubs of America, in such form and containing such information as the Attorney General may reasonably require.

(2) APPLICATION REQUIREMENTS.—Each application submitted in accordance with paragraph (1) shall include—

(A) a request for a subgrant to be used for the purposes of this section;

(B) a description of the communities to be served by the grant, including the nature of juvenile crime, violence, and drug use in the communities;

(C) written assurances that Federal funds received under this section will be used to supplement and not supplant, non-Federal funds that would otherwise be available for activities funded under this section;

(D) written assurances that all activities funded under this section will be supervised by qualified adults;

(E) a plan for assuring that program activities will take place in a secure environment that is free of crime and drugs;

(F) a plan outlining the utilization of content-based programs such as PowerUp, and the provision of trained adult personnel to supervise the after-school technology training; and

(G) any additional statistical or financial information that the Boys and Girls Clubs of America may reasonably require.

(e) GRANT AWARDS.—In awarding subgrants under this section, the Boys and Girls Clubs of America shall consider—

(1) the ability of the applicant to provide the intended services;

(2) the history and establishment of the applicant in providing youth activities; and

(3) the extent to which services will be provided in crime-prone areas and technologically underserved populations, and efforts to achieve an equitable geographic distribution of the grant awards.

(f) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There is authorized to be appropriated $20,000,000 for each of the fiscal years 2001 through 2006 to carry out this section.

(2) SOURCE OF FUNDS.—Funds to carry out this section may be derived from the Violent Crime Reduction Trust Fund.

(3) CONTINUED AVAILABILITY.—Amounts made available under this subsection shall remain available until expended.

SEC. 13. SEVERABILITY.

If any provision of this Act (or any amendment made by this Act) or the application thereof to any person or circumstance is held invalid, the remainder of the Act (and the amendments made by this Act) and the application of such provision to any other person or circumstance shall not be affected thereby. This section shall be enacted 3 days after effective date.

LOTT AMENDMENT NO. 4180

Mr. LOTT proposed an amendment to amendment No. 4179 proposed by Mr. LOTT to the bill, S. 2045, supra; as follows:

Strike all after the word ''section'' and insert the following:

1. SHORT TITLE.

This Act may be cited as the ''American Competitiveness in the Twenty-first Century Act of 2000''.

SEC. 2. TEMPORARY INCREASE IN VISA ALLOTMENTS.

(a) FISCAL YEARS 2000–2002.—Section 214(g)(1)(A) of the Immigration and Nationality Act (8 U.S.C. 1184(g)(1)(A)) is amended—

(1) by redesignating clause (v) as clause (vi); and

(2) by striking clauses (iii) and (iv) and inserting the following:

''(iii) 195,000 in fiscal year 2000; and

''(iv) 195,000 in fiscal year 2001;

''(v) 195,000 in fiscal year 2002; and''.

(b) ADDITIONAL VISAS FOR FISCAL YEAR 1999.—

(1) IN GENERAL.—Notwithstanding section 214(g)(1)(A)(ii) of the Immigration and Nationality Act (8 U.S.C. 1184(g)(1)(A)(ii)), the total number of aliens who may be issued visas or otherwise provided nonimmigrant status under section 101(a)(15)(H)(i)(b) of such Act in fiscal year 1999 is increased by a number equal to the number of aliens who are issued such a visa or provided such status during the period beginning on the date on which the limitation in such section 214(g)(1)(A)(ii) is reached and ending on September 30, 1999.

(2) EFFECTIVE DATE.—Paragraph (1) shall take effect as if included in the enactment of section 411 of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of the Omnibus Consolidated and Emergency Supplemental Appropriations Act, 1999; Public Law 105–277).

SEC. 3. SPECIAL RULE FOR UNIVERSITIES, RESEARCH FACILITIES, AND GRADUATE DEGREE RECIPIENTS; COUNTING RULES.

Section 214(g) of the Immigration and Nationality Act (8 U.S.C. 1184(g)) is amended by adding at the end the following new paragraphs:

''(5) The numerical limitations contained in paragraph (1)(A) shall not apply to any nonimmigrant alien issued a visa or otherwise provided status under section 101(a)(15)(H)(i)(b)—

''(A) who is employed (or has received an offer of employment) at—

''(i) an institution of higher education (as defined in section 101(a) of the Higher Education Act of 1965 (20 U.S.C. 1001(a))), or a related or affiliated nonprofit entity; or

''(ii) a nonprofit research organization or a governmental research organization; or

''(B) for whom a petition is filed not more than 90 days before or not more than 180 days after the nonimmigrant has attained a master's degree or higher degree from an institution of higher education (as defined in section 101(a) of the Higher Education Act of 1965 (20 U.S.C. 1001(a))).

''(6) Any alien who ceases to be employed by an employer described in paragraph (5)(A) shall, if employed as a nonimmigrant alien described in section 101(a)(15)(H)(i)(b), who has not previously been counted toward the numerical limitations contained in paragraph (1)(A), be counted toward those limitations the first time the alien is employed by an employer other than one described in paragraph (5)(A).

''(7) Any alien who has already been counted, within the 6 years prior to the approval of a petition described in subsection (c), toward the numerical limitations of paragraph (1)(A) shall not again be counted toward those limitations unless the alien would be eligible for a full 6 years of authorized admission at the time the petition is filed. Where multiple petitions are approved for 1 alien, that alien shall be counted only once.''.

SEC. 4. LIMITATION ON PER COUNTRY CEILING WITH RESPECT TO EMPLOYMENT-BASED IMMIGRANTS.

(a) SPECIAL RULES.—Section 202(a) of the Immigration and Nationality Act (8 U.S.C. 1152(a)) is amended by adding at the end the following new paragraph:

''(5) RULES FOR EMPLOYMENT-BASED IMMIGRANTS.—

''(A) EMPLOYMENT-BASED IMMIGRANTS NOT SUBJECT TO PER COUNTRY LIMITATION IF ADDITIONAL VISAS AVAILABLE.—If the total number of visas available under paragraph (1), (2), (3), (4), or (5) of section 203(b) for a calendar quarter exceeds the number of qualified immigrants who may otherwise be issued such visas, the visas made available under that paragraph shall be issued without regard to the numerical limitation under paragraph (2) of this subsection during the remainder of the calendar quarter.

''(B) LIMITING FALL ACROSS FOR CERTAIN COUNTRIES SUBJECT TO SUBSECTION (E).—In the case of a foreign state or dependent area to which subsection (e) applies, if the total number of visas issued under section 203(b) exceeds the maximum number of visas that may be made available to immigrants of the state or area under section 203(b) consistent with subsection (e) (determined without regard to this paragraph), in applying subsection (e) all visas shall be deemed to have been required for the classes of aliens specified in section 203(b).''.

(b) CONFORMING AMENDMENTS.—

(1) Section 202(a)(2) of the Immigration and Nationality Act (8 U.S.C. 1152(a)(2)) is amended by striking ''paragraphs (3) and (4)'' and inserting ''paragraphs (3), (4), and (5)''.

(2) Section 202(e)(3) of the Immigration and Nationality Act (8 U.S.C. 1152(e)(3)) is amended by striking ''the proportion of the visa numbers'' and inserting ''except as provided in subsection (a)(5), the proportion of the visa numbers''.

(c) ONE-TIME PROTECTION UNDER PER COUNTRY CEILING.—Notwithstanding section 214(g)(4) of the Immigration and Nationality Act (8 U.S.C. 1184(g)(4)), any alien who—

(1) is the beneficiary of a petition filed under section 204(a) of that Act for a preference status under paragraph (1), (2), or (3) of section 203(b) of that Act; and

(2) would be subject to the per country limitations applicable to immigrants but for this subsection,

may apply for, and the Attorney General may grant, an extension of such nonimmigrant status until the alien's application for adjustment of status has been processed and a decision made thereon.

SEC. 5. INCREASED PORTABILITY OF H–1B STATUS.

(a) IN GENERAL.—Section 214 of the Immigration and Nationality Act (8 U.S.C. 1184) is amended by adding at the end the following new subsection:

''(m)(1) A nonimmigrant alien described in paragraph (2) who was previously issued a visa or otherwise provided nonimmigrant

status under section 101(a)(15)(H)(i)(b) is authorized to accept new employment upon the filing by the prospective employer of a new petition on behalf of such nonimmigrant as provided under subsection (a). Employment authorization shall continue for such alien until the new petition is adjudicated. If the new petition is denied, such authorization shall cease.

''(2) A nonimmigrant alien described in this paragraph is a nonimmigrant alien—

''(A) who has been lawfully admitted into the United States;

''(B) on whose behalf an employer has filed a nonfrivolous petition for new employment before the date of expiration of the period of stay authorized by the Attorney General; and

''(C) who has not been employed without authorization before or during the pendency of such petition for new employment in the United States.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to petitions filed before, on, or after the date of enactment of this Act.

SEC. 6. SPECIAL PROVISIONS IN CASES OF LENGTHY ADJUDICATIONS.

(a) EXEMPTION FROM LIMITATION.—The limitation contained in section 214(g)(4) of the Immigration and Nationality Act (8 U.S.C. 1184(g)(4)) with respect to the duration of authorized stay shall not apply to any nonimmigrant alien previously issued a visa or otherwise provided nonimmigrant status under section 101(a)(15)(H)(i)(b) of that Act on whose behalf a petition under section 204(b) of that Act to accord the alien immigrant status under section 203(b) of that Act, or an application for adjustment of status under section 245 of that Act to accord the alien status under such section 203(b), has been filed, if 365 days or more have elapsed since—

(1) the filing of a labor certification application on the alien's behalf (if such certification is required for the alien to obtain status under such section 203(b)); or

(2) the filing of the petition under such section 204(b).

(b) EXTENSION OF H1–B WORKER STATUS.—The Attorney General shall extend the stay of an alien who qualifies for an exemption under subsection (a) in one-year increments until such time as a final decision is made on the alien's lawful permanent residence.

SEC. 7. EXTENSION OF CERTAIN REQUIREMENTS AND AUTHORITIES THROUGH FISCAL YEAR 2002.

(a) ATTESTATION REQUIREMENTS.—Section 212(n)(1)(E)(ii)) of the Immigration and Nationality Act (8 U.S.C. 1182(n)(1)(E)(ii)) is amended by striking ''October 1, 2001'' and inserting ''October 1, 2002''.

(b) DEPARTMENT OF LABOR INVESTIGATIVE AUTHORITIES.—Section 413(e)(2) of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of Public Law 105–277) is amended by striking ''September 30, 2001'' and inserting ''September 30, 2002''.

SEC. 8. RECOVERY OF VISAS USED FRAUDULENTLY.

Section 214(g)(3) of the Immigration and Nationality Act (8 U.S.C. 1184 (g)(3)) is amended to read as follows:

''(3) Aliens who are subject to the numerical limitations of paragraph (1) shall be issued visas (or otherwise provided nonimmigrant status) in the order in which petitions are filed for such visas or status. If an alien who was issued a visa or otherwise provided nonimmigrant status and counted against the numerical limitations of paragraph (1) is found to have been issued such visa or otherwise provided such status by fraud or willfully misrepresenting a material fact and such visa or nonimmigrant status is revoked, then one number shall be restored to the total number of aliens who may be issued visas or otherwise provided such status under the numerical limitations of paragraph (1) in the fiscal year in which the petition is revoked, regardless of the fiscal year in which the petition was approved.''.

SEC. 9. NSF STUDY AND REPORT ON THE "DIGITAL DIVIDE".

(a) STUDY.—The National Science Foundation shall conduct a study of the divergence in access to high technology (commonly referred to as the ''digital divide'') in the United States.

(b) REPORT.—Not later than 18 months after the date of enactment of this Act, the Director of the National Science Foundation shall submit a report to Congress setting forth the findings of the study conducted under subsection (a).

SEC. 10. MODIFICATION OF NONIMMIGRANT PETITIONER ACCOUNT PROVISIONS.

(a) ALLOCATION OF FUNDS.—Section 286(s) of the Immigration and Nationality Act (8 U.S.C. 1356(s)) is amended—

(1) in paragraph (2), by striking ''56.3 percent'' and inserting ''55 percent'';

(2) in paragraph (3), by striking ''28.2 percent'' and inserting ''23.5 percent'';

(3) by amending paragraph (4) to read as follows:

''(4) NATIONAL SCIENCE FOUNDATION COMPETITIVE GRANT PROGRAM FOR K–12 MATH, SCIENCE AND TECHNOLOGY EDUCATION.—

''(A) IN GENERAL.—15 percent of the amounts deposited into the H–1B Nonimmigrant Petitioner Account shall remain available to the Director of the National Science Foundation until expended to carry out a direct or matching grant program to support private-public partnerships in K–12 education.

''(B) TYPES OF PROGRAMS COVERED.—The Director shall award grants to such programs, including those which support the development and implementation of standards-based instructional materials models and related student assessments that enable K–12 students to acquire an understanding of science, mathematics, and technology, as well as to develop critical thinking skills; provide systemic improvement in training K–12 teachers and education for students in science, mathematics, and technology; support the professional development of K–12 math and science teachers in the used of technology in the classroom; stimulate system-wide K–12 reform of science, mathematics, and technology in rural, economically disadvantaged regions of the United States; provide externships and other opportunities for students to increase their appreciation and understanding of science, mathematics, engineering, and technology (including summer institutes sponsored by an institution of higher education for students in grades 7–12 that provide instruction in such fields); involve partnerships of industry, educational institutions, and community organizations to address the educational needs of disadvantaged communities; provide college preparatory support to expose and prepare students for careers in science, mathematics, engineering, and technology; and provide for carrying out systemic reform activities under section 3(a)(1) of this National Science Foundation Act of 1950 (42 U.S.C. 1862(a)(1)).'';

(4) in paragraph (6), by striking ''6 percent'' and inserting ''5 percent''; and

(5) in paragraph (6), by striking ''3 percent'' each place it appears and inserting ''2.5 percent''.

(b) LOW-INCOME SCHOLARSHIP PROGRAM.—Section 414(d)(3) of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of Public Law 105–277) is amended by striking ''$2,500 per year.'' and inserting ''$3,125 per year. The Director may renew scholarships for up to 4 years.''.

(c) REPORTING REQUIREMENT.—Section 414 of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of Public Law 105–277) is amended by adding at the end the following new subsection:

''(e) REPORTING REQUIREMENT.—The Secretary of Labor and the Director of the National Science Foundation shall—

''(1) track and monitor the performance of programs receiving H–1B Nonimmigrant Fee grant money; and

''(2) not later than one year after the date of enactment of this subsection, submit a report to the Committees on the Judiciary of the House of Representatives and the Senate—

''(A) the tracking system to monitor the performance of programs receiving H–1B grant funding; and

''(B) the number of individuals who have completed training and have entered the high-skill workforce through these programs.''.

SEC. 11. DEMONSTRATION PROGRAMS AND PROJECTS TO PROVIDE TECHNICAL SKILLS TRAINING FOR WORKERS.

Section 414(c) of the American Competitiveness and Workforce Improvement Act of 1998 (as contained in title IV of division C of Public Law 105–277; 112 Stat. 2681–653) is amended to read as follows:

''(c) DEMONSTRATION PROGRAMS AND PROJECTS TO PROVIDE TECHNICAL SKILLS TRAINING FOR WORKERS.—

''(1) IN GENERAL.—

''(A) FUNDING.—The Secretary of Labor shall use funds available under section 286(s)(2) of the Immigration and Nationality Act (8 U.S.C. 1356(s)(2)) to establish demonstration programs or projects to provide technical skills training for workers, including both employed and unemployed workers.

''(B) TRAINING PROVIDED.—Training funded by a program or project described in subparagraph (A) shall be for persons who are currently employed and who wish to obtain and upgrade skills as well as for persons who are unemployed. Such training is not limited to skill levels commensurate with a four-year undergraduate degree, but should include the preparation of workers for a broad range of positions along a career ladder. Consideration shall be given to the use of grant funds to demonstrate a significant ability to expand a training program or project through such means as training more workers or offering more courses, and training programs or projects resulting from collaborations, especially with more than one small business or with a labor-management training program or project. All training shall be justified with evidence of skill shortages as demonstrated through reliable regional, State, or local data.

''(2) GRANTS.—

''(A) ELIGIBILITY.—To carry out the programs and projects described in paragraph (1)(A), the Secretary of Labor shall, in consultation with the Secretary of Commerce, subject to the availability of funds in the H–1B Nonimmigrant Petitioner Account, award—

''(i) 75 percent of the grants to a local workforce investment board established under section 117 of the Workforce Investment Act of 1998 (29 U.S.C. 2832) or consortia of such boards in a region. Each workforce investment board or consortia of boards receiving grant funds shall represent a local or regional public-private partnership consisting of at least—

''(I) one workforce investment board;

''(II) one community-based organization or higher education institution or labor union; and

''(III) one business or business-related nonprofit organization such as a trade association; and

''(ii) 25 percent of the grants under the Secretary of Labor's authority to award grants for demonstration projects or programs under section 171 of the Workforce Investment Act (29 U.S.C. 2916) to partnerships that shall consist of at least 2 businesses or a business-related nonprofit organization that represents more than one business, and that may include any educational, labor, community organization, or workforce investment board, except that such grant funds may be used only to carry out a strategy that would otherwise not be eligible for funds provided under clause (i), due to barriers in meeting those partnership eligibility criteria, on a national, multistate, regional, or rural area (such as rural telework programs) basis.

''(B) DESIGNATION OF RESPONSIBLE FISCAL AGENTS.—Each partnership formed under subparagraph (A) shall designate a responsible fiscal agent to receive and disburse grant funds under this subsection.

''(C) PARTNERSHIP CONSIDERATIONS.—Consideration in the awarding of grants shall be given to any partnership that involves and directly benefits more than one small business (each consisting of 100 employees or less).

''(D) ALLOCATION OF GRANTS.—In making grants under this paragraph, the Secretary shall make every effort to fairly distribute grants across rural and urban areas, and across the different geographic regions of the United States. The total amount of grants awarded to carry out programs and projects described in paragraph (1)(A) shall be allocated as follows:

''(i) At least 80 percent of the grants shall be awarded to programs and projects that train employed and unemployed workers in skills that are in shortage in high technology, information technology, and biotechnology, including skills needed for software and communications services, telecommunications, systems installation and integration, computers and communications hardware, advanced manufacturing, health care technology, biotechnology and biomedical research and manufacturing, and innovation services.

''(ii) No more than 20 percent of the grants shall be available to programs and projects that train employed and unemployed workers for skills related to any H–1B skill shortage.

''(E) H–1B SKILL SHORTAGE.—In subparagraph (D)(ii), the term 'H–1B skill shortage' means a shortage of skills necessary for employment in a specialty occupation, as defined in section 214(i) of the Immigration and Nationality Act.

''(3) START-UP FUNDS.—

''(A) IN GENERAL.—Except as provided in subparagraph (B), not more than 5 percent of any single grant, or not to exceed $75,000, whichever is less, may be used toward the start-up costs of partnerships or new training programs and projects.

''(B) EXCEPTION.—In the case of partnerships consisting primarily of small businesses, not more than 10 percent of any single grant, or $150,000, whichever is less, may be used toward the start-up costs of partnerships or new training programs and projects.

''(C) DURATION OF START-UP PERIOD.—For purposes of this subsection, a start-up period consists of a period of not more than 2 months after the grant period begins, at which time training shall immediately begin and no further Federal funds may be used for start-up purposes.

''(4) TRAINING OUTCOMES.—

''(A) CONSIDERATION FOR CERTAIN PROGRAMS AND PROJECTS.—Consideration in the awarding of grants shall be given to applicants that provide a specific, measurable commitment upon successful completion of a training course, to—

''(i) hire or effectuate the hiring of unemployed trainees (where applicable);

''(ii) increase the wages or salary of incumbent workers (where applicable); and

''(iii) provide skill certifications to trainees or link the training to industry-accepted occupational skill standards, certificates, or licensing requirements.

''(B) REQUIREMENTS FOR GRANT APPLICATIONS.—Applications for grants shall—

''(i) articulate the level of skills that workers will be trained for and the manner by which attainment of those skills will be measured; and

''(ii) include an agreement that the program or project shall be subject to evaluation by the Secretary of Labor to measure its effectiveness.

''(5) MATCHING FUNDS.—Each application for a grant to carry out a program or project described in paragraph (1)(A) shall state the manner by which the partnership will provide non-Federal matching resources (cash, or in-kind contributions, or both) equal to at least 50 percent of the total grant amount awarded under paragraph (2)(A)(i), and at least 100 percent of the total grant amount awarded under paragraph (2)(A)(ii). At least one-half of the non-Federal matching funds shall be from the business or businesses or business-related nonprofit organizations involved. Consideration in the award of grants shall be given to applicants that provide a specific commitment or commitments of resources from other public or private sources, or both, so as to demonstrate the long-term sustainability of the training program or project after the grant expires.

''(6) ADMINISTRATIVE COSTS.—An entity that receives a grant to carry out a program or project described in paragraph (1)(A) may not use more than 10 percent of the amount of the grant to pay for administrative costs associated with the program or project.''.

SEC. 12. KIDS 2000 CRIME PREVENTION AND COMPUTER EDUCATION INITIATIVE.

(a) SHORT TITLE.—This section may be cited as the ''Kids 2000 Act''.

(b) FINDINGS.—Congress makes the following findings:

(1) There is an increasing epidemic of juvenile crime throughout the United States.

(2) It is well documented that the majority of juvenile crimes take place during after-school hours.

(3) Knowledge of technology is becoming increasingly necessary for children in school and out of school.

(4) The Boys and Girls Clubs of America have 2,700 clubs throughout all 50 States, serving over 3,000,000 boys and girls primarily from at-risk communities.

(5) The Boys and Girls Clubs of America have the physical structures in place for immediate implementation of an after-school technology program.

(6) Building technology centers and providing integrated content and full-time staffing at those centers in the Boys and Girls Clubs of America nationwide will help foster education, job training, and an alternative to crime for at-risk youth.

(7) Partnerships between the public sector and the private sector are an effective way of providing after-school technology programs in the Boys and Girls Clubs of America.

(8) PowerUp: Bridging the Digital Divide is an entity comprised of more than a dozen nonprofit organizations, major corporations, and Federal agencies that have joined together to launch a major new initiative to help ensure that America's underserved young people acquire the skills, experiences, and resources they need to succeed in the digital age.

(9) Bringing PowerUp into the Boys and Girls Clubs of America will be an effective way to ensure that our youth have a safe, crime-free environment in which to learn the technological skills they need to close the divide between young people who have access to computer-based information and technology-related skills and those who do not.

(c) AFTER-SCHOOL TECHNOLOGY GRANTS TO THE BOYS AND GIRLS CLUBS OF AMERICA.—

(1) PURPOSES.—The Attorney General shall make grants to the Boys and Girls Clubs of America for the purpose of funding effective after-school technology programs, such as PowerUp, in order to provide—

(A) constructive technology-focused activities that are part of a comprehensive program to provide access to technology and technology training to youth during after-school hours, weekends, and school vacations;

(B) supervised activities in safe environments for youth; and

(C) full-time staffing with teachers, tutors, and other qualified personnel.

(2) SUBAWARDS.—The Boys and Girls Clubs of America shall make subawards to local boys and girls clubs authorizing expenditures associated with providing technology programs such as PowerUp, including the hiring of teachers and other personnel, procurement of goods and services, including computer equipment, or such other purposes as are approved by the Attorney General.

(d) APPLICATIONS.—

(1) ELIGIBILITY.—In order to be eligible to receive a grant under this section, an applicant for a subaward (specified in subsection (c)(2)) shall submit an application to the Boys and Girls Clubs of America, in such form and containing such information as the Attorney General may reasonably require.

(2) APPLICATION REQUIREMENTS.—Each application submitted in accordance with paragraph (1) shall include—

(A) a request for a subgrant to be used for the purposes of this section;

(B) a description of the communities to be served by the grant, including the nature of juvenile crime, violence, and drug use in the communities;

(C) written assurances that Federal funds received under this section will be used to supplement and not supplant, non-Federal funds that would otherwise be available for activities funded under this section;

(D) written assurances that all activities funded under this section will be supervised by qualified adults;

(E) a plan for assuring that program activities will take place in a secure environment that is free of crime and drugs;

(F) a plan outlining the utilization of content-based programs such as PowerUp, and the provision of trained adult personnel to supervise the after-school technology training; and

(G) any additional statistical or financial information that the Boys and Girls Clubs of America may reasonably require.

(e) GRANT AWARDS.—In awarding subgrants under this section, the Boys and Girls Clubs of America shall consider—

(1) the ability of the applicant to provide the intended services;

(2) the history and establishment of the applicant in providing youth activities; and

(3) the extent to which services will be provided in crime-prone areas and technologically underserved populations, and efforts to achieve an equitable geographic distribution of the grant awards.

(f) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There is authorized to be appropriated $20,000,000 for each of the fiscal years 2001 through 2006 to carry out this section.

(2) SOURCE OF FUNDS.—Funds to carry out this section may be derived from the Violent Crime Reduction Trust Fund.

(3) CONTINUED AVAILABILITY.—Amounts made available under this subsection shall remain available until expended.

SEC. 13. SEVERABILITY.

If any provision of this Act (or any amendment made by this Act) or the application thereof to any person or circumstance is held invalid, the remainder of the Act (and the amendments made by this Act) and the application of such provision to any other person or circumstance shall not be affected thereby. This section shall be enacted 4 days after effective date.

CHILDREN'S HEALTH ACT OF 2000

FRIST (AND OTHERS) AMENDMENT NO. 4181

Mr. FRIST (for himself, Mr. JEFFORDS, Mr. KENNEDY, Mr. DODD, Mr. DEWINE, Ms. COLLINS, Mr. BINGAMAN, Mr. HUTCHINSON, Mrs. MURRAY, Mr. ASHCROFT, Mr. ABRAHAM, Mr. GORTON, Mr. HATCH, Mr. BOND, Mr. ENZI, Mr. DURBIN, Mr. HARKIN, Mr. WELLSTONE, Mr. TORRICELLI, and Ms. MIKULSKI) proposed amendment to the bill (H.R. 4365) to amend the Public Health Service Act with respect to children's health; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Children's Health Act of 2000''.

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

Sec. 1. Short title.
Sec. 2. Table of contents.

DIVISION A—CHILDREN'S HEALTH

TITLE I—AUTISM

Sec. 101. Expansion, intensification, and coordination of activities of National Institutes of Health with respect to research on autism.
Sec. 102. Developmental disabilities surveillance and research programs.
Sec. 103. Information and education.
Sec. 104. Inter-agency Autism Coordinating Committee.
Sec. 105. Report to Congress.

TITLE II—RESEARCH AND DEVELOPMENT REGARDING FRAGILE X

Sec. 201. National Institute of Child Health and Human Development; research on fragile X.

TITLE III—JUVENILE ARTHRITIS AND RELATED CONDITIONS

Sec. 301. National Institute of Arthritis and Musculoskeletal and Skin Diseases; research on juvenile arthritis and related conditions.
Sec. 302. Information clearinghouse.

TITLE IV—REDUCING BURDEN OF DIABETES AMONG CHILDREN AND YOUTH

Sec. 401. Programs of Centers for Disease Control and Prevention.
Sec. 402. Programs of National Institutes of Health.

TITLE V—ASTHMA SERVICES FOR CHILDREN

Subtitle A—Asthma Services

Sec. 501. Grants for children's asthma relief.
Sec. 502. Technical and conforming amendments.

Subtitle B—Prevention Activities

Sec. 511. Preventive health and health services block grant; systems for reducing asthma-related illnesses through integrated pest management.

Subtitle C—Coordination of Federal Activities

Sec. 521. Coordination through National Institutes of Health.

Subtitle D—Compilation of Data

Sec. 531. Compilation of data by Centers for Disease Control and Prevention.

TITLE VI—BIRTH DEFECTS PREVENTION ACTIVITIES

Subtitle A—Folic Acid Promotion

Sec. 601. Program regarding effects of folic acid in prevention of birth defects.

Subtitle B—National Center on Birth Defects and Developmental Disabilities

Sec. 611. National Center on Birth Defects and Developmental Disabilities.

TITLE VII—EARLY DETECTION, DIAGNOSIS, AND TREATMENT REGARDING HEARING LOSS IN INFANTS

Sec. 701. Purposes.
Sec. 702. Programs of Health Resources and Services Administration, Centers for Disease Control and Prevention, and National Institutes of Health.

TITLE VIII—CHILDREN AND EPILEPSY

Sec. 801. National public health campaign on epilepsy; seizure disorder demonstration projects in medically underserved areas.

TITLE IX—SAFE MOTHERHOOD; INFANT HEALTH PROMOTION

Subtitle A—Safe Motherhood Prevention Research

Sec. 901. Prevention research and other activities.

Subtitle B—Pregnant Women and Infants Health Promotion

Sec. 911. Programs regarding prenatal and postnatal health.

TITLE X—PEDIATRIC RESEARCH INITIATIVE

Sec. 1001. Establishment of pediatric research initiative.
Sec. 1002. Investment in tomorrow's pediatric researchers.
Sec. 1003. Review of regulations.
Sec. 1004. Long-term child development study.

TITLE XI—CHILDHOOD MALIGNANCIES

Sec. 1101. Programs of Centers for Disease Control and Prevention and National Institutes of Health.

TITLE XII—ADOPTION AWARENESS

Subtitle A—Infant Adoption Awareness

Sec. 1201. Grants regarding infant adoption awareness.

Subtitle B—Special Needs Adoption Awareness

Sec. 1211. Special needs adoption programs; public awareness campaign and other activities.

TITLE XIII—TRAUMATIC BRAIN INJURY

Sec. 1301. Programs of Centers for Disease Control and Prevention.
Sec. 1302. Study and monitor incidence and prevalence.
Sec. 1303. Programs of National Institutes of Health.
Sec. 1304. Programs of Health Resources and Services Administration.
Sec. 1305. State grants for protection and advocacy services.
Sec. 1306. Authorization of appropriations for certain programs.

TITLE XIV—CHILD CARE SAFETY AND HEALTH GRANTS

Sec. 1401. Definitions.
Sec. 1402. Authorization of appropriations.
Sec. 1403. Programs.
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Sec. 1405. State applications.
Sec. 1406. Use of funds.
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TITLE XV—HEALTHY START INITIATIVE

Sec. 1501. Continuation of healthy start program.

TITLE XVI—ORAL HEALTH PROMOTION AND DISEASE PREVENTION

Sec. 1601. Identification of interventions that reduce the burden and transmission of oral, dental, and craniofacial diseases in high risk populations; development of approaches for pediatric oral and craniofacial assessment.
Sec. 1602. Oral health promotion and disease prevention.
Sec. 1603. Coordinated program to improve pediatric oral health.

TITLE XVII—VACCINE-RELATED PROGRAMS

Subtitle A—Vaccine Compensation Program

Sec. 1701. Content of petitions.

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Sec. 1711. Childhood immunizations.

TITLE XVIII—HEPATITIS C

Sec. 1801. Surveillance and education regarding hepatitis C.

TITLE XIX—NIH INITIATIVE ON AUTOIMMUNE DISEASES

Sec. 1901. Autoimmune-diseases; initiative through Director of National Institutes of Health.

TITLE XX—GRADUATE MEDICAL EDUCATION PROGRAMS IN CHILDREN'S HOSPITALS

Sec. 2001. Provisions to revise and extend program.

TITLE XXI—SPECIAL NEEDS OF CHILDREN REGARDING ORGAN TRANSPLANTATION

Sec. 2101. Organ Procurement and Transplantation Network; amendments regarding needs of children.

TITLE XXII—MUSCULAR DYSTROPHY RESEARCH

Sec. 2201. Muscular dystrophy research.

TITLE XXIII—CHILDREN AND TOURETTE SYNDROME AWARENESS

Sec. 2301. Grants regarding Tourette Syndrome.

TITLE XXIV—CHILDHOOD OBESITY PREVENTION

Sec. 2401. Programs operated through the Centers for Disease Control and Prevention.

TITLE XXV—EARLY DETECTION AND TREATMENT REGARDING CHILDHOOD LEAD POISONING

Sec. 2501. Centers for Disease Control and Prevention efforts to combat childhood lead poisoning.
Sec. 2502. Grants for lead poisoning related activities.
Sec. 2503. Training and reports by the Health Resources and Services Administration.
Sec. 2504. Screenings, referrals, and education regarding lead poisoning.

TITLE XXVI—SCREENING FOR HERITABLE DISORDERS
Sec. 2601. Program to improve the ability of States to provide newborn and child screening for heritable disorders.
TITLE XXVII—PEDIATRIC RESEARCH PROTECTIONS
Sec. 2701. Requirement for additional protections for children involved in research.
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Sec. 2801. Report regarding research on rare diseases in children.
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Sec. 3201. Priority mental health needs of regional and national significance.
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Sec. 3208. Requirement relating to the rights of residents of certain non-medical, community-based facilities for children and youth.
Sec. 3209. Emergency mental health centers.
Sec. 3210. Grants for jail diversion programs.
Sec. 3211. Improving outcomes for children and adolescents through services integration between child welfare and mental health services.
Sec. 3212. Grants for the integrated treatment of serious mental illness and co-occurring substance abuse.
Sec. 3213. Training grants.
TITLE XXXIII—PROVISIONS RELATING TO SUBSTANCE ABUSE
Sec. 3301. Priority substance abuse treatment needs of regional and national significance.
Sec. 3302. Priority substance abuse prevention needs of regional and national significance.
Sec. 3303. Substance abuse prevention and treatment performance partnership block grant.
Sec. 3304. Determination of allotments.
Sec. 3305. Nondiscrimination and institutional safeguards for religious providers.
Sec. 3306. Alcohol and drug prevention or treatment services for Indians and Native Alaskans.
Sec. 3307. Establishment of commission.
TITLE XXXIV—PROVISIONS RELATING TO FLEXIBILITY AND ACCOUNTABILITY
Sec. 3401. General authorities and peer review.
Sec. 3402. Advisory councils.
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Sec. 3404. Data infrastructure projects.
Sec. 3405. Repeal of obsolete addict referral provisions.
Sec. 3406. Individuals with co-occurring disorders.
Sec. 3407. Services for individuals with co-occurring disorders.
TITLE XXXV—WAIVER AUTHORITY FOR PHYSICIANS WHO DISPENSE OR PRESCRIBE CERTAIN NARCOTIC DRUGS FOR MAINTENANCE TREATMENT OR DETOXIFICATION TREATMENT
Sec. 3501. Short title.
Sec. 3502. Amendment to Controlled Substances Act.
TITLE XXXVI—METHAMPHETAMINE AND OTHER CONTROLLED SUBSTANCES
Sec. 3601. Short title.
Subtitle A—Methamphetamine Production, Trafficking, and Abuse
PART I—CRIMINAL PENALTIES
Sec. 3611. Enhanced punishment of amphetamine laboratory operators.
Sec. 3612. Enhanced punishment of amphetamine or methamphetamine laboratory operators.
Sec. 3613. Mandatory restitution for violations of Controlled Substances Act and Controlled Substances Import and Export Act relating to amphetamine and methamphetamine.
Sec. 3614. Methamphetamine paraphernalia.
PART II—ENHANCED LAW ENFORCEMENT
Sec. 3621. Environmental hazards associated with illegal manufacture of amphetamine and methamphetamine.
Sec. 3622. Reduction in retail sales transaction threshold for non-safe harbor products containing pseudoephedrine or phenylpropanolamine.
Sec. 3623. Training for Drug Enforcement Administration and State and local law enforcement personnel relating to clandestine laboratories.
Sec. 3624. Combating methamphetamine and amphetamine in high intensity drug trafficking areas.
Sec. 3625. Combating amphetamine and methamphetamine manufacturing and trafficking.
PART III—ABUSE PREVENTION AND TREATMENT
Sec. 3631. Expansion of methamphetamine research.
Sec. 3632. Methamphetamine and amphetamine treatment initiative by Center for Substance Abuse Treatment.
Sec. 3633. Study of methamphetamine treatment.
PART IV—REPORTS
Sec. 3641. Reports on consumption of methamphetamine and other illicit drugs in rural areas, metropolitan areas, and consolidated metropolitan areas.
Sec. 3642. Report on diversion of ordinary, over-the-counter pseudoephedrine and phenylpropanolamine products.
Subtitle B—Controlled Substances Generally
Sec. 3651. Enhanced punishment for trafficking in list I chemicals.
Sec. 3652. Mail order requirements.
Sec. 3653. Theft and transportation of anhydrous ammonia for purposes of illicit production of controlled substances.
Subtitle C—Ecstasy Anti-Proliferation Act of 2000
Sec. 3661. Short title.
Sec. 3662. Findings.
Sec. 3663. Enhanced punishment of ecstasy traffickers.
Sec. 3664. Emergency authority to united states sentencing commission.
Sec. 3665. Expansion of ecstasy and club drugs abuse prevention efforts.
Subtitle D—Miscellaneous
Sec. 3671. Antidrug messages on Federal Government Internet websites.
Sec. 3672. Reimbursement by Drug Enforcement Administration of expenses incurred to remediate methamphetamine laboratories.
Sec. 3673. Severability.

DIVISION A—CHILDREN'S HEALTH

TITLE I—AUTISM

SEC. 101. EXPANSION, INTENSIFICATION, AND COORDINATION OF ACTIVITIES OF NATIONAL INSTITUTES OF HEALTH WITH RESPECT TO RESEARCH ON AUTISM.

Part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.) is amended by adding at the end the following section:

''EXPANSION, INTENSIFICATION, AND COORDINATION OF ACTIVITIES OF NATIONAL INSTITUTES OF HEALTH WITH RESPECT TO RESEARCH ON AUTISM

''SEC. 409C. (a) IN GENERAL.—

''(1) EXPANSION OF ACTIVITIES.—The Director of NIH (in this section referred to as the 'Director') shall expand, intensify, and coordinate the activities of the National Institutes of Health with respect to research on autism.

''(2) ADMINISTRATION OF PROGRAM; COLLABORATION AMONG AGENCIES.—The Director shall carry out this section acting through the Director of the National Institute of Mental Health and in collaboration with any other agencies that the Director determines appropriate.

''(b) CENTERS OF EXCELLENCE.—

''(1) IN GENERAL.—The Director shall under subsection (a)(1) make awards of grants and contracts to public or nonprofit private entities to pay all or part of the cost of planning, establishing, improving, and providing basic operating support for centers of excellence regarding research on autism.

''(2) RESEARCH.—Each center under paragraph (1) shall conduct basic and clinical research into autism. Such research should include investigations into the cause, diagnosis, early detection, prevention, control, and treatment of autism. The centers, as a group, shall conduct research including the fields of developmental neurobiology, genetics, and psychopharmacology.

''(3) SERVICES FOR PATIENTS.—

''(A) IN GENERAL.—A center under paragraph (1) may expend amounts provided

under such paragraph to carry out a program to make individuals aware of opportunities to participate as subjects in research conducted by the centers.

''(B) REFERRALS AND COSTS.—A program under subparagraph (A) may, in accordance with such criteria as the Director may establish, provide to the subjects described in such subparagraph, referrals for health and other services, and such patient care costs as are required for research.

''(C) AVAILABILITY AND ACCESS.—The extent to which a center can demonstrate availability and access to clinical services shall be considered by the Director in decisions about awarding grants to applicants which meet the scientific criteria for funding under this section.

''(4) COORDINATION OF CENTERS; REPORTS.—The Director shall, as appropriate, provide for the coordination of information among centers under paragraph (1) and ensure regular communication between such centers, and may require the periodic preparation of reports on the activities of the centers and the submission of the reports to the Director.

''(5) ORGANIZATION OF CENTERS.—Each center under paragraph (1) shall use the facilities of a single institution, or be formed from a consortium of cooperating institutions, meeting such requirements as may be prescribed by the Director.

''(6) NUMBER OF CENTERS; DURATION OF SUPPORT.—

''(A) IN GENERAL.—The Director shall provide for the establishment of not less than 5 centers under paragraph (1).

''(B) DURATION.—Support for a center established under paragraph (1) may be provided under this section for a period of not to exceed 5 years. Such period may be extended for 1 or more additional periods not exceeding 5 years if the operations of such center have been reviewed by an appropriate technical and scientific peer review group established by the Director and if such group has recommended to the Director that such period should be extended.

''(c) FACILITATION OF RESEARCH.—The Director shall under subsection (a)(1) provide for a program under which samples of tissues and genetic materials that are of use in research on autism are donated, collected, preserved, and made available for such research. The program shall be carried out in accordance with accepted scientific and medical standards for the donation, collection, and preservation of such samples.

''(d) PUBLIC INPUT.—The Director shall under subsection (a)(1) provide for means through which the public can obtain information on the existing and planned programs and activities of the National Institutes of Health with respect to autism and through which the Director can receive comments from the public regarding such programs and activities.

''(e) FUNDING.—There are authorized to be appropriated such sums as may be necessary to carry out this section. Amounts appropriated under this subsection are in addition to any other amounts appropriated for such purpose.''.

SEC. 102. DEVELOPMENTAL DISABILITIES SURVEILLANCE AND RESEARCH PROGRAMS.

(a) NATIONAL AUTISM AND PERVASIVE DEVELOPMENTAL DISABILITIES SURVEILLANCE PROGRAM.—

(1) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary''), acting through the Director of the Centers for Disease Control and Prevention, may make awards of grants and cooperative agreements for the collection, analysis, and reporting of data on autism and pervasive developmental disabilities. In making such awards, the Secretary may provide direct technical assistance in lieu of cash.

(2) ELIGIBILITY.—To be eligible to receive an award under paragraph (1) an entity shall be a public or nonprofit private entity (including health departments of States and political subdivisions of States, and including universities and other educational entities).

(b) CENTERS OF EXCELLENCE IN AUTISM AND PERVASIVE DEVELOPMENTAL DISABILITIES EPIDEMIOLOGY.—

(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish not less than 3 regional centers of excellence in autism and pervasive developmental disabilities epidemiology for the purpose of collecting and analyzing information on the number, incidence, correlates, and causes of autism and related developmental disabilities.

(2) RECIPIENTS OF AWARDS FOR ESTABLISHMENT OF CENTERS.—Centers under paragraph (1) shall be established and operated through the awarding of grants or cooperative agreements to public or nonprofit private entities that conduct research, including health departments of States and political subdivisions of States, and including universities and other educational entities.

(3) CERTAIN REQUIREMENTS.—An award for a center under paragraph (1) may be made only if the entity involved submits to the Secretary an application containing such agreements and information as the Secretary may require, including an agreement that the center involved will operate in accordance with the following:

(A) The center will collect, analyze, and report autism and pervasive developmental disabilities data according to guidelines prescribed by the Director, after consultation with relevant State and local public health officials, private sector developmental disability researchers, and advocates for those with developmental disabilities.

(B) The center will assist with the development and coordination of State autism and pervasive developmental disabilities surveillance efforts within a region.

(C) The center will identify eligible cases and controls through its surveillance systems and conduct research into factors which may cause autism and related developmental disabilities.

(D) The center will develop or extend an area of special research expertise (including genetics, environmental exposure to contaminants, immunology, and other relevant research specialty areas).

(c) CLEARINGHOUSE.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall carry out the following:

(1) The Secretary shall establish a clearinghouse within the Centers for Disease Control and Prevention for the collection and storage of data generated from the monitoring programs established by this title. Through the clearinghouse, such Centers shall serve as the coordinating agency for autism and pervasive developmental disabilities surveillance activities. The functions of such a clearinghouse shall include facilitating the coordination of research and policy development relating to the epidemiology of autism and other pervasive developmental disabilities.

(2) The Secretary shall coordinate the Federal response to requests for assistance from State health department officials regarding potential or alleged autism or developmental disability clusters.

(d) DEFINITION.—In this title, the term ''State'' means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, and the Trust Territory of the Pacific Islands.

(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out this section.

SEC. 103. INFORMATION AND EDUCATION.

(a) IN GENERAL.—The Secretary shall establish and implement a program to provide information and education on autism to health professionals and the general public, including information and education on advances in the diagnosis and treatment of autism and training and continuing education through programs for scientists, physicians, and other health professionals who provide care for patients with autism.

(b) STIPENDS.—The Secretary may use amounts made available under this section to provide stipends for health professionals who are enrolled in training programs under this section.

(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out this section.

SEC. 104. INTER-AGENCY AUTISM COORDINATING COMMITTEE.

(a) ESTABLISHMENT.—The Secretary shall establish a committee to be known as the ''Autism Coordinating Committee'' (in this section referred to as the ''Committee'') to coordinate all efforts within the Department of Health and Human Services concerning autism, including activities carried out through the National Institutes of Health and the Centers for Disease Control and Prevention under this title (and the amendment made by this title).

(b) MEMBERSHIP.—

(1) IN GENERAL.—The Committee shall be composed of the Directors of such national research institutes, of the Centers for Disease Control and Prevention, and of such other agencies and such other officials as the Secretary determines appropriate.

(2) ADDITIONAL MEMBERS.—If determined appropriate by the Secretary, the Secretary may appoint to the Committee—

(A) parents or legal guardians of individuals with autism or other pervasive developmental disorders; and

(B) representatives of other governmental agencies that serve children with autism such as the Department of Education.

(c) ADMINISTRATIVE SUPPORT; TERMS OF SERVICE; OTHER PROVISIONS.—The following shall apply with respect to the Committee:

(1) The Committee shall receive necessary and appropriate administrative support from the Department of Health and Human Services.

(2) Members of the Committee appointed under subsection (b)(2)(A) shall serve for a term of 3 years, and may serve for an unlimited number of terms if reappointed.

(3) The Committee shall meet not less than 2 times each year.

SEC. 105. REPORT TO CONGRESS.

Not later than January 1, 2001, and each January 1 thereafter, the Secretary shall prepare and submit to the appropriate committees of Congress, a report concerning the implementation of this title and the amendments made by this title.

TITLE II—RESEARCH AND DEVELOPMENT REGARDING FRAGILE X

SEC. 201. NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT; RESEARCH ON FRAGILE X.

Subpart 7 of part C of title IV of the Public Health Service Act is amended by adding at the end the following section:

''FRAGILE X

''SEC. 452E. (a) EXPANSION AND COORDINATION OF RESEARCH ACTIVITIES.—The Director

of the Institute, after consultation with the advisory council for the Institute, shall expand, intensify, and coordinate the activities of the Institute with respect to research on the disease known as fragile X.

''(b) RESEARCH CENTERS.—

''(1) IN GENERAL.—The Director of the Institute shall make grants or enter into contracts for the development and operation of centers to conduct research for the purposes of improving the diagnosis and treatment of, and finding the cure for, fragile X.

''(2) NUMBER OF CENTERS.—

''(A) IN GENERAL.—In carrying out paragraph (1), the Director of the Institute shall, to the extent that amounts are appropriated, and subject to subparagraph (B), provide for the establishment of at least three fragile X research centers.

''(B) PEER REVIEW REQUIREMENT.—The Director of the Institute shall make a grant to, or enter into a contract with, an entity for purposes of establishing a center under paragraph (1) only if the grant or contract has been recommended after technical and scientific peer review required by regulations under section 492.

''(3) ACTIVITIES.—The Director of the Institute, with the assistance of centers established under paragraph (1), shall conduct and support basic and biomedical research into the detection and treatment of fragile X.

''(4) COORDINATION AMONG CENTERS.—The Director of the Institute shall, as appropriate, provide for the coordination of the activities of the centers assisted under this section, including providing for the exchange of information among the centers.

''(5) CERTAIN ADMINISTRATIVE REQUIREMENTS.—Each center assisted under paragraph (1) shall use the facilities of a single institution, or be formed from a consortium of cooperating institutions, meeting such requirements as may be prescribed by the Director of the Institute.

''(6) DURATION OF SUPPORT.—Support may be provided to a center under paragraph (1) for a period not exceeding 5 years. Such period may be extended for one or more additional periods, each of which may not exceed 5 years, if the operations of such center have been reviewed by an appropriate technical and scientific peer review group established by the Director and if such group has recommended to the Director that such period be extended.

''(7) 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 2001 through 2005.''.

TITLE III—JUVENILE ARTHRITIS AND RELATED CONDITIONS

SEC. 301. NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES; RESEARCH ON JUVENILE ARTHRITIS AND RELATED CONDITIONS.

(a) IN GENERAL.—Subpart 4 of part C of title IV of the Public Health Service Act (42 U.S.C. 285d et seq.) is amended by inserting after section 442 the following section:

''JUVENILE ARTHRITIS AND RELATED CONDITIONS

''SEC. 442A. (a) EXPANSION AND COORDINATION OF ACTIVITIES.—The Director of the Institute, in coordination with the Director of the National Institute of Allergy and Infectious Diseases, shall expand and intensify the programs of such Institutes with respect to research and related activities concerning juvenile arthritis and related conditions.

''(b) COORDINATION.—The Directors referred to in subsection (a) shall jointly coordinate the programs referred to in such subsection and consult with the Arthritis and Musculoskeletal Diseases Interagency Coordinating Committee.

''(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

(b) PEDIATRIC RHEUMATOLOGY.—Subpart 1 of part E of title VII of the Public Health Service Act (42 U.S.C. 294n et seq.) is amended by adding at the end the following:

''SEC. 763. PEDIATRIC RHEUMATOLOGY.

''(a) IN GENERAL.—The Secretary, acting through the appropriate agencies, shall evaluate whether the number of pediatric rheumatologists is sufficient to address the health care needs of children with arthritis and related conditions, and if the Secretary determines that the number is not sufficient, shall develop strategies to help address the shortfall.

''(b) REPORT TO CONGRESS.—Not later than October 1, 2001, the Secretary shall submit to the Congress a report describing the results of the evaluation under subsection (a), and as applicable, the strategies developed under such subsection.

''(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

SEC. 302. INFORMATION CLEARINGHOUSE.

Section 438(b) of the Public Health Service Act (42 U.S.C. 285d–3(b)) is amended by inserting '', including juvenile arthritis and related conditions,'' after ''diseases''.

TITLE IV—REDUCING BURDEN OF DIABETES AMONG CHILDREN AND YOUTH

SEC. 401. PROGRAMS OF CENTERS FOR DISEASE CONTROL AND PREVENTION.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 317G the following section:

''DIABETES IN CHILDREN AND YOUTH

''SEC. 317H. (a) SURVEILLANCE ON JUVENILE DIABETES.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall develop a sentinel system to collect data on juvenile diabetes, including with respect to incidence and prevalence, and shall establish a national database for such data.

''(b) TYPE 2 DIABETES IN YOUTH.—The Secretary shall implement a national public health effort to address type 2 diabetes in youth, including—

''(1) enhancing surveillance systems and expanding research to better assess the prevalence and incidence of type 2 diabetes in youth and determine the extent to which type 2 diabetes is incorrectly diagnosed as type 1 diabetes among children; and

''(2) developing and improving laboratory methods to assist in diagnosis, treatment, and prevention of diabetes including, but not limited to, developing noninvasive ways to monitor blood glucose to prevent hypoglycemia and improving existing glucometers that measure blood glucose.

''(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

SEC. 402. PROGRAMS OF NATIONAL INSTITUTES OF HEALTH.

Subpart 3 of part C of title IV of the Public Health Service Act (42 U.S.C. 285c et seq.) is amended by inserting after section 434 the following section:

''JUVENILE DIABETES

''SEC. 434A. (a) LONG-TERM EPIDEMIOLOGY STUDIES.—The Director of the Institute shall conduct or support long-term epidemiology studies in which individuals with or at risk for type 1, or juvenile, diabetes are followed for 10 years or more. Such studies shall investigate the causes and characteristics of the disease and its complications.

''(b) CLINICAL TRIAL INFRASTRUCTURE/INNOVATIVE TREATMENTS FOR JUVENILE DIABETES.—The Secretary, acting through the Director of the National Institutes of Health, shall support regional clinical research centers for the prevention, detection, treatment, and cure of juvenile diabetes.

''(c) PREVENTION OF TYPE 1 DIABETES.—The Secretary, acting through the appropriate agencies, shall provide for a national effort to prevent type 1 diabetes. Such effort shall provide for a combination of increased efforts in research and development of prevention strategies, including consideration of vaccine development, coupled with appropriate ability to test the effectiveness of such strategies in large clinical trials of children and young adults.

''(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

TITLE V—ASTHMA SERVICES FOR CHILDREN

Subtitle A—Asthma Services

SEC. 501. GRANTS FOR CHILDREN'S ASTHMA RELIEF.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following part:

''PART P—ADDITIONAL PROGRAMS

''SEC. 399L. CHILDREN'S ASTHMA TREATMENT GRANTS PROGRAM.

''(a) AUTHORITY TO MAKE GRANTS.—

''(1) IN GENERAL.—In addition to any other payments made under this Act or title V of the Social Security Act, the Secretary shall award grants to eligible entities to carry out the following purposes:

''(A) To provide access to quality medical care for children who live in areas that have a high prevalence of asthma and who lack access to medical care.

''(B) To provide on-site education to parents, children, health care providers, and medical teams to recognize the signs and symptoms of asthma, and to train them in the use of medications to treat asthma and prevent its exacerbations.

''(C) To decrease preventable trips to the emergency room by making medication available to individuals who have not previously had access to treatment or education in the management of asthma.

''(D) To provide other services, such as smoking cessation programs, home modification, and other direct and support services that ameliorate conditions that exacerbate or induce asthma.

''(2) CERTAIN PROJECTS.—In making grants under paragraph (1), the Secretary may make grants designed to develop and expand the following projects:

''(A) Projects to provide comprehensive asthma services to children in accordance with the guidelines of the National Asthma Education and Prevention Program (through the National Heart, Lung and Blood Institute), including access to care and treatment for asthma in a community-based setting.

''(B) Projects to fully equip mobile health care clinics that provide preventive asthma care including diagnosis, physical examinations, pharmacological therapy, skin testing, peak flow meter testing, and other asthma-related health care services.

''(C) Projects to conduct validated asthma management education programs for patients with asthma and their families, including patient education regarding asthma management, family education on asthma management, and the distribution of materials, including displays and videos, to reinforce concepts presented by medical teams.

''(2) AWARD OF GRANTS.—

''(A) APPLICATION.—

''(i) IN GENERAL.—An eligible entity shall submit an application to the Secretary for a grant under this section in such form and manner as the Secretary may require.

''(ii) REQUIRED INFORMATION.—An application submitted under this subparagraph shall include a plan for the use of funds awarded under the grant and such other information as the Secretary may require.

''(B) REQUIREMENT.—In awarding grants under this section, the Secretary shall give preference to eligible entities that demonstrate that the activities to be carried out under this section shall be in localities within areas of known or suspected high prevalence of childhood asthma or high asthma-related mortality or high rate of hospitalization or emergency room visits for asthma (relative to the average asthma prevalence rates and associated mortality rates in the United States). Acceptable data sets to demonstrate a high prevalence of childhood asthma or high asthma-related mortality may include data from Federal, State, or local vital statistics, claims data under title XIX or XXI of the Social Security Act, other public health statistics or surveys, or other data that the Secretary, in consultation with the Director of the Centers for Disease Control and Prevention, deems appropriate.

''(3) DEFINITION OF ELIGIBLE ENTITY.—For purposes of this section, the term 'eligible entity' means a public or nonprofit private entity (including a State or political subdivision of a State), or a consortium of any of such entities.

''(b) COORDINATION WITH OTHER CHILDREN'S PROGRAMS.—An eligible entity shall identify in the plan submitted as part of an application for a grant under this section how the entity will coordinate operations and activities under the grant with—

''(1) other programs operated in the State that serve children with asthma, including any such programs operated under titles V, XIX, or XXI of the Social Security Act; and

''(2) one or more of the following—

''(A) the child welfare and foster care and adoption assistance programs under parts B and E of title IV of such Act;

''(B) the head start program established under the Head Start Act (42 U.S.C. 9831 et seq.);

''(C) the program of assistance under the special supplemental nutrition program for women, infants and children (WIC) under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786);

''(D) local public and private elementary or secondary schools; or

''(E) public housing agencies, as defined in section 3 of the United States Housing Act of 1937 (42 U.S.C. 1437a).

''(c) EVALUATION.—An eligible entity that receives a grant under this section shall submit to the Secretary an evaluation of the operations and activities carried out under the grant that includes—

''(1) a description of the health status outcomes of children assisted under the grant;

''(2) an assessment of the utilization of asthma-related health care services as a result of activities carried out under the grant;

''(3) the collection, analysis, and reporting of asthma data according to guidelines prescribed by the Director of the Centers for Disease Control and Prevention; and

''(4) such other information as the Secretary may require.

''(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

SEC. 502. TECHNICAL AND CONFORMING AMENDMENTS.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended—

(1) in part L, by redesignating section 399D as section 399A;

(2) in part M—

(A) by redesignating sections 399H through 399L as sections 399B through 399F, respectively;

(B) in section 399B (as so redesignated), in subsection (e)—

(i) by striking ''section 399K(b)'' and inserting ''subsection (b) of section 399E''; and

(ii) by striking ''section 399C'' and inserting ''such section'';

(C) in section 399E (as so redesignated), in subsection (c), by striking ''section 399H(a)'' and inserting ''section 399B(a)''; and

(D) in section 399F (as so redesignated)—

(i) in subsection (a), by striking ''section 399I'' and inserting ''section 399C'';

(ii) in subsection (a), by striking ''subsection 399J'' and inserting ''section 399D''; and

(iii) in subsection (b), by striking ''subsection 399K'' and inserting ''section 399E'';

(3) in part N, by redesignating section 399F as section 399G; and

(4) in part O—

(A) by redesignating sections 399G through 399J as sections 399H through 399K, respectively;

(B) in section 399H (as so redesignated), in subsection (b), by striking ''section 399H'' and inserting ''section 399I'';

(C) in section 399J (as so redesignated), in subsection (b), by striking ''section 399G(d)'' and inserting ''section 399H(d)''; and

(D) in section 399K (as so redesignated), by striking ''section 399G(d)(1)'' and inserting ''section 399H(d)(1)''.

Subtitle B—Prevention Activities

SEC. 511. PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT; SYSTEMS FOR REDUCING ASTHMA-RELATED ILLNESSES THROUGH INTEGRATED PEST MANAGEMENT.

Section 1904(a)(1) of the Public Health Service Act (42 U.S.C. 300w–3(a)(1)) is amended—

(1) by redesignating subparagraphs (E) and (F) as subparagraphs (F) and (G), respectively;

(2) by adding a period at the end of subparagraph (G) (as so redesignated);

(3) by inserting after subparagraph (D), the following:

''(E) The establishment, operation, and coordination of effective and cost-efficient systems to reduce the prevalence of illness due to asthma and asthma-related illnesses, especially among children, by reducing the level of exposure to cockroach allergen or other known asthma triggers through the use of integrated pest management, as applied to cockroaches or other known allergens. Amounts expended for such systems may include the costs of building maintenance and the costs of programs to promote community participation in the carrying out at such sites of integrated pest management, as applied to cockroaches or other known allergens. For purposes of this subparagraph, the term 'integrated pest management' means an approach to the management of pests in public facilities that combines biological, cultural, physical, and chemical tools in a way that minimizes economic, health, and environmental risks.'';

(4) in subparagraph (F) (as so redesignated), by striking ''subparagraphs (A) through (D)'' and inserting ''subparagraphs (A) through (E)''; and

(5) in subparagraph (G) (as so redesignated), by striking ''subparagraphs (A) through (E)'' and inserting ''subparagraphs (A) through (F)''.

Subtitle C—Coordination of Federal Activities

SEC. 521. COORDINATION THROUGH NATIONAL INSTITUTES OF HEALTH.

Subpart 2 of part C of title IV of the Public Health Service Act (42 U.S.C. 285b et seq.) is amended by inserting after section 424A the following section:

''COORDINATION OF FEDERAL ASTHMA ACTIVITIES

''SEC. 424B (a) IN GENERAL.—The Director of Institute shall, through the National Asthma Education Prevention Program Coordinating Committee—

''(1) identify all Federal programs that carry out asthma-related activities;

''(2) develop, in consultation with appropriate Federal agencies and professional and voluntary health organizations, a Federal plan for responding to asthma; and

''(3) not later than 12 months after the date of the enactment of the Children's Health Act of 2000, submit recommendations to the appropriate committees of the Congress on ways to strengthen and improve the coordination of asthma-related activities of the Federal Government.

''(b) REPRESENTATION OF THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.—A representative of the Department of Housing and Urban Development shall be included on the National Asthma Education Prevention Program Coordinating Committee for the purpose of performing the tasks described in subsection (a).

''(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

Subtitle D—Compilation of Data

SEC. 531. COMPILATION OF DATA BY CENTERS FOR DISEASE CONTROL AND PREVENTION.

Part B of title III of the Public Health Service Act, as amended by section 401 of this Act, is amended by inserting after section 317H the following section:

''COMPILATION OF DATA ON ASTHMA

''SEC. 317I. (a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall—

''(1) conduct local asthma surveillance activities to collect data on the prevalence and severity of asthma and the quality of asthma management;

''(2) compile and annually publish data on the prevalence of children suffering from asthma in each State; and

''(3) to the extent practicable, compile and publish data on the childhood mortality rate associated with asthma nationally.

''(b) SURVEILLANCE ACTIVITIES.—The Director of the Centers for Disease Control and Prevention, acting through the representative of the Director on the National Asthma Education Prevention Program Coordinating Committee, shall, in carrying out subsection (a), provide an update on surveillance activities at each Committee meeting.

''(c) COLLABORATIVE EFFORTS.—The activities described in subsection (a)(1) may be conducted in collaboration with eligible entities awarded a grant under section 399L.

''(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

TITLE VI—BIRTH DEFECTS PREVENTION ACTIVITIES

Subtitle A—Folic Acid Promotion

SEC. 601. PROGRAM REGARDING EFFECTS OF FOLIC ACID IN PREVENTION OF BIRTH DEFECTS.

Part B of title III of the Public Health Service Act, as amended by section 531 of

this Act, is amended by inserting after section 317I the following section:

''EFFECTS OF FOLIC ACID IN PREVENTION OF BIRTH DEFECTS

''SEC. 317J. (a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall expand and intensify programs (directly or through grants or contracts) for the following purposes:

''(1) To provide education and training for health professionals and the general public for purposes of explaining the effects of folic acid in preventing birth defects and for purposes of encouraging each woman of reproductive capacity (whether or not planning a pregnancy) to consume on a daily basis a dietary supplement that provides an appropriate level of folic acid.

''(2) To conduct research with respect to such education and training, including identifying effective strategies for increasing the rate of consumption of folic acid by women of reproductive capacity.

''(3) To conduct research to increase the understanding of the effects of folic acid in preventing birth defects, including understanding with respect to cleft lip, cleft palate, and heart defects.

''(4) To provide for appropriate epidemiological activities regarding folic acid and birth defects, including epidemiological activities regarding neural tube defects.

''(b) CONSULTATIONS WITH STATES AND PRIVATE ENTITIES.—In carrying out subsection (a), the Secretary shall consult with the States and with other appropriate public or private entities, including national nonprofit private organizations, health professionals, and providers of health insurance and health plans.

''(c) TECHNICAL ASSISTANCE.—The Secretary may (directly or through grants or contracts) provide technical assistance to public and nonprofit private entities in carrying out the activities described in subsection (a).

''(d) EVALUATIONS.—The Secretary shall (directly or through grants or contracts) provide for the evaluation of activities under subsection (a) in order to determine the extent to which such activities have been effective in carrying out the purposes of the program under such subsection, including the effects on various demographic populations. Methods of evaluation under the preceding sentence may include surveys of knowledge and attitudes on the consumption of folic acid and on blood folate levels. Such methods may include complete and timely monitoring of infants who are born with neural tube defects.

''(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

Subtitle B—National Center on Birth Defects and Developmental Disabilities

SEC. 611. NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES.

Section 317C of the Public Health Service Act (42 U.S.C. 247b–4) is amended—

(1) by striking the heading for the section and inserting the following:

''NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES'';

(2) by striking ''SEC. 317C. (a)'' and all that follows through the end of subsection (a) and inserting the following:

''SEC. 317C. (a) IN GENERAL.—

''(1) NATIONAL CENTER.—There is established within the Centers for Disease Control and Prevention a center to be known as the National Center on Birth Defects and Developmental Disabilities (referred to in this section as the 'Center'), which shall be headed by a director appointed by the Director of the Centers for Disease Control and Prevention.

''(2) GENERAL DUTIES.—The Secretary shall carry out programs—

(A) to collect, analyze, and make available data on birth defects and developmental disabilities (in a manner that facilitates compliance with subsection (d)(2)), including data on the causes of such defects and disabilities and on the incidence and prevalence of such defects and disabilities;

(B) to operate regional centers for the conduct of applied epidemiological research on the prevention of such defects and disabilities; and

(C) to provide information and education to the public on the prevention of such defects and disabilities.

''(3) FOLIC ACID.—The Secretary shall carry out section 317J through the Center.

''(4) CERTAIN PROGRAMS.—

''(A) TRANSFERS.—All programs and functions described in subparagraph (B) are transferred to the Center, effective upon the expiration of the 180-day period beginning on the date of the enactment of the Children's Health Act of 2000.

''(B) RELEVANT PROGRAMS.—The programs and functions described in this subparagraph are all programs and functions that—

''(i) relate to birth defects; folic acid; cerebral palsy; mental retardation; child development; newborn screening; autism; fragile X syndrome; fetal alcohol syndrome; pediatric genetic disorders; disability prevention; or other relevant diseases, disorders, or conditions as determined the Secretary; and

''(ii) were carried out through the National Center for Environmental Health as of the day before the date of the enactment of the Act referred to in subparagraph (A).

''(C) RELATED TRANSFERS.—Personnel employed in connection with the programs and functions specified in subparagraph (B), and amounts available for carrying out the programs and functions, are transferred to the Center, effective upon the expiration of the 180-day period beginning on the date of the enactment of the Act referred to in subparagraph (A). Such transfer of amounts does not affect the period of availability of the amounts, or the availability of the amounts with respect to the purposes for which the amounts may be expended.''; and

(3) in subsection (b)(1), in the matter preceding subparagraph (A), by striking ''(a)(1)'' and inserting ''(a)(2)(A)''.

TITLE VII—EARLY DETECTION, DIAGNOSIS, AND TREATMENT REGARDING HEARING LOSS IN INFANTS

SEC. 701. PURPOSES.

The purposes of this title are to clarify the authority within the Public Health Service Act to authorize statewide newborn and infant hearing screening, evaluation and intervention programs and systems, technical assistance, a national applied research program, and interagency and private sector collaboration for policy development, in order to assist the States in making progress toward the following goals:

(1) All babies born in hospitals in the United States and its territories should have a hearing screening before leaving the birthing facility. Babies born in other countries and residing in the United States via immigration or adoption should have a hearing screening as early as possible.

(2) All babies who are not born in hospitals in the United States and its territories should have a hearing screening within the first 3 months of life.

(3) Appropriate audiologic and medical evaluations should be conducted by 3 months for all newborns and infants suspected of having hearing loss to allow appropriate referral and provisions for audiologic rehabilitation, medical and early intervention before the age of 6 months.

(4) All newborn and infant hearing screening programs and systems should include a component for audiologic rehabilitation, medical and early intervention options that ensures linkage to any new and existing state-wide systems of intervention and rehabilitative services for newborns and infants with hearing loss.

(5) Public policy in regard to newborn and infant hearing screening and intervention should be based on applied research and the recognition that newborns, infants, toddlers, and children who are deaf or hard-of-hearing have unique language, learning, and communication needs, and should be the result of consultation with pertinent public and private sectors.

SEC. 702. PROGRAMS OF HEALTH RESOURCES AND SERVICES ADMINISTRATION, CENTERS FOR DISEASE CONTROL AND PREVENTION, AND NATIONAL INSTITUTES OF HEALTH.

Part P of title III of the Public Health Service Act, as added by section 501 of this Act, is amended by adding at the end the following section:

''SEC. 399M. EARLY DETECTION, DIAGNOSIS, AND TREATMENT REGARDING HEARING LOSS IN INFANTS.

''(a) STATEWIDE NEWBORN AND INFANT HEARING SCREENING, EVALUATION AND INTERVENTION PROGRAMS AND SYSTEMS.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall make awards of grants or cooperative agreements to develop statewide newborn and infant hearing screening, evaluation and intervention programs and systems for the following purposes:

''(1) To develop and monitor the efficacy of state-wide newborn and infant hearing screening, evaluation and intervention programs and systems. Early intervention includes referral to schools and agencies, including community, consumer, and parent-based agencies and organizations and other programs mandated by part C of the Individuals with Disabilities Education Act, which offer programs specifically designed to meet the unique language and communication needs of deaf and hard of hearing newborns, infants, toddlers, and children.

''(2) To collect data on statewide newborn and infant hearing screening, evaluation and intervention programs and systems that can be used for applied research, program evaluation and policy development.

''(b) TECHNICAL ASSISTANCE, DATA MANAGEMENT, AND APPLIED RESEARCH.—

''(1) CENTERS FOR DISEASE CONTROL AND PREVENTION.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall make awards of grants or cooperative agreements to provide technical assistance to State agencies to complement an intramural program and to conduct applied research related to newborn and infant hearing screening, evaluation and intervention programs and systems. The program shall develop standardized procedures for data management and program effectiveness and costs, such as—

''(A) to ensure quality monitoring of newborn and infant hearing loss screening, evaluation, and intervention programs and systems;

''(B) to provide technical assistance on data collection and management;

''(C) to study the costs and effectiveness of newborn and infant hearing screening, evaluation and intervention programs and systems conducted by State-based programs in order to answer issues of importance to state and national policymakers;

''(D) to identify the causes and risk factors for congenital hearing loss;

''(E) to study the effectiveness of newborn and infant hearing screening, audiologic and medical evaluations and intervention programs and systems by assessing the health, intellectual and social developmental, cognitive, and language status of these children at school age; and

''(F) to promote the sharing of data regarding early hearing loss with State-based birth defects and developmental disabilities monitoring programs for the purpose of identifying previously unknown causes of hearing loss.

''(2) NATIONAL INSTITUTES OF HEALTH.—The Director of the National Institutes of Health, acting through the Director of the National Institute on Deafness and Other Communication Disorders, shall for purposes of this section, continue a program of research and development on the efficacy of new screening techniques and technology, including clinical studies of screening methods, studies on efficacy of intervention, and related research.

''(c) COORDINATION AND COLLABORATION.—

''(1) IN GENERAL.—In carrying out programs under this section, the Administrator of the Health Resources and Services Administration, the Director of the Centers for Disease Control and Prevention, and the Director of the National Institutes of Health shall collaborate and consult with other Federal agencies; State and local agencies, including those responsible for early intervention services pursuant to title XIX of the Social Security Act (Medicaid Early and Periodic Screening, Diagnosis and Treatment Program); title XXI of the Social Security Act (State Children's Health Insurance Program); title V of the Social Security Act (Maternal and Child Health Block Grant Program); and part C of the Individuals with Disabilities Education Act; consumer groups of and that serve individuals who are deaf and hard-of-hearing and their families; appropriate national medical and other health and education specialty organizations; persons who are deaf and hard-of-hearing and their families; other qualified professional personnel who are proficient in deaf or hard-of-hearing children's language and who possess the specialized knowledge, skills, and attributes needed to serve deaf and hard-of-hearing newborns, infants, toddlers, children, and their families; third-party payers and managed care organizations; and related commercial industries.

''(2) POLICY DEVELOPMENT.—The Administrator of the Health Resources and Services Administration, the Director of the Centers for Disease Control and Prevention, and the Director of the National Institutes of Health shall coordinate and collaborate on recommendations for policy development at the Federal and State levels and with the private sector, including consumer, medical and other health and education professional-based organizations, with respect to newborn and infant hearing screening, evaluation and intervention programs and systems.

''(3) STATE EARLY DETECTION, DIAGNOSIS, AND INTERVENTION PROGRAMS AND SYSTEMS; DATA COLLECTION.—The Administrator of the Health Resources and Services Administration and the Director of the Centers for Disease Control and Prevention shall coordinate and collaborate in assisting States to establish newborn and infant hearing screening, evaluation and intervention programs and systems under subsection (a) and to develop a data collection system under subsection (b).

''(d) RULE OF CONSTRUCTION; RELIGIOUS ACCOMMODATION.—Nothing in this section shall be construed to preempt or prohibit any State law, including State laws which do not require the screening for hearing loss of newborn infants or young children of parents who object to the screening on the grounds that such screening conflicts with the parents' religious beliefs.

''(e) DEFINITIONS.—For purposes of this section:

''(1) The term 'audiologic evaluation' refers to procedures to assess the status of the auditory system; to establish the site of the auditory disorder; the type and degree of hearing loss, and the potential effects of hearing loss on communication; and to identify appropriate treatment and referral options. Referral options should include linkage to State coordinating agencies under part C of the Individuals with Disabilities Education Act or other appropriate agencies, medical evaluation, hearing aid/sensory aid assessment, audiologic rehabilitation treatment, national and local consumer, self-help, parent, and education organizations, and other family-centered services.

''(2) The terms 'audiologic rehabilitation' and 'audiologic intervention' refer to procedures, techniques, and technologies to facilitate the receptive and expressive communication abilities of a child with hearing loss.

''(3) The term 'early intervention' refers to providing appropriate services for the child with hearing loss, including nonmedical services, and ensuring that families of the child are provided comprehensive, consumer-oriented information about the full range of family support, training, information services, communication options and are given the opportunity to consider the full range of educational and program placements and options for their child.

''(4) The term 'medical evaluation by a physician' refers to key components including history, examination, and medical decision making focused on symptomatic and related body systems for the purpose of diagnosing the etiology of hearing loss and related physical conditions, and for identifying appropriate treatment and referral options.

''(5) The term 'medical intervention' refers to the process by which a physician provides medical diagnosis and direction for medical and/or surgical treatment options of hearing loss and/or related medical disorder associated with hearing loss.

''(6) The term 'newborn and infant hearing screening' refers to objective physiologic procedures to detect possible hearing loss and to identify newborns and infants who, after rescreening, require further audiologic and medical evaluations.

''(f) AUTHORIZATION OF APPROPRIATIONS.—

''(1) STATEWIDE NEWBORN AND INFANT HEARING SCREENING, EVALUATION AND INTERVENTION PROGRAMS AND SYSTEMS.—For the purpose of carrying out subsection (a), there are authorized to be appropriated to the Health Resources and Services Administration such sums as may be necessary for fiscal year 2002.

''(2) TECHNICAL ASSISTANCE, DATA MANAGEMENT, AND APPLIED RESEARCH; CENTERS FOR DISEASE CONTROL AND PREVENTION.—For the purpose of carrying out subsection (b)(1), there are authorized to be appropriated to the Centers for Disease Control and Prevention such sums as may be necessary for fiscal year 2002.

''(3) TECHNICAL ASSISTANCE, DATA MANAGEMENT, AND APPLIED RESEARCH; NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS.—For the purpose of carrying out subsection (b)(2), there are authorized to be appropriated to the National Institute on Deafness and Other Communication Disorders such sums as may be necessary for fiscal year 2002.''.

TITLE VIII—CHILDREN AND EPILEPSY

SEC. 801. NATIONAL PUBLIC HEALTH CAMPAIGN ON EPILEPSY; SEIZURE DISORDER DEMONSTRATION PROJECTS IN MEDICALLY UNDERSERVED AREAS.

Subpart I of part D of title III of the Public Health Service Act (42 U.S.C. 254b) is amended by adding at the end the following section:

''SEC. 330E. EPILEPSY; SEIZURE DISORDER.

''(a) NATIONAL PUBLIC HEALTH CAMPAIGN.—

''(1) IN GENERAL.—The Secretary shall develop and implement public health surveillance, education, research, and intervention strategies to improve the lives of persons with epilepsy, with a particular emphasis on children. Such projects may be carried out by the Secretary directly and through awards of grants or contracts to public or nonprofit private entities. The Secretary may directly or through such awards provide technical assistance with respect to the planning, development, and operation of such projects.

''(2) CERTAIN ACTIVITIES.—Activities under paragraph (1) shall include—

''(A) expanding current surveillance activities through existing monitoring systems and improving registries that maintain data on individuals with epilepsy, including children;

''(B) enhancing research activities on the diagnosis, treatment, and management of epilepsy;

''(C) implementing public and professional information and education programs regarding epilepsy, including initiatives which promote effective management of the disease through children's programs which are targeted to parents, schools, daycare providers, patients;

''(D) undertaking educational efforts with the media, providers of health care, schools and others regarding stigmas and secondary disabilities related to epilepsy and seizures, and its effects on youth;

''(E) utilizing and expanding partnerships with organizations with experience addressing the health and related needs of people with disabilities; and

''(F) other activities the Secretary deems appropriate.

''(3) COORDINATION OF ACTIVITIES.—The Secretary shall ensure that activities under this subsection are coordinated as appropriate with other agencies of the Public Health Service that carry out activities regarding epilepsy and seizure.

''(b) SEIZURE DISORDER; DEMONSTRATION PROJECTS IN MEDICALLY UNDERSERVED AREAS.—

''(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants for the purpose of carrying out demonstration projects to improve access to health and other services regarding seizures to encourage early detection and treatment in children and others residing in medically underserved areas.

''(2) APPLICATION FOR GRANT.—A grant may not be awarded under paragraph (1) unless an application therefore is submitted to the Secretary and the Secretary approves such application. Such application shall be submitted in such form and manner and shall contain such information as the Secretary may prescribe.

''(c) DEFINITIONS.—For purposes of this section:

''(1) The term ''epilepsy'' refers to a chronic and serious neurological condition characterized by excessive electrical discharges in the brain causing recurring seizures affecting all life activities. The Secretary may revise the definition of such term to the extent the Secretary determines necessary.

''(2) The term ''medically underserved'' has the meaning applicable under section 799B(6).

''(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

TITLE IX—SAFE MOTHERHOOD; INFANT HEALTH PROMOTION

Subtitle A—Safe Motherhood Prevention Research

SEC. 901. PREVENTION RESEARCH AND OTHER ACTIVITIES.

Part B of title III of the Public Health Service Act, as amended by section 601 of this Act, is amended by inserting after section 317J the following section:

''SAFE MOTHERHOOD

''SEC. 317K. (a) SURVEILLANCE.—

''(1) PURPOSE.—The purpose of this subsection is to develop surveillance systems at the local, State, and national level to better understand the burden of maternal complications and mortality and to decrease the disparities among population at risk of death and complications from pregnancy.

''(2) ACTIVITIES.—For the purpose described in paragraph (1), the Secretary, acting through the Director of the Centers for Disease Control and Prevention, may carry out the following activities:

''(A) The Secretary may establish and implement a national surveillance program to identify and promote the investigation of deaths and severe complications that occur during pregnancy.

''(B) The Secretary may expand the Pregnancy Risk Assessment Monitoring System to provide surveillance and collect data in each State.

''(C) The Secretary may expand the Maternal and Child Health Epidemiology Program to provide technical support, financial assistance, or the time-limited assignment of senior epidemiologists to maternal and child health programs in each State.

''(b) PREVENTION RESEARCH.—

''(1) PURPOSE.—The purpose of this subsection is to provide the Secretary with the authority to further expand research concerning risk factors, prevention strategies, and the roles of the family, health care providers and the community in safe motherhood.

''(2) RESEARCH.—The Secretary may carry out activities to expand research relating to—

''(A) encouraging preconception counseling, especially for at risk populations such as diabetics;

''(B) the identification of critical components of prenatal delivery and postpartum care;

''(C) the identification of outreach and support services, such as folic acid education, that are available for pregnant women;

''(D) the identification of women who are at high risk for complications;

''(E) preventing preterm delivery;

''(F) preventing urinary tract infections;

''(G) preventing unnecessary caesarean sections;

''(H) an examination of the higher rates of maternal mortality among African American women;

''(I) an examination of the relationship between domestic violence and maternal complications and mortality;

''(J) preventing and reducing adverse health consequences that may result from smoking, alcohol and illegal drug use before, during and after pregnancy;

''(K) preventing infections that cause maternal and infant complications; and

''(L) other areas determined appropriate by the Secretary.

''(c) PREVENTION PROGRAMS.—

''(1) IN GENERAL.—The Secretary may carry out activities to promote safe motherhood, including—

''(A) public education campaigns on healthy pregnancies and the building of partnerships with outside organizations concerned about safe motherhood;

''(B) education programs for physicians, nurses and other health care providers; and

''(C) activities to promote community support services for pregnant women.

''(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

Subtitle B—Pregnant Women and Infants Health Promotion

SEC. 911. PROGRAMS REGARDING PRENATAL AND POSTNATAL HEALTH.

Part B of title III of the Public Health Service Act, as amended by section 901 of this Act, is amended by inserting after section 317K the following section:

''PRENATAL AND POSTNATAL HEALTH

''SEC. 317L. (a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall carry out programs—

''(1) to collect, analyze, and make available data on prenatal smoking, alcohol and illegal drug use, including data on the implications of such activities and on the incidence and prevalence of such activities and their implications;

''(2) to conduct applied epidemiological research on the prevention of prenatal and postnatal smoking, alcohol and illegal drug use;

''(3) to support, conduct, and evaluate the effectiveness of educational and cessation programs; and

''(4) to provide information and education to the public on the prevention and implications of prenatal and postnatal smoking, alcohol and illegal drug use.

''(b) GRANTS.—In carrying out subsection (a), the Secretary may award grants to and enter into contracts with States, local governments, scientific and academic institutions, Federally qualified health centers, and other public and nonprofit entities, and may provide technical and consultative assistance to such entities.

''(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

TITLE X—PEDIATRIC RESEARCH INITIATIVE

SEC. 1001. ESTABLISHMENT OF PEDIATRIC RESEARCH INITIATIVE.

Part B of title IV of the Public Health Service Act, as amended by section 101 of this Act, is amended by adding at the end the following:

''PEDIATRIC RESEARCH INITIATIVE

''SEC. 409D. (a) ESTABLISHMENT.—The Secretary shall establish within the Office of the Director of NIH a Pediatric Research Initiative (referred to in this section as the 'Initiative') to conduct and support research that is directly related to diseases, disorders, and other conditionsin children. The Initiative shall be headed by the Director of NIH.

''(b) PURPOSE.—The purpose of the Initiative is to provide funds to enable the Director of NIH—

''(1) to increase support for pediatric biomedical research within the National Institutes of Health to realize the expanding opportunities for advancement in scientific investigations and care for children;

''(2) to enhance collaborative efforts among the Institutes to conduct and support multidisciplinary research in the areas that the Director deems most promising; and

''(3) in coordination with the Food and Drug Administration, to increase the development of adequate pediatric clinical trials and pediatric use information to promote the safer and more effective use of prescription drugs in the pediatric population.

''(c) DUTIES.—In carrying out subsection (b), the Director of NIH shall—

''(1) consult with the Director of the National Institute of Child Health and Human Development and the other national research institutes, in considering their requests for new or expanded pediatric research efforts, and consult with the Administrator of the Health Resources and Services Administration and other advisors as the Director determines to be appropriate;

''(2) have broad discretion in the allocation of any Initiative assistance among the Institutes, among types of grants, and between basic and clinical research so long as the assistance is directly related to the illnesses and conditions of children; and

''(3) be responsible for the oversight of any newly appropriated Initiative funds and annually report to Congress and the public on the extent of the total funds obligated to conduct or support pediatric research across the National Institutes of Health, including the specific support and research awards allocated through the Initiative.

''(d) AUTHORIZATION.—For the purpose of carrying out this section, there are authorized to be appropriated $50,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 through 2005.

''(e) TRANSFER OF FUNDS.—The Director of NIH may transfer amounts appropriated under this section to any of the Institutes for a fiscal year to carry out the purposes of the Initiative under this section.''.

SEC. 1002. INVESTMENT IN TOMORROW'S PEDIATRIC RESEARCHERS.

(a) IN GENERAL.—Subpart 7 of part C of title IV of the Public Health Service Act, as amended by section 921 of this Act, is amended by adding at the end the following:

''INVESTMENT IN TOMORROW'S PEDIATRIC RESEARCHERS

''SEC. 452G. (a) ENHANCED SUPPORT.—In order to ensure the future supply of researchers dedicated to the care and research needs of children, the Director of the Institute, after consultation with the Administrator of the Health Resources and Services Administration, shall support activities to provide for—

''(1) an increase in the number and size of institutional training grants to institutions supporting pediatric training; and

''(2) an increase in the number of career development awards for health professionals who intend to build careers in pediatric basic and clinical research.

''(b) AUTHORIZATION.—For the purpose of carrying out subsection (a), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

(b) PEDIATRIC RESEARCH LOAN REPAYMENT PROGRAM.—Part G of title IV of the Public Health Service Act (42 U.S.C. 288 et seq.) is amended by inserting after section 487E the following section:

''PEDIATRIC RESEARCH LOAN REPAYMENT PROGRAM

''SEC. 487F. (a) IN GENERAL.—The Secretary, in consultation with the Director of NIH, may establish a pediatric research loan repayment program. Through such program—

''(1) the Secretary shall enter into contracts with qualified health professionals under which such professionals will agree to conduct pediatric research, in consideration

of the Federal government agreeing to repay, for each year of such service, not more than $35,000 of the principal and interest of the educational loans of such professionals; and

''(2) the Secretary shall, for the purpose of providing reimbursements for tax liability resulting from payments made under paragraph (1) on behalf of an individual, make payments, in addition to payments under such paragraph, to the individual in an amount equal to 39 percent of the total amount of loan repayments made for the taxable year involved.

''(b) APPLICATION OF OTHER PROVISIONS.—The provisions of sections 338B, 338C, and 338E shall, except as inconsistent with paragraph (1), apply to the program established under such paragraph to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established under subpart III of part D of title III.

''(c) FUNDING.—

''(1) IN GENERAL.—For the purpose of carrying out this section with respect to a national research institute, the Secretary may reserve, from amounts appropriated for such institute for the fiscal year involved, such amounts as the Secretary determines to be appropriate.

''(2) AVAILABILITY OF FUNDS.—Amounts made available to carry out this section shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which such amounts were made available.''.

SEC. 1003. REVIEW OF REGULATIONS.

(a) REVIEW.—By not later than 6 months after the date of enactment of this Act, the Secretary of Health and Human Services shall conduct a review of the regulations under subpart D of part 46 of title 45, Code of Federal Regulations, consider any modifications necessary to ensure the adequate and appropriate protection of children participating in research, and report the findings of the Secretary to Congress.

(b) AREAS OF REVIEW.—In conducting the review under subsection (a), the Secretary of Health and Human Services shall consider—

(1) the appropriateness of the regulations for children of differing ages and maturity levels, including legal status;

(2) the definition of ''minimal risk'' for a healthy child or for a child with an illness;

(3) the definitions of ''assent'' and ''permission'' for child clinical research participants and their parents or guardians and of ''adequate provisions'' for soliciting assent or permission in research as such definitions relate to the process of obtaining the agreement of children participating in research and the parents or guardians of such children;

(4) the definitions of ''direct benefit to the individual subjects'' and ''generalizable knowledge about the subject's disorder or condition'';

(5) whether payment (financial or otherwise) may be provided to a child or his or her parent or guardian for the participation of the child in research, and if so, the amount and type given;

(6) the expectations of child research participants and their parent or guardian for the direct benefits of the child's research involvement;

(7) safeguards for research involving children conducted in emergency situations with a waiver of informed assent;

(8) parent and child notification in instances in which the regulations have not been complied with;

(9) compliance with the regulations in effect on the date of enactment of this Act, the monitoring of such compliance, and enforcement actions for violations of such regulations; and

(10) the appropriateness of current practices for recruiting children for participation in research.

(c) CONSULTATION.—In conducting the review under subsection (a), the Secretary of Health and Human Services shall consult broadly with experts in the field, including pediatric pharmacologists, pediatricians, pediatric professional societies, bioethics experts, clinical investigators, institutional review boards, industry experts, appropriate Federal agencies, and children who have participated in research studies and the parents, guardians, or families of such children.

(d) CONSIDERATION OF ADDITIONAL PROVISIONS.—In conducting the review under subsection (a), the Secretary of Health and Human Services shall consider and, not later than 6 months after the date of enactment of this Act, report to Congress concerning—

(1) whether the Secretary should establish data and safety monitoring boards or other mechanisms to review adverse events associated with research involving children; and

(2) whether the institutional review board oversight of clinical trials involving children is adequate to protect children.

SEC. 1004. LONG-TERM CHILD DEVELOPMENT STUDY.

(a) PURPOSE.—It is the purpose of this section to authorize the National Institute of Child Health and Human Development to conduct a national longitudinal study of environmental influences (including physical, chemical, biological, and psychosocial) on children's health and development.

(b) IN GENERAL.—The Director of the National Institute of Child Health and Human Development shall establish a consortium of representatives from appropriate Federal agencies (including the Centers for Disease Control and Prevention, the Environmental Protection Agency) to—

(1) plan, develop, and implement a prospective cohort study, from birth to adulthood, to evaluate the effects of both chronic and intermittent exposures on child health and human development; and

(2) investigate basic mechanisms of developmental disorders and environmental factors, both risk and protective, that influence health and developmental processes.

(c) REQUIREMENT.—The study under subsection (b) shall—

(1) incorporate behavioral, emotional, educational, and contextual consequences to enable a complete assessment of the physical, chemical, biological and psychosocial environmental influences on children's well-being;

(2) gather data on environmental influences and outcomes on diverse populations of children, which may include the consideration of prenatal exposures;

(3) consider health disparities among children which may include the consideration of prenatal exposures.

(d) REPORT.—Beginning not later than 3 years after the date of enactment of this Act, and periodically thereafter for the duration of the study under this section, the Director of the National Institute of Child Health and Human Development shall prepare and submit to the appropriate committees of Congress a report on the implementation and findings made under the planning and feasibility study conducted under this section.

(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $18,000,000 for fiscal year 2001, and such sums as may be necessary for each the fiscal years 2002 through 2005.

TITLE XI—CHILDHOOD MALIGNANCIES

SEC. 1101. PROGRAMS OF CENTERS FOR DISEASE CONTROL AND PREVENTION AND NATIONAL INSTITUTES OF HEALTH.

Part P of title III of the Public Health Service Act, as amended by section 702 of this Act, is amended by adding at the end the following section:

''SEC. 399N. CHILDHOOD MALIGNANCIES.

''(a) IN GENERAL.—The Secretary, acting as appropriate through the Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health, shall study environmental and other risk factors for childhood cancers (including skeletal malignancies, leukemias, malignant tumors of the central nervous system, lymphomas, soft tissue sarcomas, and other malignant neoplasms) and carry out projects to improve outcomes among children with childhood cancers and resultant secondary conditions, including limb loss, anemia, rehabilitation, and palliative care. Such projects shall be carried out by the Secretary directly and through awards of grants or contracts.

''(b) CERTAIN ACTIVITIES.—Activities under subsection (a) include—

''(1) the expansion of current demographic data collection and population surveillance efforts to include childhood cancers nationally;

''(2) the development of a uniform reporting system under which treating physicians, hospitals, clinics, and states report the diagnosis of childhood cancers, including relevant associated epidemiological data; and

''(3) support for the National Limb Loss Information Center to address, in part, the primary and secondary needs of persons who experience childhood cancers in order to prevent or minimize the disabling nature of these cancers.

''(c) COORDINATION OF ACTIVITIES.—The Secretary shall assure that activities under this section are coordinated as appropriate with other agencies of the Public Health Service that carry out activities focused on childhood cancers and limb loss.

''(d) DEFINITION.—For purposes of this section, the term 'childhood cancer' refers to a spectrum of different malignancies that vary by histology, site of disease, origin, race, sex, and age. The Secretary may for purposes of this section revise the definition of such term to the extent determined by the Secretary to be appropriate.

''(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

TITLE XII—ADOPTION AWARENESS

Subtitle A—Infant Adoption Awareness

SEC. 1201. GRANTS REGARDING INFANT ADOPTION AWARENESS.

Subpart I of part D of title III of the Public Health Service Act, as amended by section 801 of this Act, is amended by adding at the end the following section:

''SEC. 330F. CERTAIN SERVICES FOR PREGNANT WOMEN.

''(a) INFANT ADOPTION AWARENESS.—

''(1) IN GENERAL.—The Secretary shall make grants to national, regional, or local adoption organizations for the purpose of developing and implementing programs to train the designated staff of eligible health centers in providing adoption information and referrals to pregnant women on an equal basis with all other courses of action included in nondirective counseling to pregnant women.

''(2) BEST-PRACTICES GUIDELINES.—

''(A) IN GENERAL.—A condition for the receipt of a grant under paragraph (1) is that the adoption organization involved agree that, in providing training under such paragraph, the organization will follow the guidelines developed under subparagraph (B).

''(B) PROCESS FOR DEVELOPMENT OF GUIDELINES.—

tablish and supervise a process described in clause (ii) in which the participants are—

''(I) an appropriate number and variety of adoption organizations that, as a group, have expertise in all models of adoption practice and that represent all members of the adoption triad (birth mother, infant, and adoptive parent); and

''(II) affected public health entities.

''(ii) DESCRIPTION OF PROCESS.—The process referred to in clause (i) is a process in which the participants described in such clause collaborate to develop best-practices guidelines on the provision of adoption information and referrals to pregnant women on an equal basis with all other courses of action included in nondirective counseling to pregnant women.

''(iii) DATE CERTAIN FOR DEVELOPMENT.—The Secretary shall ensure that the guidelines described in clause (ii) are developed not later than 180 days after the date of the enactment of the Children's Health Act of 2000.

''(C) RELATION TO AUTHORITY FOR GRANTS.—The Secretary may not make any grant under paragraph (1) before the date on which the guidelines under subparagraph (B) are developed.

''(3) USE OF GRANT.—

''(A) IN GENERAL.—With respect to a grant under paragraph (1)—

''(i) an adoption organization may expend the grant to carry out the programs directly or through grants to or contracts with other adoption organizations;

''(ii) the purposes for which the adoption organization expends the grant may include the development of a training curriculum, consistent with the guidelines developed under paragraph (2)(B); and

''(iii) a condition for the receipt of the grant is that the adoption organization agree that, in providing training for the designated staff of eligible health centers, such organization will make reasonable efforts to ensure that the individuals who provide the training are individuals who are knowledgeable in all elements of the adoption process and are experienced in providing adoption information and referrals in the geographic areas in which the eligible health centers are located, and that the designated staff receive the training in such areas.

''(B) RULE OF CONSTRUCTION REGARDING TRAINING OF TRAINERS.—With respect to individuals who under a grant under paragraph (1) provide training for the designated staff of eligible health centers (referred to in this subparagraph as 'trainers'), subparagraph (A)(iii) may not be construed as establishing any limitation regarding the geographic area in which the trainers receive instruction in being such trainers. A trainer may receive such instruction in a different geographic area than the area in which the trainer trains (or will train) the designated staff of eligible health centers.

''(4) ADOPTION ORGANIZATIONS; ELIGIBLE HEALTH CENTERS; OTHER DEFINITIONS.—For purposes of this section:

''(A) The term 'adoption organization' means a national, regional, or local organization—

''(i) among whose primary purposes are adoption;

''(ii) that is knowledgeable in all elements of the adoption process and on providing adoption information and referrals to pregnant women; and

''(iii) that is a nonprofit private entity.

''(B) The term 'designated staff', with respect to an eligible health center, means staff of the center who provide pregnancy or adoption information and referrals (or will provide such information and referrals after receiving training under a grant under paragraph (1)).

''(C) The term 'eligible health centers' means public and nonprofit private entities that provide health services to pregnant women.

''(5) TRAINING FOR CERTAIN ELIGIBLE HEALTH CENTERS.—A condition for the receipt of a grant under paragraph (1) is that the adoption organization involved agree to make reasonable efforts to ensure that the eligible health centers with respect to which training under the grant is provided include—

''(A) eligible health centers that receive grants under section 1001 (relating to voluntary family planning projects);

''(B) eligible health centers that receive grants under section 330 (relating to community health centers, migrant health centers, and centers regarding homeless individuals and residents of public housing); and

''(C) eligible health centers that receive grants under this Act for the provision of services in schools.

''(6) PARTICIPATION OF CERTAIN ELIGIBLE HEALTH CLINICS.—In the case of eligible health centers that receive grants under section 330 or 1001:

''(A) Within a reasonable period after the Secretary begins making grants under paragraph (1), the Secretary shall provide eligible health centers with complete information about the training available from organizations receiving grants under such paragraph. The Secretary shall make reasonable efforts to encourage eligible health centers to arrange for designated staff to participate in such training. Such efforts shall affirm Federal requirements, if any, that the eligible health center provide nondirective counseling to pregnant women.

''(B) All costs of such centers in obtaining the training shall be reimbursed by the organization that provides the training, using grants under paragraph (1).

''(C) Not later than one year after the date of the enactment of the Children's Health Act of 2000, the Secretary shall submit to the appropriate committees of the Congress a report evaluating the extent to which adoption information and referral, upon request, are provided by eligible health centers. Within a reasonable time after training under this section is initiated, the Secretary shall submit to the appropriate committees of the Congress a report evaluating the extent to which adoption information and referral, upon request, are provided by eligible health centers in order to determine the effectiveness of such training and the extent to which such training complies with subsection (a)(1). In preparing the reports required by this subparagraph, the Secretary shall in no respect interpret the provisions of this section to allow any interference in the provider-patient relationship, any breach of patient confidentiality, or any monitoring or auditing of the counseling process or patient records which breaches patient confidentiality or reveals patient identity. The reports required by this subparagraph shall be conducted by the Secretary acting through the Administrator of the Health Resources and Services Administration and in collaboration with the Director of the Agency for Healthcare Research and Quality.

''(b) APPLICATION FOR GRANT.—The Secretary may make a grant under subsection (a) 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 section.

''(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

Subtitle B—Special Needs Adoption Awareness

SEC. 1211. SPECIAL NEEDS ADOPTION PROGRAMS; PUBLIC AWARENESS CAMPAIGN AND OTHER ACTIVITIES.

Subpart I of part D of title III of the Public Health Service Act, as amended by section 1201 of this Act, is amended by adding at the end the following section:

''SEC. 330G. SPECIAL NEEDS ADOPTION PROGRAMS; PUBLIC AWARENESS CAMPAIGN AND OTHER ACTIVITIES.

''(a) SPECIAL NEEDS ADOPTION AWARENESS CAMPAIGN.—

''(1) IN GENERAL.—The Secretary shall, through making grants to nonprofit private entities, provide for the planning, development, and carrying out of a national campaign to provide information to the public regarding the adoption of children with special needs.

''(2) INPUT ON PLANNING AND DEVELOPMENT.—In providing for the planning and development of the national campaign under paragraph (1), the Secretary shall provide for input from a number and variety of adoption organizations throughout the States in order that the full national diversity of interests among adoption organizations is represented in the planning and development of the campaign.

''(3) CERTAIN FEATURES.—With respect to the national campaign under paragraph (1):

''(A) The campaign shall be directed at various populations, taking into account as appropriate differences among geographic regions, and shall be carried out in the language and cultural context that is most appropriate to the population involved.

''(B) The means through which the campaign may be carried out include—

''(i) placing public service announcements on television, radio, and billboards; and

''(ii) providing information through means that the Secretary determines will reach individuals who are most likely to adopt children with special needs.

''(C) The campaign shall provide information on the subsidies and supports that are available to individuals regarding the adoption of children with special needs.

''(D) The Secretary may provide that the placement of public service announcements, and the dissemination of brochures and other materials, is subject to review by the Secretary.

''(4) MATCHING REQUIREMENT.—

''(A) IN GENERAL.—With respect to the costs of the activities to be carried out by an entity pursuant to paragraph (1), a condition for the receipt of a grant under such paragraph is that the entity agree to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 25 percent of such costs.

''(B) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions under subparagraph (A) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. 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 contributions.

''(b) NATIONAL RESOURCES PROGRAM.—The Secretary shall (directly or through grant or contract) carry out a program that, through toll-free telecommunications, makes available to the public information regarding the adoption of children with special needs. Such information shall include the following:

''(1) A list of national, State, and regional organizations that provide services regarding such adoptions, including exchanges and

other information on communicating with the organizations. The list shall represent the full national diversity of adoption organizations.

''(2) Information beneficial to individuals who adopt such children, including lists of support groups for adoptive parents and other postadoptive services.

''(c) OTHER PROGRAMS.—With respect to the adoption of children with special needs, the Secretary shall make grants—

''(1) to provide assistance to support groups for adoptive parents, adopted children, and siblings of adopted children; and

''(2) to carry out studies to identify—

''(A) the barriers to completion of the adoption process; and

''(B) those components that lead to favorable long-term outcomes for families that adopt children with special needs.

''(d) APPLICATION FOR GRANT.—The Secretary may make an award of a grant or contract under this section only if an application for the award 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 section.

''(e) FUNDING.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

TITLE XIII—TRAUMATIC BRAIN INJURY

SEC. 1301. PROGRAMS OF CENTERS FOR DISEASE CONTROL AND PREVENTION.

(a) IN GENERAL.—Section 393A of the Public Health Service Act (42 U.S.C. 280b–1b) is amended—

(1) in subsection (b)—

(A) in paragraph (1), by striking ''and'' at the end;

(B) in paragraph (2), by striking the period and inserting ''; and''; and

(C) by adding at the end the following:

''(3) the implementation of a national education and awareness campaign regarding such injury (in conjunction with the program of the Secretary regarding health-status goals for 2010, commonly referred to as Healthy People 2010), including—

''(A) the national dissemination of information on—

''(i) incidence and prevalence; and

''(ii) information relating to traumatic brain injury and the sequelae of secondary conditions arising from traumatic brain injury upon discharge from hospitals and trauma centers; and

''(B) the provision of information in primary care settings, including emergency rooms and trauma centers, concerning the availability of State level services and resources.'';

(2) in subsection (d)—

(A) in the second sentence, by striking ''anoxia due to near drowning.'' and inserting ''anoxia due to trauma.''; and

(B) in the third sentence, by inserting before the period the following: '', after consultation with States and other appropriate public or nonprofit private entities''.

(b) NATIONAL REGISTRY.—Part J of title III of the Public Health Service Act (42 U.S.C. 280b et seq.) is amended by inserting after section 393A the following section:

''NATIONAL PROGRAM FOR TRAUMATIC BRAIN INJURY REGISTRIES

''SEC. 393B. (a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States or their designees to operate the State's traumatic brain injury registry, and to academic institutions to conduct applied research that will support the development of such registries, to collect data concerning—

''(1) demographic information about each traumatic brain injury;

''(2) information about the circumstances surrounding the injury event associated with each traumatic brain injury;

''(3) administrative information about the source of the collected information, dates of hospitalization and treatment, and the date of injury; and

''(4) information characterizing the clinical aspects of the traumatic brain injury, including the severity of the injury, outcomes of the injury, the types of treatments received, and the types of services utilized.''.

SEC. 1302. STUDY AND MONITOR INCIDENCE AND PREVALENCE.

Section 4 of Public Law 104–166 (42 U.S.C. 300d–61 note) is amended—

(1) in subsection (a)(1)(A)—

(A) by striking clause (i) and inserting the following:

''(i)(I) determine the incidence and prevalence of traumatic brain injury in all age groups in the general population of the United States, including institutional settings; and

''(II) determine appropriate methodological strategies to obtain data on the incidence and prevalence of mild traumatic brain injury and report to Congress concerning such within 18 months of the date of enactment of the Children's Health Act of 2000; and''; and

(B) in clause (ii), by striking '', if the Secretary determines that such a system is appropriate'';

(2) in subsection (a)(1)(B)(i), by inserting '', including return to work or school and community participation,'' after ''functioning''; and

(3) in subsection (d), to read as follows:

''(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

SEC. 1303. PROGRAMS OF NATIONAL INSTITUTES OF HEALTH.

(a) INTERAGENCY PROGRAM.—Section 1261(d)(4) of the Public Health Service Act (42 U.S.C. 300d–61(d)(4)) is amended—

(1) in subparagraph (A), by striking ''degree of injury'' and inserting ''degree of brain injury'';

(2) in subparagraph (B), by striking ''acute injury'' and inserting ''acute brain injury''; and

(3) in subparagraph (D), by striking ''injury treatment'' and inserting ''brain injury treatment''.

(b) DEFINITION.—Section 1261(h)(4) of the Public Health Service Act (42 U.S.C. 300d–61(h)(4)) is amended—

(1) in the second sentence, by striking ''anoxia due to near drowning.'' and inserting ''anoxia due to trauma.''; and

(2) in the third sentence, by inserting before the period the following: '', after consultation with States and other appropriate public or nonprofit private entities''.

(c) RESEARCH ON COGNITIVE AND NEUROBEHAVIORAL DISORDERS ARISING FROM TRAUMATIC BRAIN INJURY.—Section 1261(d)(4) of the Public Health Service Act (42 U.S.C. 300d–61(d)(4)) is amended—

(1) in subparagraph (C), by striking ''and'' after the semicolon at the end;

(2) in subparagraph (D), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(E) carrying out subparagraphs (A) through (D) with respect to cognitive disorders and neurobehavioral consequences arising from traumatic brain injury, including the development, modification, and evaluation of therapies and programs of rehabilitation toward reaching or restoring normal capabilities in areas such as reading, comprehension, speech, reasoning, and deduction.''.

(d) AUTHORIZATION OF APPROPRIATIONS.—Section 1261 of the Public Health Service Act (42 U.S.C. 300d–61) is amended by adding at the end the following:

''(i) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

SEC. 1304. PROGRAMS OF HEALTH RESOURCES AND SERVICES ADMINISTRATION.

Section 1252 of the Public Health Service Act (42 U.S.C. 300d–51) is amended—

(1) in the section heading by striking ''**DEMONSTRATION**'';

(2) in subsection (a), by striking ''demonstration'';

(3) in subsection (b)(3)—

(A) in subparagraph (A)(iv), by striking ''representing traumatic brain injury survivors'' and inserting ''representing individuals with traumatic brain injury''; and

(B) in subparagraph (B), by striking ''who are survivors of'' and inserting ''with'';

(4) in subsection (c)—

(A) in paragraph (1), by striking '', in cash,''; and

(B) in paragraph (2), by amending the paragraph to read as follows:

''(2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions under paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. 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 contributions.'';

(5) by redesignating subsections (e) through (h) as subsections (g) through (j), respectively; and

(6) by inserting after subsection (d) the following subsections:

''(e) CONTINUATION OF PREVIOUSLY AWARDED DEMONSTRATION PROJECTS.—A State that received a grant under this section prior to the date of the enactment of the Children's Health Act of 2000 may compete for new project grants under this section after such date of enactment.

''(f) USE OF STATE GRANTS.—

''(1) COMMUNITY SERVICES AND SUPPORTS.—A State shall (directly or through awards of contracts to nonprofit private entities) use amounts received under a grant under this section for the following:

''(A) To develop, change, or enhance community-based service delivery systems that include timely access to comprehensive appropriate services and supports. Such service and supports—

''(i) shall promote full participation by individuals with brain injury and their families in decision making regarding the services and supports; and

''(ii) shall be designed for children and other individuals with traumatic brain injury.

''(B) To focus on outreach to underserved and inappropriately served individuals, such as individuals in institutional settings, individuals with low socioeconomic resources, individuals in rural communities, and individuals in culturally and linguistically diverse communities.

''(C) To award contracts to nonprofit entities for consumer or family service access training, consumer support, peer mentoring, and parent to parent programs.

''(D) To develop individual and family service coordination or case management systems.

''(E) To support other needs identified by the advisory board under subsection (b) for the State involved.

''(2) BEST PRACTICES.—

''(A) IN GENERAL.—State services and supports provided under a grant under this section shall reflect the best practices in the field of traumatic brain injury, shall be in compliance with title II of the Americans with Disabilities Act of 1990, and shall be supported by quality assurance measures as well as state-of-the-art health care and integrated community supports, regardless of the severity of injury.

''(B) DEMONSTRATION BY STATE AGENCY.—The State agency responsible for administering amounts received under a grant under this section shall demonstrate that it has obtained knowledge and expertise of traumatic brain injury and the unique needs associated with traumatic brain injury.

''(3) STATE CAPACITY BUILDING.—A State may use amounts received under a grant under this section to—

''(A) educate consumers and families;

''(B) train professionals in public and private sector financing (such as third party payers, State agencies, community-based providers, schools, and educators);

''(C) develop or improve case management or service coordination systems;

''(D) develop best practices in areas such as family or consumer support, return to work, housing or supportive living personal assistance services, assistive technology and devices, behavioral health services, substance abuse services, and traumatic brain injury treatment and rehabilitation;

''(E) tailor existing State systems to provide accommodations to the needs of individuals with brain injury (including systems administered by the State departments responsible for health, mental health, labor/employment, education, mental retardation/developmental disorders, transportation, and correctional systems);

''(F) improve data sets coordinated across systems and other needs identified by a State plan supported by its advisory council; and

''(G) develop capacity within targeted communities.'';

(5) in subsection (g) (as so redesignated), by striking ''agencies of the Public Health Service'' and inserting ''Federal agencies'';

(6) in subsection (i) (as redesignated by paragraph (3))—

(A) in the second sentence, by striking ''anoxia due to near drowning.'' and inserting ''anoxia due to trauma.''; and

(B) in the third sentence, by inserting before the period the following: '', after consultation with States and other appropriate public or nonprofit private entities''; and

(7) in subsection (j) (as so redesignated), by amending the subsection to read as follows:

''(j) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

SEC. 1305. STATE GRANTS FOR PROTECTION AND ADVOCACY SERVICES.

Part E of title XII of the Public Health Service Act (42 U.S.C. 300d-51 et seq.) is amended by adding at the end the following:

''SEC. 1253. STATE GRANTS FOR PROTECTION AND ADVOCACY SERVICES.

''(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration (referred to in this section as the 'Administrator'), shall make grants to protection and advocacy systems for the purpose of enabling such systems to provide services to individuals with traumatic brain injury.

''(b) SERVICES PROVIDED.—Services provided under this section may include the provision of—

''(1) information, referrals, and advice;

''(2) individual and family advocacy;

''(3) legal representation; and

''(4) specific assistance in self-advocacy.

''(c) APPLICATION.—To be eligible to receive a grant under this section, a protection and advocacy system shall submit an application to the Administrator at such time, in such form and manner, and accompanied by such information and assurances as the Administrator may require.

''(d) APPROPRIATIONS LESS THAN $2,700,000.—

''(1) IN GENERAL.—With respect to any fiscal year in which the amount appropriated under subsection (i) to carry out this section is less than $2,700,000, the Administrator shall make grants from such amount to individual protection and advocacy systems within States to enable such systems to plan for, develop outreach strategies for, and carry out services authorized under this section for individuals with traumatic brain injury.

''(2) AMOUNT.—The amount of each grant provided under paragraph (1) shall be determined as set forth in paragraphs (2) and (3) of subsection (e).

''(e) APPROPRIATIONS OF $2,700,000 OR MORE.—

''(1) POPULATION BASIS.—Except as provided in paragraph (2), with respect to each fiscal year in which the amount appropriated under subsection (i) to carry out this section is $2,700,000 or more, the Administrator shall make a grant to a protection and advocacy system within each State.

''(2) AMOUNT.—The amount of a grant provided to a system under paragraph (1) shall be equal to an amount bearing the same ratio to the total amount appropriated for the fiscal year involved under subsection (i) as the population of the State in which the grantee is located bears to the population of all States.

''(3) MINIMUMS.—Subject to the availability of appropriations, the amount of a grant a protection and advocacy system under paragraph (1) for a fiscal year shall—

''(A) in the case of a protection and advocacy system located in American Samoa, Guam, the United States Virgin Islands, or the Commonwealth of the Northern Mariana Islands, and the protection and advocacy system serving the American Indian consortium, not be less than $20,000; and

''(B) in the case of a protection and advocacy system in a State not described in subparagraph (A), not be less than $50,000.

''(4) INFLATION ADJUSTMENT.—For each fiscal year in which the total amount appropriated under subsection (i) to carry out this section is $5,000,000 or more, and such appropriated amount exceeds the total amount appropriated to carry out this section in the preceding fiscal year, the Administrator shall increase each of the minimum grants amount described in subparagraphs (A) and (B) of paragraph (3) by a percentage equal to the percentage increase in the total amount appropriated under subsection (i) to carry out this section between the preceding fiscal year and the fiscal year involved.

''(f) CARRYOVER.—Any amount paid to a protection and advocacy system that serves a State or the American Indian consortium for a fiscal year under this section that remains unobligated at the end of such fiscal year shall remain available to such system for obligation during the next fiscal year for the purposes for which such amount was originally provided.

''(g) DIRECT PAYMENT.—Notwithstanding any other provision of law, the Administrator shall pay directly to any protection and advocacy system that complies with the provisions of this section, the total amount of the grant for such system, unless the system provides otherwise for such payment.

''(h) ANNUAL REPORT.—Each protection and advocacy system that receives a payment under this section shall submit an annual report to the Administrator concerning the services provided to individuals with traumatic brain injury by such system.

''(i) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $5,000,000 for fiscal year 2001, and such sums as may be necessary for each the fiscal years 2002 through 2005.

''(j) DEFINITIONS.—In this section:

''(1) AMERICAN INDIAN CONSORTIUM.—The term 'American Indian consortium' means a consortium established under part C of the Developmental Disabilities Assistance Bill of Rights Act (42 U.S.C. 6042 et seq.).

''(2) PROTECTION AND ADVOCACY SYSTEM.—The term 'protection and advocacy system' means a protection and advocacy system established under part C of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6042 et seq.).

''(3) STATE.—The term 'State', unless otherwise specified, means the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.''.

SEC. 1306. AUTHORIZATION OF APPROPRIATIONS FOR CERTAIN PROGRAMS.

Section 394A of the Public Health Service Act (42 U.S.C. 280b–3) is amended by striking ''and'' after ''1994'' and by inserting before the period the following: '', and such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

TITLE XIV—CHILD CARE SAFETY AND HEALTH GRANTS

SEC. 1401. DEFINITIONS.

In this title:

(1) CHILD WITH A DISABILITY; INFANT OR TODDLER WITH A DISABILITY.—The terms ''child with a disability'' and ''infant or toddler with a disability'' have the meanings given the terms in sections 602 and 632 of the Individuals with Disabilities Education Act (20 U.S.C. 1401 and 1431).

(2) ELIGIBLE CHILD CARE PROVIDER.—The term ''eligible child care provider'' means a provider of child care services for compensation, including a provider of care for a school-age child during non-school hours, that—

(A) is licensed, regulated, registered, or otherwise legally operating, under State and local law; and

(B) satisfies the State and local requirements,

applicable to the child care services the provider provides.

(3) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

(4) STATE.—The term ''State'' means any of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

SEC. 1402. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated to carry out this title $200,000,000 for fiscal year 2001, and such sums as may be necessary for each subsequent fiscal year.

SEC. 1403. PROGRAMS.

The Secretary shall make allotments to eligible States under section 1404. The Secretary shall make the allotments to enable the States to establish programs to improve the health and safety of children receiving

child care outside the home, by preventing illnesses and injuries associated with that care and promoting the health and well-being of children receiving that care.

SEC. 1404. AMOUNTS RESERVED; ALLOTMENTS.

(a) AMOUNTS RESERVED.—The Secretary shall reserve not more than ½ of 1 percent of the amount appropriated under section 1402 for each fiscal year to make allotments to Guam, American Samoa, the United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands to be allotted in accordance with their respective needs.

(b) STATE ALLOTMENTS.—

(1) GENERAL RULE.—From the amounts appropriated under section 1402 for each fiscal year and remaining after reservations are made under subsection (a), the Secretary shall allot to each State an amount equal to the sum of—

(A) an amount that bears the same ratio to 50 percent of such remainder as the product of the young child factor of the State and the allotment percentage of the State bears to the sum of the corresponding products for all States; and

(B) an amount that bears the same ratio to 50 percent of such remainder as the product of the school lunch factor of the State and the allotment percentage of the State bears to the sum of the corresponding products for all States.

(2) YOUNG CHILD FACTOR.—In this subsection, the term ''young child factor'' means the ratio of the number of children under 5 years of age in a State to the number of such children in all States, as provided by the most recent annual estimates of population in the States by the Census Bureau of the Department of Commerce.

(3) SCHOOL LUNCH FACTOR.—In this subsection, the term ''school lunch factor'' means the ratio of the number of children who are receiving free or reduced price lunches under the school lunch program established under the National School Lunch Act (42 U.S.C. 1751 et seq.) in the State to the number of such children in all States, as determined annually by the Department of Agriculture.

(4) ALLOTMENT PERCENTAGE.—

(A) IN GENERAL.—For purposes of this subsection, the allotment percentage for a State shall be determined by dividing the per capita income of all individuals in the United States, by the per capita income of all individuals in the State.

(B) LIMITATIONS.—If an allotment percentage determined under subparagraph (A) for a State—

(i) is more than 1.2 percent, the allotment percentage of the State shall be considered to be 1.2 percent; and

(ii) is less than 0.8 percent, the allotment percentage of the State shall be considered to be 0.8 percent.

(C) PER CAPITA INCOME.—For purposes of subparagraph (A), per capita income shall be—

(i) determined at 2-year intervals;

(ii) applied for the 2-year period beginning on October 1 of the first fiscal year beginning after the date such determination is made; and

(iii) equal to the average of the annual per capita incomes for the most recent period of 3 consecutive years for which satisfactory data are available from the Department of Commerce on the date such determination is made.

(c) DATA AND INFORMATION.—The Secretary shall obtain from each appropriate Federal agency, the most recent data and information necessary to determine the allotments provided for in subsection (b).

(d) DEFINITION.—In this section, the term ''State'' includes only the several States of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.

SEC. 1405. STATE APPLICATIONS.

To be eligible to receive an allotment under section 1404, a State shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require. The application shall contain information assessing the needs of the State with regard to child care health and safety, the goals to be achieved through the program carried out by the State under this title, and the measures to be used to assess the progress made by the State toward achieving the goals.

SEC. 1406. USE OF FUNDS.

(a) IN GENERAL.—A State that receives an allotment under section 1404 shall use the funds made available through the allotment to carry out 2 or more activities consisting of—

(1) providing training and education to eligible child care providers on preventing injuries and illnesses in children, and promoting health-related practices;

(2) strengthening licensing, regulation, or registration standards for eligible child care providers;

(3) assisting eligible child care providers in meeting licensing, regulation, or registration standards, including rehabilitating the facilities of the providers, in order to bring the facilities into compliance with the standards;

(4) enforcing licensing, regulation, or registration standards for eligible child care providers, including holding increased unannounced inspections of the facilities of those providers;

(5) providing health consultants to provide advice to eligible child care providers;

(6) assisting eligible child care providers in enhancing the ability of the providers to serve children with disabilities and infants and toddlers with disabilities;

(7) conducting criminal background checks for eligible child care providers and other individuals who have contact with children in the facilities of the providers;

(8) providing information to parents on what factors to consider in choosing a safe and healthy child care setting; or

(9) assisting in improving the safety of transportation practices for children enrolled in child care programs with eligible child care providers.

(b) SUPPLEMENT, NOT SUPPLANT.—Funds appropriated pursuant to the authority of this title shall be used to supplement and not supplant other Federal, State, and local public funds expended to provide services for eligible individuals.

SEC. 1407. REPORTS.

Each State that receives an allotment under section 1404 shall annually prepare and submit to the Secretary a report that describes—

(1) the activities carried out with funds made available through the allotment; and

(2) the progress made by the State toward achieving the goals described in the application submitted by the State under section 1405.

TITLE XV—HEALTHY START INITIATIVE

SEC. 1501. CONTINUATION OF HEALTHY START PROGRAM.

Subpart I of part D of title III of the Public Health Service Act, as amended by section 1211 of this Act, is amended by adding at the end the following section:

''SEC. 330H. HEALTHY START FOR INFANTS.

''(a) IN GENERAL.—

''(1) CONTINUATION AND EXPANSION OF PROGRAM.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, Maternal and Child Health Bureau, shall under authority of this section continue in effect the Healthy Start Initiative and may, during fiscal year 2001 and subsequent years, carry out such program on a national basis.

''(2) DEFINITION.—For purposes of paragraph (1), the term 'Healthy Start Initiative' is a reference to the program that, as an initiative to reduce the rate of infant mortality and improve perinatal outcomes, makes grants for project areas with high annual rates of infant mortality and that, prior to the effective date of this section, was a demonstration program carried out under section 301.

''(3) ADDITIONAL GRANTS.— Effective upon increased funding beyond fiscal year 1999 for such Initiative, additional grants may be made to States to assist communities with technical assistance, replication of successful projects, and State policy formation to reduce infant and maternal mortality and morbidity.

''(b) REQUIREMENTS FOR MAKING GRANTS.—In making grants under subsection (a), the Secretary shall require that applicants (in addition to meeting all eligibility criteria established by the Secretary) establish, for project areas under such subsection, community-based consortia of individuals and organizations (including agencies responsible for administering block grant programs under title V of the Social Security Act, consumers of project services, public health departments, hospitals, health centers under section 330, and other significant sources of health care services) that are appropriate for participation in projects under subsection (a).

''(c) COORDINATION.—Recipients of grants under subsection (a) shall coordinate their services and activities with the State agency or agencies that administer block grant programs under title V of the Social Security Act in order to promote cooperation, integration, and dissemination of information with Statewide systems and with other community services funded under the Maternal and Child Health Block Grant.

''(d) RULE OF CONSTRUCTION.—Except to the extent inconsistent with this section, this section may not be construed as affecting the authority of the Secretary to make modifications in the program carried out under subsection (a).

''(e) ADDITIONAL SERVICES FOR AT-RISK PREGNANT WOMEN AND INFANTS.—

''(1) IN GENERAL.—The Secretary may make grants to conduct and support research and to provide additional health care services for pregnant women and infants, including grants to increase access to prenatal care, genetic counseling, ultrasound services, and fetal or other surgery.

''(2) ELIGIBLE PROJECT AREA.—The Secretary may make a grant under paragraph (1) only if the geographic area in which services under the grant will be provided is a geographic area in which a project under subsection (a) is being carried out, and if the Secretary determines that the grant will add to or expand the level of health services available in such area to pregnant women and infants.

''(3) EVALUATION BY GENERAL ACCOUNTING OFFICE.—

''(A) IN GENERAL.—During fiscal year 2004, the Comptroller General of the United States shall conduct an evaluation of activities under grants under paragraph (1) in order to determine whether the activities have been effective in serving the needs of pregnant women with respect to services described in such paragraph. The evaluation shall include an analysis of whether such activities have been effective in reducing the disparity in health status between the general population and individuals who are members of racial or

ethnic minority groups. Not later than January 10, 2004, the Comptroller General shall submit to the Committee on Commerce in the House of Representatives, and to the Committee on Health, Education, Labor, and Pensions in the Senate, a report describing the findings of the evaluation.

''(B) RELATION TO GRANTS REGARDING ADDITIONAL SERVICES FOR AT-RISK PREGNANT WOMEN AND INFANTS.—Before the date on which the evaluation under subparagraph (A) is submitted in accordance with such subparagraph—

''(i) the Secretary shall ensure that there are not more than five grantees under paragraph (1); and

''(ii) an entity is not eligible to receive grants under such paragraph unless the entity has substantial experience in providing the health services described in such paragraph.

''(f) FUNDING.—

''(1) GENERAL PROGRAM.—

''(A) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section (other than subsection (e)), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.

''(B) ALLOCATIONS.—

''(i) PROGRAM ADMINISTRATION.—Of the amounts appropriated under subparagraph (A) for a fiscal year, the Secretary may reserve up to 5 percent for coordination, dissemination, technical assistance, and data activities that are determined by the Secretary to be appropriate for carrying out the program under this section.

''(ii) EVALUATION.—Of the amounts appropriated under subparagraph (A) for a fiscal year, the Secretary may reserve up to 1 percent for evaluations of projects carried out under subsection (a). Each such evaluation shall include a determination of whether such projects have been effective in reducing the disparity in health status between the general population and individuals who are members of racial or ethnic minority groups.

''(2) ADDITIONAL SERVICES FOR AT-RISK PREGNANT WOMEN AND INFANTS.—

''(A) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out subsection (e), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.

''(B) ALLOCATION FOR COMMUNITY-BASED MOBILE HEALTH UNITS.—Of the amounts appropriated under subparagraph (A) for a fiscal year, the Secretary shall make available not less than 10 percent for providing services under subsection (e) (including ultrasound services) through visits by mobile units to communities that are eligible for services under subsection (a).''.

TITLE XVI—ORAL HEALTH PROMOTION AND DISEASE PREVENTION

SEC. 1601. IDENTIFICATION OF INTERVENTIONS THAT REDUCE THE BURDEN AND TRANSMISSION OF ORAL, DENTAL, AND CRANIOFACIAL DISEASES IN HIGH RISK POPULATIONS; DEVELOPMENT OF APPROACHES FOR PEDIATRIC ORAL AND CRANIOFACIAL ASSESSMENT.

(a) IN GENERAL.—The Secretary of Health and Human Services, through the Maternal and Child Health Bureau, the Indian Health Service, and in consultation with the National Institutes of Health and the Centers for Disease Control and Prevention, shall—

(1) support community-based research that is designed to improve understanding of the etiology, pathogenesis, diagnosis, prevention, and treatment of pediatric oral, dental, craniofacial diseases and conditions and their sequelae in high risk populations;

(2) support demonstrations of preventive interventions in high risk populations including nutrition, parenting, and feeding techniques; and

(3) develop clinical approaches to assess individual patients for the risk of pediatric dental disease.

(b) COMPLIANCE WITH STATE PRACTICE LAWS.—Treatment and other services shall be provided pursuant to this section by licensed dental health professionals in accordance with State practice and licensing laws.

(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out this section for each the fiscal years 2001 through 2005.

SEC. 1602. ORAL HEALTH PROMOTION AND DISEASE PREVENTION.

Part B of title III of the Public Health Service Act, as amended by section 911 of this Act, is amended by inserting after section 317L the following section:

''ORAL HEALTH PROMOTION AND DISEASE PREVENTION

''SEC. 317M. (a) GRANTS TO INCREASE RESOURCES FOR COMMUNITY WATER FLUORIDATION.—

''(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States and Indian tribes for the purpose of increasing the resources available for community water fluoridation.

''(2) USE OF FUNDS.—A State shall use amounts provided under a grant under paragraph (1)—

''(A) to purchase fluoridation equipment;

''(B) to train fluoridation engineers;

''(C) to develop educational materials on the benefits of fluoridation; or

''(D) to support the infrastructure necessary to monitor and maintain the quality of water fluoridation.

''(b) COMMUNITY WATER FLUORIDATION.—

''(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in collaboration with the Director of the Indian Health Service, shall establish a demonstration project that is designed to assist rural water systems in successfully implementing the water fluoridation guidelines of the Centers for Disease Control and Prevention that are entitled ''Engineering and Administrative Recommendations for Water Fluoridation, 1995'' (referred to in this subsection as the 'EARWF').

''(2) REQUIREMENTS.—

''(A) COLLABORATION.—In collaborating under paragraph (1), the Directors referred to in such paragraph shall ensure that technical assistance and training are provided to tribal programs located in each of the 12 areas of the Indian Health Service. The Director of the Indian Health Service shall provide coordination and administrative support to tribes under this section.

''(B) GENERAL USE OF FUNDS.—Amounts made available under paragraph (1) shall be used to assist small water systems in improving the effectiveness of water fluoridation and to meet the recommendations of the EARWF.

''(C) FLUORIDATION SPECIALISTS.—

''(i) IN GENERAL.—In carrying out this subsection, the Secretary shall provide for the establishment of fluoridation specialist engineering positions in each of the Dental Clinical and Preventive Support Centers through which technical assistance and training will be provided to tribal water operators, tribal utility operators and other Indian Health Service personnel working directly with fluoridation projects.

''(ii) LIAISON.—A fluoridation specialist shall serve as the principal technical liaison between the Indian Health Service and the Centers for Disease Control and Prevention with respect to engineering and fluoridation issues.

''(iii) CDC.—The Director of the Centers for Disease Control and Prevention shall appoint individuals to serve as the fluoridation specialists.

''(D) IMPLEMENTATION.—The project established under this subsection shall be planned, implemented and evaluated over the 5-year period beginning on the date on which funds are appropriated under this section and shall be designed to serve as a model for improving the effectiveness of water fluoridation systems of small rural communities.

''(3) EVALUATION.—In conducting the ongoing evaluation as provided for in paragraph (2)(D), the Secretary shall ensure that such evaluation includes—

''(A) the measurement of changes in water fluoridation compliance levels resulting from assistance provided under this section;

''(B) the identification of the administrative, technical and operational challenges that are unique to the fluoridation of small water systems;

''(C) the development of a practical model that may be easily utilized by other tribal, state, county or local governments in improving the quality of water fluoridation with emphasis on small water systems; and

''(D) the measurement of any increased percentage of Native Americans or Alaskan Natives who receive the benefits of optimally fluoridated water.

''(c) SCHOOL-BASED DENTAL SEALANT PROGRAM.—

''(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in collaboration with the Administrator of the Health Resources and Services Administration, may award grants to States and Indian tribes to provide for the development of school-based dental sealant programs to improve the access of children to sealants.

''(2) USE OF FUNDS.—A State shall use amounts received under a grant under paragraph (1) to provide funds to eligible school-based entities or to public elementary or secondary schools to enable such entities or schools to provide children with access to dental care and dental sealant services. Such services shall be provided by licensed dental health professionals in accordance with State practice licensing laws.

''(3) ELIGIBILITY.—To be eligible to receive funds under paragraph (1), an entity shall—

''(A) prepare and submit to the State an application at such time, in such manner and containing such information as the state may require; and

''(B) be a public elementary or secondary school—

''(i) that is located in an urban area in which and more than 50 percent of the student population is participating in federal or state free or reduced meal programs; or

''(ii) that is located in a rural area and, with respect to the school district in which the school is located, the district involved has a median income that is at or below 235 percent of the poverty line, as defined in section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).

''(d) DEFINITIONS.—For purposes of this section, the term 'Indian tribe' means an Indian tribe or tribal organization as defined in section 4(b) and section 4(c) of the Indian Self-Determination and Education Assistance Act.

''(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

SEC. 1603. COORDINATED PROGRAM TO IMPROVE PEDIATRIC ORAL HEALTH.

Part B of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by adding at the end the following:

''COORDINATED PROGRAM TO IMPROVE PEDIATRIC ORAL HEALTH

''SEC. 320A. (a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall establish a program to fund innovative oral health activities that improve the oral health of children under 6 years of age who are eligible for services provided under a Federal health program, to increase the utilization of dental services by such children, and to decrease the incidence of early childhood and baby bottle tooth decay.

''(b) GRANTS.—The Secretary shall award grants to or enter into contracts with public or private nonprofit schools of dentistry or accredited dental training institutions or programs, community dental programs, and programs operated by the Indian Health Service (including federally recognized Indian tribes that receive medical services from the Indian Health Service, urban Indian health programs funded under title V of the Indian Health Care Improvement Act, and tribes that contract with the Indian Health Service pursuant to the Indian Self-Determination and Education Assistance Act) to enable such schools, institutions, and programs to develop programs of oral health promotion, to increase training of oral health services providers in accordance with State practice laws, or to increase the utilization of dental services by eligible children.

''(c) DISTRIBUTION.—In awarding grants under this section, the Secretary shall, to the extent practicable, ensure an equitable national geographic distribution of the grants, including areas of the United States where the incidence of early childhood caries is highest.

''(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $10,000,000 for each the fiscal years 2001 through 2005.''.

TITLE XVII—VACCINE-RELATED PROGRAMS

Subtitle A—Vaccine Compensation Program

SEC. 1701. CONTENT OF PETITIONS.

(a) IN GENERAL.—Section 2111(c)(1)(D) of the Public Health Service Act (42 U.S.C. 300aa–11(c)(1)(D)) is amended by striking ''and'' at the end and inserting ''or (iii) suffered such illness, disability, injury, or condition from the vaccine which resulted in inpatient hospitalization and surgical intervention, and''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) takes effect upon the date of the enactment of this Act, including with respect to petitions under section 2111 of the Public Health Service Act that are pending on such date.

Subtitle B—Childhood Immunizations

SEC. 1711. CHILDHOOD IMMUNIZATIONS.

Section 317(j)(1) of the Public Health Service Act (42 U.S.C. 247b(j)(1)) is amended in the first sentence by striking ''1998'' and all that follows and inserting ''1998 through 2005.''.

TITLE XVIII—HEPATITIS C

SEC. 1801. SURVEILLANCE AND EDUCATION REGARDING HEPATITIS C.

Part B of title III of the Public Health Service Act, as amended by section 1602 of this Act, is amended by inserting after section 317M the following section:

''SURVEILLANCE AND EDUCATION REGARDING HEPATITIS C VIRUS

''SEC. 317N. (a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may (directly and through grants to public and nonprofit private entities) provide for programs to carry out the following:

''(1) To cooperate with the States in implementing a national system to determine the incidence of hepatitis C virus infection (in this section referred to as 'HCV infection') and to assist the States in determining the prevalence of such infection, including the reporting of chronic HCV cases.

''(2) To identify, counsel, and offer testing to individuals who are at risk of HCV infection as a result of receiving blood transfusions prior to July 1992, or as a result of other risk factors.

''(3) To provide appropriate referrals for counseling, testing, and medical treatment of individuals identified under paragraph (2) and to ensure, to the extent practicable, the provision of appropriate follow-up services.

''(4) To develop and disseminate public information and education programs for the detection and control of HCV infection, with priority given to high risk populations as determined by the Secretary.

''(5) To improve the education, training, and skills of health professionals in the detection and control of HCV infection, with priority given to pediatricians and other primary care physicians, and obstetricians and gynecologists.

''(b) LABORATORY PROCEDURES.—The Secretary may (directly and through grants to public and nonprofit private entities) carry out programs to provide for improvements in the quality of clinical-laboratory procedures regarding hepatitis C, including reducing variability in laboratory results on hepatitis C antibody and PCR testing.

''(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

TITLE XIX—NIH INITIATIVE ON AUTOIMMUNE DISEASES

SEC. 1901. AUTOIMMUNE-DISEASES; INITIATIVE THROUGH DIRECTOR OF NATIONAL INSTITUTES OF HEALTH.

Part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.), as amended by section 1001 of this Act, is amended by adding at the end the following:

''SEC. 409E. AUTOIMMUNE DISEASES.

''(a) EXPANSION, INTENSIFICATION, AND COORDINATION OF ACTIVITIES.—

''(1) IN GENERAL.—The Director of NIH shall expand, intensify, and coordinate research and other activities of the National Institutes of Health with respect to autoimmune diseases.

''(2) ALLOCATIONS BY DIRECTOR OF NIH.—With respect to amounts appropriated to carry out this section for a fiscal year, the Director of NIH shall allocate the amounts among the national research institutes that are carrying out paragraph (1).

''(3) DEFINITION.—The term 'autoimmune disease' includes, for purposes of this section such diseases or disorders with evidence of autoimmune pathogensis as the Secretary determines to be appropriate.

''(b) COORDINATING COMMITTEE.—

''(1) IN GENERAL.—The Secretary shall ensure that the Autoimmune Diseases Coordinating Committee (referred to in this section as the 'Coordinating Committee') coordinates activities across the National Institutes and with other Federal health programs and activities relating to such diseases.

''(2) COMPOSITION.—The Coordinating Committee shall be composed of the directors or their designees of each of the national research institutes involved in research with respect to autoimmune diseases and representatives of all other Federal departments and agencies whose programs involve health functions or responsibilities relevant to such diseases, including the Centers for Disease Control and Prevention and the Food and Drug Administration.

''(3) CHAIR.—

''(A) IN GENERAL.—With respect to autoimmune diseases, the Chair of the Committee shall serve as the principal advisor to the Secretary, the Assistant Secretary for Health, and the Director of NIH, and shall provide advice to the Director of the Centers for Disease Control and Prevention, the Commissioner of Food and Drugs, and other relevant agencies.

''(B) DIRECTOR OF NIH.—The Chair of the Committee shall be directly responsible to the Director of NIH.

''(c) PLAN FOR NIH ACTIVITIES.—

''(1) IN GENERAL.—Not later than 1 year after the date of enactment of this section, the Coordinating Committee shall develop a plan for conducting and supporting research and education on autoimmune diseases through the national research institutes and shall periodically review and revise the plan. The plan shall—

''(A) provide for a broad range of research and education activities relating to biomedical, psychosocial, and rehabilitative issues, including studies of the disproportionate impact of such diseases on women;

''(B) identify priorities among the programs and activities of the National Institutes of Health regarding such diseases; and

''(C) reflect input from a broad range of scientists, patients, and advocacy groups.

''(2) CERTAIN ELEMENTS OF PLAN.—The plan under paragraph (1) shall, with respect to autoimmune diseases, provide for the following as appropriate:

''(A) Research to determine the reasons underlying the incidence and prevalence of the diseases.

''(B) Basic research concerning the etiology and causes of the diseases.

''(C) Epidemiological studies to address the frequency and natural history of the diseases, including any differences among the sexes and among racial and ethnic groups.

''(D) The development of improved screening techniques.

''(E) Clinical research for the development and evaluation of new treatments, including new biological agents.

''(F) Information and education programs for health care professionals and the public.

''(3) IMPLEMENTATION OF PLAN.—The Director of NIH shall ensure that programs and activities of the National Institutes of Health regarding autoimmune diseases are implemented in accordance with the plan under paragraph (1).

''(d) REPORTS TO CONGRESS.—The Coordinating Committee under subsection (b)(1) shall biennially submit to the Committee on Commerce of the House of Representatives, and the Committee on Health, Education, Labor and Pensions of the Senate, a report that describes the research, education, and other activities on autoimmune diseases being conducted or supported through the national research institutes, and that in addition includes the following:

''(1) The plan under subsection (c)(1) (or revisions to the plan, as the case may be).

''(2) Provisions specifying the amounts expended by the National Institutes of Health with respect to each of the autoimmune diseases included in the plan.

''(3) Provisions identifying particular projects or types of projects that should in the future be considered by the national research institutes or other entities in the field of research on autoimmune diseases.

''(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section,

there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005. The authorization of appropriations established in the preceding sentence is in addition to any other authorization of appropriations that is available for conducting or supporting through the National Institutes of Health research and other activities with respect to autoimmune diseases.''.

TITLE XX—GRADUATE MEDICAL EDUCATION PROGRAMS IN CHILDREN'S HOSPITALS

SEC. 2001. PROVISIONS TO REVISE AND EXTEND PROGRAM.

(a) PAYMENTS.—Section 340E(a) of the Public Health Service Act (42 U.S.C. 256e(a)) is amended—

(1) by striking ''and 2001'' and inserting ''through 2005''; and

(2) by adding at the end the following: ''The Secretary shall promulgate regulations pursuant to the rulemaking requirements of title 5, United States Code, which shall govern payments made under this subpart.''.

(b) UPDATING RATES.—Section 340E(c)(2)(F) of the Public Health Service Act (42 U.S.C. 256e(c)(2)(F)) is amended by striking ''hospital's cost reporting period that begins during fiscal year 2000'' and inserting ''Federal fiscal year for which payments are made''.

(c) RESIDENT COUNT FOR INTERIM PAYMENTS.—Section 340E(e)(1) of the Public Health Service Act (42 U.S.C. 256e(e)(1)) is amended by adding at the end the following: ''Such interim payments to each individual hospital shall be based on the number of residents reported in the hospital's most recently filed medicare cost report prior to the application date for the Federal fiscal year for which the interim payment amounts are established. In the case of a hospital that does not report residents on a medicare cost report, such interim payments shall be based on the number of residents trained during the hospital's most recently completed medicare cost report filing period.''.

(d) WITHHOLDING.—Section 340E(e)(2) of the Public Health Service Act (42 U.S.C. 256e(e)(2)) is amended—

(1) by adding ''and indirect'' after ''direct'';

(2) by adding at the end the following: ''The Secretary shall withhold up to 25 percent from each interim installment for direct and indirect graduate medical education paid under paragraph (1) as necessary to ensure a hospital will not be overpaid on an interim basis.''.

(e) RECONCILIATION.—Section 340E(e)(3) of the Public Health Service Act (42 U.S.C. 256e(e)(3)) is amended to read as follows:

''(3) RECONCILIATION.—Prior to the end of each fiscal year, the Secretary shall determine any changes to the number of residents reported by a hospital in the application of the hospital for the current fiscal year to determine the final amount payable to the hospital for the current fiscal year for both direct expense and indirect expense amounts. Based on such determination, the Secretary shall recoup any overpayments made to pay any balance due to the extent possible. The final amount so determined shall be considered a final intermediary determination for the purposes of section 1878 of the Social Security Act and shall be subject to administrative and judicial review under that section in the same manner as the amount of payment under section 1186(d) of such Act is subject to review under such section.''.

(f) AUTHORIZATION OF APPROPRIATIONS.—Section 340E(f) of the Public Health Service Act (42 U.S.C. 256e(f)) is amended—

(1) in paragraph (1)(A)—

(A) in clause (i), by striking ''and'' at the end;

(B) in clause (ii), by striking the period and inserting ''; and''; and

(C) by adding at the end the following:

''(iii) for each of the fiscal years 2002 through 2005, such sums as may be necessary.''; and

(2) in paragraph (2)—

(A) in subparagraph (A), by striking ''and'' at the end;

(B) in subparagraph (B), by striking the period and inserting ''; and''; and

(C) by adding at the end the following:

''(C) for each of the fiscal years 2002 through 2005, such sums as may be necessary.''.

(g) DEFINITION OF CHILDREN'S HOSPITAL.—Section 340E(g)(2) of the Public Health Service Act (42 U.S.C. 256e(g)(2)) is amended by striking ''described in'' and all that follows and inserting the following: ''with a medicare payment agreement and which is excluded from the medicare inpatient prospective payment system pursuant to section 1886(d)(1)(B)(iii) of the Social Security Act and its accompanying regulations.''.

TITLE XXI—SPECIAL NEEDS OF CHILDREN REGARDING ORGAN TRANSPLANTATION

SEC. 2101. ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK; AMENDMENTS REGARDING NEEDS OF CHILDREN.

(a) IN GENERAL.—Section 372(b)(2) of the Public Health Service Act (42 U.S.C. 274(b)(2)) is amended—

(1) in subparagraph (J), by striking ''and'' at the end;

(2) in each of subparagraphs (K) and (L), by striking the period and inserting a comma; and

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

''(M) recognize the differences in health and in organ transplantation issues between children and adults throughout the system and adopt criteria, polices, and procedures that address the unique health care needs of children,

''(N) carry out studies and demonstration projects for the purpose of improving procedures for organ donation procurement and allocation, including but not limited to projects to examine and attempt to increase transplantation among populations with special needs, including children and individuals who are members of racial or ethnic minority groups, and among populations with limited access to transportation, and

''(O) provide that for purposes of this paragraph, the term 'children' refers to individuals who are under the age of 18.''.

(b) STUDY REGARDING IMMUNOSUPPRESSIVE DRUGS.—

(1) IN GENERAL.—The Secretary of Health and Human Services (referred to in this subsection as the ''Secretary'') shall provide for a study to determine the costs of immunosuppressive drugs that are provided to children pursuant to organ transplants and to determine the extent to which health plans and health insurance cover such costs. The Secretary may carry out the study directly or through a grant to the Institute of Medicine (or other public or nonprofit private entity).

(2) RECOMMENDATIONS REGARDING CERTAIN ISSUES.—The Secretary shall ensure that, in addition to making determinations under paragraph (1), the study under such paragraph makes recommendations regarding the following issues:

(A) The costs of immunosuppressive drugs that are provided to children pursuant to organ transplants and to determine the extent to which health plans, health insurance and government programs cover such costs.

(B) The extent of denial of organs to be released for transplant by coroners and medical examiners.

(C) The special growth and developmental issues that children have pre- and post-organ transplantation.

(D) Other issues that are particular to the special health and transplantation needs of children.

(3) REPORT.—The Secretary shall ensure that, not later than December 31, 2001, the study under paragraph (1) is completed and a report describing the findings of the study is submitted to the Congress.

TITLE XXII—MUSCULAR DYSTROPHY RESEARCH

SEC. 2201. MUSCULAR DYSTROPHY RESEARCH.

Part B of title IV of the Public Health Service Act, as amended by section 1901 of this Act, is amended by adding at the end the following:

''MUSCULAR DYSTROPHY RESEARCH

''SEC. 409F. (a) COORDINATION OF ACTIVITIES.—The Director of NIH shall expand and increase coordination in the activities of the National Institutes of Health with respect to research on muscular dystrophies, including Duchenne muscular dystrophy.

''(b) ADMINISTRATION OF PROGRAM; COLLABORATION AMONG AGENCIES.—The Director of NIH shall carry out this section through the appropriate Institutes, including the National Institute of Neurological Disorders and Stroke and in collaboration with any other agencies that the Director determines appropriate.

''(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out this section for each of the fiscal years 2001 through 2005. Amounts appropriated under this subsection shall be in addition to any other amounts appropriated for such purpose.''.

TITLE XXIII—CHILDREN AND TOURETTE SYNDROME AWARENESS

SEC. 2301. GRANTS REGARDING TOURETTE SYNDROME.

Part A of title XI of the Public Health Service Act is amended by adding at the end the following section:

''TOURETTE SYNDROME

''SEC. 1108. (a) IN GENERAL.—The Secretary shall develop and implement outreach programs to educate the public, health care providers, educators and community based organizations about the etiology, symptoms, diagnosis and treatment of Tourette Syndrome, with a particular emphasis on children with Tourette Syndrome. Such programs may be carried out by the Secretary directly and through awards of grants or contracts to public or nonprofit private entities.

''(b) CERTAIN ACTIVITIES.—Activities under subsection (a) shall include-

''(1) the production and translation of educational materials, including public service announcements;

''(2) the development of training material for health care providers, educators and community based organizations; and

''(3) outreach efforts directed at the misdiagnosis and underdiagnosis of Tourette Syndrome in children and in minority groups.

''(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

TITLE XXIV—CHILDHOOD OBESITY PREVENTION

SEC. 2401. PROGRAMS OPERATED THROUGH THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.), as amended by section

1101 of this Act, is amended by adding at the end the following part:

"PART Q—PROGRAMS TO IMPROVE THE HEALTH OF CHILDREN

"SEC. 399W. GRANTS TO PROMOTE CHILDHOOD NUTRITION AND PHYSICAL ACTIVITY.

''(a) IN GENERAL.—The Secretary, acting though the Director of the Centers for Disease Control and Prevention, shall award competitive grants to States and political subdivisions of States for the development and implementation of State and community-based intervention programs to promote good nutrition and physical activity in children and adolescents.

''(b) ELIGIBILITY.—To be eligible to receive a grant under this section a State or political subdivision of a State shall prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including a plan that describes—

''(1) how the applicant proposes to develop a comprehensive program of school- and community-based approaches to encourage and promote good nutrition and appropriate levels of physical activity with respect to children or adolescents in local communities;

''(2) the manner in which the applicant shall coordinate with appropriate State and local authorities, such as State and local school departments, State departments of health, chronic disease directors, State directors of programs under section 17 of the Child Nutrition Act of 1966, 5-a-day coordinators, governors councils for physical activity and good nutrition, and State and local parks and recreation departments; and

''(3) the manner in which the applicant will evaluate the effectiveness of the program carried out under this section.

''(c) USE OF FUNDS.—A State or political subdivision of a State shall use amount received under a grant under this section to—

''(1) develop, implement, disseminate, and evaluate school- and community-based strategies in States to reduce inactivity and improve dietary choices among children and adolescents;

''(2) expand opportunities for physical activity programs in school- and community-based settings; and

''(3) develop, implement, and evaluate programs that promote good eating habits and physical activity including opportunities for children with cognitive and physical disabilities.

''(d) TECHNICAL ASSISTANCE.—The Secretary may set-aside an amount not to exceed 10 percent of the amount appropriated for a fiscal year under subsection (h) to permit the Director of the Centers for Disease Control and Prevention to—

''(1) provide States and political subdivisions of States with technical support in the development and implementation of programs under this section; and

''(2) disseminate information about effective strategies and interventions in preventing and treating obesity through the promotion of good nutrition and physical activity.

''(e) LIMITATION ON ADMINISTRATIVE COSTS.—Not to exceed 10 percent of the amount of a grant awarded to the State or political subdivision under subsection (a) for a fiscal year may be used by the State or political subdivision for administrative expenses.

''(f) TERM.—A grant awarded under subsection (a) shall be for a term of 3 years.

''(g) DEFINITION.—In this section, the term 'children and adolescents' means individuals who do not exceed 18 years of age.

''(h) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 2001 through 2005.

"SEC. 399X. APPLIED RESEARCH PROGRAM.

''(a) IN GENERAL.—The Secretary, acting through the Centers for Disease Control and Prevention and in consultation with the Director of the National Institutes of Health, shall—

''(1) conduct research to better understand the relationship between physical activity, diet, and health and factors that influence health-related behaviors;

''(2) develop and evaluate strategies for the prevention and treatment of obesity to be used in community-based interventions and by health professionals;

''(3) develop and evaluate strategies for the prevention and treatment of eating disorders, such as anorexia and bulimia;

''(4) conduct research to establish the prevalence, consequences, and costs of childhood obesity and its effects in adulthood;

''(5) identify behaviors and risk factors that contribute to obesity;

''(6) evaluate materials and programs to provide nutrition education to parents and teachers of children in child care or preschool and the food service staff of such child care and pre-school entities; and

''(7) evaluate materials and programs that are designed to educate and encourage physical activity in child care and pre-school facilities.

''(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 2001 through 2005.

"SEC. 399Y. EDUCATION CAMPAIGN.

''(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, and in collaboration with national, State, and local partners, physical activity organizations, nutrition experts, and health professional organizations, shall develop a national public campaign to promote and educate children and their parents concerning—

''(1) the health risks associated with obesity, inactivity, and poor nutrition;

''(2) ways in which to incorporate physical activity into daily living; and

''(3) the benefits of good nutrition and strategies to improve eating habits.

''(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 2001 through 2005.

"SEC. 399Z. HEALTH PROFESSIONAL EDUCATION AND TRAINING.

''(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, in collaboration with the Administrator of the Health Resources and Services Administration and the heads of other agencies, and in consultation with appropriate health professional associations, shall develop and carry out a program to educate and train health professionals in effective strategies to—

''(1) better identify and assess patients with obesity or an eating disorder or patients at-risk of becoming obese or developing an eating disorder;

''(2) counsel, refer, or treat patients with obesity or an eating disorder; and

''(3) educate patients and their families about effective strategies to improve dietary habits and establish appropriate levels of physical activity.

''(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

TITLE XXV—EARLY DETECTION AND TREATMENT REGARDING CHILDHOOD LEAD POISONING

SEC. 2501. CENTERS FOR DISEASE CONTROL AND PREVENTION EFFORTS TO COMBAT CHILDHOOD LEAD POISONING.

(a) REQUIREMENTS FOR LEAD POISONING PREVENTION GRANTEES.—Section 317A of the Public Health Service Act (42 U.S.C. 247b–1) is amended—

(1) in subsection (d)—

(A) by redesignating paragraph (7) as paragraph (8); and

(B) by inserting after paragraph (6) the following:

''(7) Assurances satisfactory to the Secretary that the applicant will ensure complete and consistent reporting of all blood lead test results from laboratories and health care providers to State and local health departments in accordance with guidelines of the Centers for Disease Control and Prevention for standardized reporting as described in subsection (m).''; and

(2) in subsection (j)(2)—

(A) in subparagraph (F) by striking ''(E)'' and inserting ''(F)'';

(B) by redesignating subparagraph (F) as subparagraph (G); and

(C) by inserting after subparagraph (E) the following:

''(F) The number of grantees that have established systems to ensure mandatory reporting of all blood lead tests from laboratories and health care providers to State and local health departments.''.

(b) GUIDELINES FOR STANDARDIZED REPORTING.—Section 317A of the Public Health Service Act (42 U.S.C. 247b–1) is amended by adding at the end the following:

''(m) GUIDELINES FOR STANDARDIZED REPORTING.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall develop national guidelines for the uniform reporting of all blood lead test results to State and local health departments.''.

(c) DEVELOPMENT AND IMPLEMENTATION OF EFFECTIVE DATA MANAGEMENT BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION.—

(1) IN GENERAL.—The Director of the Centers for Disease Control and Prevention shall—

(A) assist with the improvement of data linkages between State and local health departments and between State health departments and the Centers for Disease Control and Prevention;

(B) assist States with the development of flexible, comprehensive State-based data management systems for the surveillance of children with lead poisoning that have the capacity to contribute to a national data set;

(C) assist with the improvement of the ability of State-based data management systems and federally-funded means-tested public benefit programs (including the special supplemental food program for women, infants and children (WIC) under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786) and the early head start program under section 645A of the Head Start Act (42 U.S.C 9840a(h)) to respond to ad hoc inquiries and generate progress reports regarding the lead blood level screening of children enrolled in those programs;

(D) assist States with the establishment of a capacity for assessing how many children enrolled in the medicaid, WIC, early head start, and other federally-funded means-tested public benefit programs are being screened for lead poisoning at age-appropriate intervals;

(E) use data obtained as result of activities under this section to formulate or revise existing lead blood screening and case management policies; and

(F) establish performance measures for evaluating State and local implementation of the requirements and improvements described in subparagraphs (A) through (E).

(2) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this subsection such sums as may be necessary for each the fiscal years 2001 through 2005.

(3) EFFECTIVE DATE.—This subsection takes effect on the date of enactment of this Act.

SEC. 2502. GRANTS FOR LEAD POISONING RELATED ACTIVITIES.

(a) IN GENERAL.—Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.), as amended by section 1801 of this Act, is amended by inserting after section 317N the following section:

''GRANTS FOR LEAD POISONING RELATED ACTIVITIES

''SEC. 317*O*. (a) AUTHORITY TO MAKE GRANTS.—

''(1) IN GENERAL.—The Secretary shall make grants to States to support public health activities in States and localities where data suggests that at least 5 percent of preschool-age children have an elevated blood lead level through—

''(A) effective, ongoing outreach and community education targeted to families most likely to be at risk for lead poisoning;

''(B) individual family education activities that are designed to reduce ongoing exposures to lead for children with elevated blood lead levels, including through home visits and coordination with other programs designed to identify and treat children at risk for lead poisoning; and

''(C) the development, coordination and implementation of community-based approaches for comprehensive lead poisoning prevention from surveillance to lead hazard control.

''(2) STATE MATCH.—A State is not eligible for a grant under this section unless the State agrees to expend (through State or local funds) $1 for every $2 provided under the grant to carry out the activities described in paragraph (1).

''(3) APPLICATION.—To be eligible to receive a grant under this section, a State shall submit an application to the Secretary in such form and manner and containing such information as the Secretary may require.

''(b) COORDINATION WITH OTHER CHILDREN'S PROGRAMS.—A State shall identify in the application for a grant under this section how the State will coordinate operations and activities under the grant with—

''(1) other programs operated in the State that serve children with elevated blood lead levels, including any such programs operated under titles V, XIX, or XXI of the Social Security Act; and

''(2) one or more of the following—

''(A) the child welfare and foster care and adoption assistance programs under parts B and E of title IV of such Act;

''(B) the head start program established under the Head Start Act (42 U.S.C. 9831 et seq.);

''(C) the program of assistance under the special supplemental nutrition program for women, infants and children (WIC) under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786);

''(D) local public and private elementary or secondary schools; or

''(E) public housing agencies, as defined in section 3 of the United States Housing Act of 1937 (42 U.S.C. 1437a).

''(c) PERFORMANCE MEASURES.—The Secretary shall establish needs indicators and performance measures to evaluate the activities carried out under grants awarded under this section. Such indicators shall be commensurate with national measures of maternal and child health programs and shall be developed in consultation with the Director of the Centers for Disease Control and Prevention.

''(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 2001 through 2005.''.

(b) CONFORMING AMENDMENT.—Section 340D(c)(1) of the Public Health Service Act (42 U.S.C. 256d(c)(1)) is amended by striking ''317E'' and inserting ''317F''.

SEC. 2503. TRAINING AND REPORTS BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION.

(a) TRAINING.—The Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration and in collaboration with the Administrator of the Health Care Financing Administration and the Director of the Centers for Disease Control and Prevention, shall conduct education and training programs for physicians and other health care providers regarding childhood lead poisoning, current screening and treatment recommendations and requirements, and the scientific, medical, and public health basis for those policies.

(b) REPORT.—The Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration, annually shall report to Congress on the number of children who received services through health centers established under section 330 of the Public Health Service Act (42 U.S.C. 254b) and received a blood lead screening test during the prior fiscal year, noting the percentage that such children represent as compared to all children who received services through such health centers.

(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each the fiscal years 2001 through 2005.

SEC. 2504. SCREENINGS, REFERRALS, AND EDUCATION REGARDING LEAD POISONING.

Section 317A(l)(1) of the Public Health Service Act (42 U.S.C. 247b–1(l)(1)) is amended by striking ''1994'' and all that follows and inserting ''1994 through 2005.''.

TITLE XXVI—SCREENING FOR HERITABLE DISORDERS

SEC. 2601. PROGRAM TO IMPROVE THE ABILITY OF STATES TO PROVIDE NEWBORN AND CHILD SCREENING FOR HERITABLE DISORDERS.

Part A of title XI of the Public Health Service Act, as amended by section 2301 of this Act, is amended by adding at the end the following:

''SEC. 1109. IMPROVED NEWBORN AND CHILD SCREENING FOR HERITABLE DISORDERS.

''(a) IN GENERAL.—The Secretary shall award grants to eligible entities to enhance, improve or expand the ability of State and local public health agencies to provide screening, counseling or health care services to newborns and children having or at risk for heritable disorders.

''(b) USE OF FUNDS.—Amounts provided under a grant awarded under subsection (a) shall be used to—

''(1) establish, expand, or improve systems or programs to provide screening, counseling, testing or specialty services for newborns and children at risk for heritable disorders;

''(2) establish, expand, or improve programs or services to reduce mortality or morbidity from heritable disorders;

''(3) establish, expand, or improve systems or programs to provide information and counseling on available therapies for newborns and children with heritable disorders;

''(4) improve the access of medically underserved populations to screening, counseling, testing and specialty services for newborns and children having or at risk for heritable disorders; or

''(5) conduct such other activities as may be necessary to enable newborns and children having or at risk for heritable disorders to receive screening, counseling, testing or specialty services, regardless of income, race, color, religion, sex, national origin, age, or disability.

''(c) ELIGIBLE ENTITIES.—To be eligible to receive a grant under subsection (a) an entity shall—

''(1) be a State or political subdivision of a State, or a consortium of 2 or more States or political subdivisions of States; and

''(2) prepare and submit to the Secretary an application that includes —

''(A) a plan to use amounts awarded under the grant to meet specific health status goals and objectives relative to heritable disorders, including attention to needs of medically underserved populations;

''(B) a plan for the collection of outcome data or other methods of evaluating the degree to which amounts awarded under this grant will be used to achieve the goals and objectives identified under subparagraph (A);

''(C) a plan for monitoring and ensuring the quality of services provided under the grant;

''(D) an assurance that amounts awarded under the grant will be used only to implement the approved plan for the State;

''(E) an assurance that the provision of services under the plan is coordinated with services provided under programs implemented in the State under titles V, XVIII, XIX, XX, or XXI of the Social Security Act (subject to Federal regulations applicable to such programs) so that the coverage of services under such titles is not substantially diminished by the use of granted funds; and

''(F) such other information determined by the Secretary to be necessary.

''(d) LIMITATION.—An eligible entity may not use amounts received under this section to—

''(1) provide cash payments to or on behalf of affected individuals;

''(2) provide inpatient services;

''(3) purchase land or make capital improvements to property; or

''(4) provide for proprietary research or training.

''(e) VOLUNTARY PARTICIPATION.—The participation by any individual in any program or portion thereof established or operated with funds received under this section shall be wholly voluntary and shall not be a prerequisite to eligibility for or receipt of any other service or assistance from, or to participation in, another Federal or State program.

''(f) SUPPLEMENT NOT SUPPLANT.—Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities of the type described in this section.

''(g) PUBLICATION.

''(1) IN GENERAL.—An application submitted under subsection (c)(2) shall be made public by the State in such a manner as to facilitate comment from any person, including through hearings and other methods used to facilitate comments from the public.

''(2) COMMENTS.—Comments received by the State after the publication described in paragraph (1) shall be addressed in the application submitted under subsection (c)(2).

''(h) TECHNICAL ASSISTANCE.—The Secretary shall provide to entities receiving

grants under subsection (a) such technical assistance as may be necessary to ensure the quality of programs conducted under this section.

''(i) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 2001 through 2005.

''SEC. 1110. EVALUATING THE EFFECTIVENESS OF NEWBORN AND CHILD SCREENING PROGRAMS.

''(a) IN GENERAL.—The Secretary shall award grants to eligible entities to provide for the conduct of demonstration programs to evaluate the effectiveness of screening, counseling or health care services in reducing the morbidity and mortality caused by heritable disorders in newborns and children.

''(b) DEMONSTRATION PROGRAMS.—A demonstration program conducted under a grant under this section shall be designed to evaluate and assess, within the jurisdiction of the entity receiving such grant—

''(1) the effectiveness of screening, counseling, testing or specialty services for newborns and children at risk for heritable disorders in reducing the morbidity and mortality associated with such disorders;

''(2) the effectiveness of screening, counseling, testing or specialty services in accurately and reliably diagnosing heritable disorders in newborns and children; or

''(3) the availability of screening, counseling, testing or specialty services for newborns and children at risk for heritable disorders.

''(c) ELIGIBLE ENTITIES.—To be eligible to receive a grant under subsection (a) an entity shall be a State or political subdivision of a State, or a consortium of 2 or more States or political subdivisions of States.

''SEC. 1111. ADVISORY COMMITTEE ON HERITABLE DISORDERS IN NEWBORNS AND CHILDREN.

''(a) ESTABLISHMENT.—The Secretary shall establish an advisory committee to be known as the 'Advisory Committee on Heritable Disorders in Newborns and Children' (referred to in this section as the 'Advisory Committee').

''(b) DUTIES.—The Advisory Committee shall—

''(1) provide advice and recommendations to the Secretary concerning grants and projects awarded or funded under section 1109;

''(2) provide technical information to the Secretary for the development of policies and priorities for the administration of grants under section 1109; and

''(3) provide such recommendations, advice or information as may be necessary to enhance, expand or improve the ability of the Secretary to reduce the mortality or morbidity from heritable disorders.

''(c) MEMBERSHIP.—

''(1) IN GENERAL.—The Secretary shall appoint not to exceed 15 members to the Advisory Committee. In appointing such members, the Secretary shall ensure that the total membership of the Advisory Committee is an odd number.

''(2) REQUIRED MEMBERS.—The Secretary shall appoint to the Advisory Committee under paragraph (1)—

''(A) the Administrator of the Health Resources and Services Administration;

''(B) the Director of the Centers for Disease Control and Prevention;

''(C) the Director of the National Institutes of Health;

''(D) the Director of the Agency for Healthcare Research and Quality;

''(E) medical, technical, or scientific professionals with special expertise in heritable disorders, or in providing screening, counseling, testing or specialty services for newborns and children at risk for heritable disorders;

''(F) members of the public having special expertise about or concern with heritable disorders; and

''(G) representatives from such Federal agencies, public health constituencies, and medical professional societies as determined to be necessary by the Secretary, to fulfill the duties of the Advisory Committee, as established under subsection (b).''.

TITLE XXVII—PEDIATRIC RESEARCH PROTECTIONS

SEC. 2701. REQUIREMENT FOR ADDITIONAL PROTECTIONS FOR CHILDREN INVOLVED IN RESEARCH.

Notwithstanding any other provision of law, not later than 6 months after the date of enactment of this Act, the Secretary of Health and Human Services shall require that all research involving children that is conducted, supported, or regulated by the Department of Health and Human Services be in compliance with subpart D of part 45 of title 46, Code of Federal Regulations.

TITLE XXVIII—MISCELLANEOUS PROVISIONS

SEC. 2801. REPORT REGARDING RESEARCH ON RARE DISEASES IN CHILDREN.

Not later than 180 days after the date of the enactment of this Act, the Director of the National Institutes of Health shall submit to the Congress a report on—

(1) the activities that, during fiscal year 2000, were conducted and supported by such Institutes with respect to rare diseases in children, including Friedreich's ataxia and Hutchinson-Gilford progeria syndrome; and

(2) the activities that are planned to be conducted and supported by such Institutes with respect to such diseases during the fiscal years 2001 through 2005.

SEC. 2802. STUDY ON METABOLIC DISORDERS.

(a) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall, in consultation with relevant experts or through the Institute of Medicine, study issues related to treatment of PKU and other metabolic disorders for children, adolescents, and adults, and mechanisms to assure access to effective treatment, including special diets, for children and others with PKU and other metabolic disorders. Such mechanisms shall be evidence-based and reflect the best scientific knowledge regarding effective treatment and prevention of disease progression.

(b) DISSEMINATION OF RESULTS.—Upon completion of the study referred to in subsection (a), the Secretary shall disseminate and otherwise make available the results of the study to interested groups and organizations, including insurance commissioners, employers, private insurers, health care professionals, State and local public health agencies, and State agencies that carry out the medicaid program under title XIX of the Social Security Act or the State children's health insurance program under title XXI of such Act.

(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 2001 through 2003.

TITLE XXIX—EFFECTIVE DATE

SEC. 2901. EFFECTIVE DATE.

This division and the amendments made by this division take effect October 1, 2000, or upon the date of the enactment of this Act, whichever occurs later.

DIVISION B—YOUTH DRUG AND MENTAL HEALTH SERVICES

SEC. 3001. SHORT TITLE.

This division may be cited as the ''Youth Drug and Mental Health Services Act''.

TITLE XXXI—PROVISIONS RELATING TO SERVICES FOR CHILDREN AND ADOLESCENTS

SEC. 3101. CHILDREN AND VIOLENCE.

Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by adding at the end the following:

''PART G—PROJECTS FOR CHILDREN AND VIOLENCE

''SEC. 581. CHILDREN AND VIOLENCE.

''(a) IN GENERAL.—The Secretary, in consultation with the Secretary of Education and the Attorney General, shall carry out directly or through grants, contracts or cooperative agreements with public entities a program to assist local communities in developing ways to assist children in dealing with violence.

''(b) ACTIVITIES.—Under the program under subsection (a), the Secretary may—

''(1) provide financial support to enable local communities to implement programs to foster the health and development of children;

''(2) provide technical assistance to local communities with respect to the development of programs described in paragraph (1);

''(3) provide assistance to local communities in the development of policies to address violence when and if it occurs;

''(4) assist in the creation of community partnerships among law enforcement, education systems and mental health and substance abuse service systems; and

''(5) establish mechanisms for children and adolescents to report incidents of violence or plans by other children or adolescents to commit violence.

''(c) REQUIREMENTS.—An application for a grant, contract or cooperative agreement under subsection (a) shall demonstrate that—

''(1) the applicant will use amounts received to create a partnership described in subsection (b)(4) to address issues of violence in schools;

''(2) the activities carried out by the applicant will provide a comprehensive method for addressing violence, that will include—

''(A) security;

''(B) educational reform;

''(C) the review and updating of school policies;

''(D) alcohol and drug abuse prevention and early intervention services;

''(E) mental health prevention and treatment services; and

''(F) early childhood development and psychosocial services; and

''(3) the applicant will use amounts received only for the services described in subparagraphs (D), (E), and (F) of paragraph (2).

''(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary shall ensure that grants, contracts or cooperative agreements under subsection (a) will be distributed equitably among the regions of the country and among urban and rural areas.

''(e) DURATION OF AWARDS.—With respect to a grant, contract or cooperative agreement under subsection (a), the period during which payments under such an award will be made to the recipient may not exceed 5 years.

''(f) EVALUATION.—The Secretary shall conduct an evaluation of each project carried out under this section and shall disseminate the results of such evaluations to appropriate public and private entities.

''(g) INFORMATION AND EDUCATION.—The Secretary shall establish comprehensive information and education programs to disseminate the findings of the knowledge development and application under this section to the general public and to health care professionals.

''(h) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to

carry out this section, $100,000,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2002 and 2003.

''SEC. 582. GRANTS TO ADDRESS THE PROBLEMS OF PERSONS WHO EXPERIENCE VIOLENCE RELATED STRESS.

''(a) IN GENERAL.—The Secretary shall award grants, contracts or cooperative agreements to public and nonprofit private entities, as well as to Indian tribes and tribal organizations, for the purpose of developing programs focusing on the behavioral and biological aspects of psychological trauma response and for developing knowledge with regard to evidence-based practices for treating psychiatric disorders of children and youth resulting from witnessing or experiencing a traumatic event.

''(b) PRIORITIES.—In awarding grants, contracts or cooperative agreements under subsection (a) related to the development of knowledge on evidence-based practices for treating disorders associated with psychological trauma, the Secretary shall give priority to mental health agencies and programs that have established clinical and basic research experience in the field of trauma-related mental disorders.

''(c) GEOGRAPHICAL DISTRIBUTION.—The Secretary shall ensure that grants, contracts or cooperative agreements under subsection (a) with respect to centers of excellence are distributed equitably among the regions of the country and among urban and rural areas.

''(d) EVALUATION.—The Secretary, as part of the application process, shall require that each applicant for a grant, contract or cooperative agreement under subsection (a) submit a plan for the rigorous evaluation of the activities funded under the grant, contract or agreement, including both process and outcomes evaluation, and the submission of an evaluation at the end of the project period.

''(e) DURATION OF AWARDS.—With respect to a grant, contract or cooperative agreement under subsection (a), the period during which payments under such an award will be made to the recipient may not exceed 5 years. Such grants, contracts or agreements may be renewed.

''(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $50,000,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2002 and 2003.''.

SEC. 3102. EMERGENCY RESPONSE.

Section 501 of the Public Health Service Act (42 U.S.C. 290aa) is amended—

(1) by redesignating subsection (m) as subsection (o);

(2) by inserting after subsection (l) the following:

''(m) EMERGENCY RESPONSE.—

''(1) IN GENERAL.—Notwithstanding section 504 and except as provided in paragraph (2), the Secretary may use not to exceed 2.5 percent of all amounts appropriated under this title for a fiscal year to make noncompetitive grants, contracts or cooperative agreements to public entities to enable such entities to address emergency substance abuse or mental health needs in local communities.

''(2) EXCEPTIONS.—Amounts appropriated under part C shall not be subject to paragraph (1).

''(3) EMERGENCIES.—The Secretary shall establish criteria for determining that a substance abuse or mental health emergency exists and publish such criteria in the Federal Register prior to providing funds under this subsection.

''(n) LIMITATION ON THE USE OF CERTAIN INFORMATION.—No information, if an establishment or person supplying the information or described in it is identifiable, obtained in the course of activities undertaken or supported under section 505 may be used for any purpose other than the purpose for which it was supplied unless such establishment or person has consented (as determined under regulations of the Secretary) to its use for such other purpose. Such information may not be published or released in other form if the person who supplied the information or who is described in it is identifiable unless such person has consented (as determined under regulations of the Secretary) to its publication or release in other form.''; and

(3) in subsection (o) (as so redesignated), by striking ''1993'' and all that follows through the period and inserting ''2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.''.

SEC. 3103. HIGH RISK YOUTH REAUTHORIZATION.

Section 517(h) of the Public Health Service Act (42 U.S.C. 290bb–23(h)) is amended by striking ''$70,000,000'' and all that follows through ''1994'' and inserting ''such sums as may be necessary for each of the fiscal years 2001 through 2003''.

SEC. 3104. SUBSTANCE ABUSE TREATMENT SERVICES FOR CHILDREN AND ADOLESCENTS.

(a) SUBSTANCE ABUSE TREATMENT SERVICES.—Subpart 1 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb et seq.) is amended by adding at the end the following:

''SEC. 514. SUBSTANCE ABUSE TREATMENT SERVICES FOR CHILDREN AND ADOLESCENTS.

''(a) IN GENERAL.—The Secretary shall award grants, contracts, or cooperative agreements to public and private nonprofit entities, including Native Alaskan entities and Indian tribes and tribal organizations, for the purpose of providing substance abuse treatment services for children and adolescents.

''(b) PRIORITY.—In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall give priority to applicants who propose to—

''(1) apply evidenced-based and cost effective methods for the treatment of substance abuse among children and adolescents;

''(2) coordinate the provision of treatment services with other social service agencies in the community, including educational, juvenile justice, child welfare, and mental health agencies;

''(3) provide a continuum of integrated treatment services, including case management, for children and adolescents with substance abuse disorders and their families;

''(4) provide treatment that is gender-specific and culturally appropriate;

''(5) involve and work with families of children and adolescents receiving treatment;

''(6) provide aftercare services for children and adolescents and their families after completion of substance abuse treatment; and

''(7) address the relationship between substance abuse and violence.

''(c) DURATION OF GRANTS.—The Secretary shall award grants, contracts, or cooperative agreements under subsection (a) for periods not to exceed 5 fiscal years.

''(d) APPLICATION.—An entity desiring a grant, contract, or cooperative agreement under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

''(e) EVALUATION.—An entity that receives a grant, contract, or cooperative agreement under subsection (a) shall submit, in the application for such grant, contract, or cooperative agreement, a plan for the evaluation of any project undertaken with funds provided under this section. Such entity shall provide the Secretary with periodic evaluations of the progress of such project and such evaluation at the completion of such project as the Secretary determines to be appropriate.

''(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, $40,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 and 2003.

''SEC. 514A. EARLY INTERVENTION SERVICES FOR CHILDREN AND ADOLESCENTS.

''(a) IN GENERAL.—The Secretary shall award grants, contracts, or cooperative agreements to public and private nonprofit entities, including local educational agencies (as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)), for the purpose of providing early intervention substance abuse services for children and adolescents.

''(b) PRIORITY.—In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall give priority to applicants who demonstrate an ability to—

''(1) screen for and assess substance use and abuse by children and adolescents;

''(2) make appropriate referrals for children and adolescents who are in need of treatment for substance abuse;

''(3) provide early intervention services, including counseling and ancillary services, that are designed to meet the developmental needs of children and adolescents who are at risk for substance abuse; and

''(4) develop networks with the educational, juvenile justice, social services, and other agencies and organizations in the State or local community involved that will work to identify children and adolescents who are in need of substance abuse treatment services.

''(c) CONDITION.—In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall ensure that such grants, contracts, or cooperative agreements are allocated, subject to the availability of qualified applicants, among the principal geographic regions of the United States, to Indian tribes and tribal organizations, and to urban and rural areas.

''(d) DURATION OF GRANTS.—The Secretary shall award grants, contracts, or cooperative agreements under subsection (a) for periods not to exceed 5 fiscal years.

''(e) APPLICATION.—An entity desiring a grant, contract, or cooperative agreement under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

''(f) EVALUATION.—An entity that receives a grant, contract, or cooperative agreement under subsection (a) shall submit, in the application for such grant, contract, or cooperative agreement, a plan for the evaluation of any project undertaken with funds provided under this section. Such entity shall provide the Secretary with periodic evaluations of the progress of such project and such evaluation at the completion of such project as the Secretary determines to be appropriate.

''(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, $20,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 and 2003.''.

(b) YOUTH INTERAGENCY CENTERS.—Subpart 3 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb–31 et seq.) is amended by adding the following:

''SEC. 520C. YOUTH INTERAGENCY RESEARCH, TRAINING, AND TECHNICAL ASSISTANCE CENTERS.

''(a) PROGRAM AUTHORIZED.—The Secretary, acting through the Administrator of the Substance Abuse and Mental Health

Services Administration, and in consultation with the Administrator of the Office of Juvenile Justice and Delinquency Prevention, the Director of the Bureau of Justice Assistance and the Director of the National Institutes of Health, shall award grants or contracts to public or nonprofit private entities to establish not more than 4 research, training, and technical assistance centers to carry out the activities described in subsection (c).

''(b) APPLICATION.—A public or private nonprofit entity desiring a grant or contract under subsection (a) shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

''(c) AUTHORIZED ACTIVITIES.—A center established under a grant or contract under subsection (a) shall—

''(1) provide training with respect to state-of-the-art mental health and justice-related services and successful mental health and substance abuse-justice collaborations that focus on children and adolescents, to public policymakers, law enforcement administrators, public defenders, police, probation officers, judges, parole officials, jail administrators and mental health and substance abuse providers and administrators;

''(2) engage in research and evaluations concerning State and local justice and mental health systems, including system redesign initiatives, and disseminate information concerning the results of such evaluations;

''(3) provide direct technical assistance, including assistance provided through toll-free telephone numbers, concerning issues such as how to accommodate individuals who are being processed through the courts under the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), what types of mental health or substance abuse service approaches are effective within the judicial system, and how community-based mental health or substance abuse services can be more effective, including relevant regional, ethnic, and gender-related considerations; and

''(4) provide information, training, and technical assistance to State and local governmental officials to enhance the capacity of such officials to provide appropriate services relating to mental health or substance abuse.

''(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $4,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 and 2003.''.

(c) PREVENTION OF ABUSE AND ADDICTION.—Subpart 2 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb–21 et seq.) is amended by adding the following:

''SEC. 519E. PREVENTION OF METHAMPHETAMINE AND INHALANT ABUSE AND ADDICTION.

''(a) GRANTS.—The Director of the Center for Substance Abuse Prevention (referred to in this section as the 'Director') may make grants to and enter into contracts and cooperative agreements with public and nonprofit private entities to enable such entities—

''(1) to carry out school-based programs concerning the dangers of methamphetamine or inhalant abuse and addiction, using methods that are effective and evidence-based, including initiatives that give students the responsibility to create their own anti-drug abuse education programs for their schools; and

''(2) to carry out community-based methamphetamine or inhalant abuse and addiction prevention programs that are effective and evidence-based.

''(b) USE OF FUNDS.—Amounts made available under a grant, contract or cooperative agreement under subsection (a) shall be used for planning, establishing, or administering methamphetamine or inhalant prevention programs in accordance with subsection (c).

''(c) PREVENTION PROGRAMS AND ACTIVITIES.—

''(1) IN GENERAL.—Amounts provided under this section may be used—

''(A) to carry out school-based programs that are focused on those districts with high or increasing rates of methamphetamine or inhalant abuse and addiction and targeted at populations which are most at risk to start methamphetamine or inhalant abuse;

''(B) to carry out community-based prevention programs that are focused on those populations within the community that are most at-risk for methamphetamine or inhalant abuse and addiction;

''(C) to assist local government entities to conduct appropriate methamphetamine or inhalant prevention activities;

''(D) to train and educate State and local law enforcement officials, prevention and education officials, members of community anti-drug coalitions and parents on the signs of methamphetamine or inhalant abuse and addiction and the options for treatment and prevention;

''(E) for planning, administration, and educational activities related to the prevention of methamphetamine or inhalant abuse and addiction;

''(F) for the monitoring and evaluation of methamphetamine or inhalant prevention activities, and reporting and disseminating resulting information to the public; and

''(G) for targeted pilot programs with evaluation components to encourage innovation and experimentation with new methodologies.

''(2) PRIORITY.—The Director shall give priority in making grants under this section to rural and urban areas that are experiencing a high rate or rapid increases in methamphetamine or inhalant abuse and addiction.

''(d) ANALYSES AND EVALUATION.—

''(1) IN GENERAL.—Up to $500,000 of the amount available in each fiscal year to carry out this section shall be made available to the Director, acting in consultation with other Federal agencies, to support and conduct periodic analyses and evaluations of effective prevention programs for methamphetamine or inhalant abuse and addiction and the development of appropriate strategies for disseminating information about and implementing these programs.

''(2) ANNUAL REPORTS.—The Director shall submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Commerce and Committee on Appropriations of the House of Representatives, an annual report with the results of the analyses and evaluation under paragraph (1).

''(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out subsection (a), $10,000,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2002 and 2003.''.

SEC. 3105. COMPREHENSIVE COMMUNITY SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE.

(a) MATCHING FUNDS.—Section 561(c)(1)(D) of the Public Health Service Act (42 U.S.C. 290ff(c)(1)(D)) is amended by striking ''fifth'' and inserting ''fifth and sixth''.

(b) FLEXIBILITY FOR INDIAN TRIBES AND TERRITORIES.—Section 562 of the Public Health Service Act (42 U.S.C. 290ff–1) is amended by adding at the end the following:

''(g) WAIVERS.—The Secretary may waive 1 or more of the requirements of subsection (c) for a public entity that is an Indian Tribe or tribal organization, or American Samoa, Guam, the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, or the United States Virgin Islands if the Secretary determines, after peer review, that the system of care is family-centered and uses the least restrictive environment that is clinically appropriate.''.

(c) DURATION OF GRANTS.—Section 565(a) of the Public Health Service Act (42 U.S.C. 290ff–4(a)) is amended by striking ''5 fiscal'' and inserting ''6 fiscal''.

(d) AUTHORIZATION OF APPROPRIATIONS.—Section 565(f)(1) of the Public Health Service Act (42 U.S.C. 290ff–4(f)(1)) is amended by striking ''1993'' and all that follows and inserting ''2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.''.

(e) CURRENT GRANTEES.—

(1) IN GENERAL.—Entities with active grants under section 561 of the Public Health Service Act (42 U.S.C. 290ff) on the date of enactment of this Act shall be eligible to receive a 6th year of funding under the grant in an amount not to exceed the amount that such grantee received in the 5th year of funding under such grant. Such 6th year may be funded without requiring peer and Advisory Council review as required under section 504 of such Act (42 U.S.C. 290aa–3).

(2) LIMITATION.—Paragraph (1) shall apply with respect to a grantee only if the grantee agrees to comply with the provisions of section 561 as amended by subsection (a).

SEC. 3106. SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS.

(a) ADMINISTRATION AND ACTIVITIES.—

(1) ADMINISTRATION.—Section 399D(a) of the Public Health Service Act (42 U.S.C. 280d(a)(1)) is amended—

(A) in paragraph (1), by striking ''Administrator'' and all that follows through ''Administration'' and insert ''Administrator of the Substance Abuse and Mental Health Services Administration''; and

(B) in paragraph (2), by striking ''Administrator of the Substance Abuse and Mental Health Services Administration'' and inserting ''Administrator of the Health Resources and Services Administration''.

(2) ACTIVITIES.—Section 399D(a)(1) of the Public Health Service Act (42 U.S.C. 280d(a)(1)) is amended—

(A) in subparagraph (B), by striking ''and'' at the end;

(B) in subparagraph (C), by striking the period and inserting the following: ''through youth service agencies, family social services, child care providers, Head Start, schools and after-school programs, early childhood development programs, community-based family resource and support centers, the criminal justice system, health, substance abuse and mental health providers through screenings conducted during regular childhood examinations and other examinations, self and family member referrals, substance abuse treatment services, and other providers of services to children and families; and''; and

(C) by adding at the end the following:

''(D) to provide education and training to health, substance abuse and mental health professionals, and other providers of services to children and families through youth service agencies, family social services, child care, Head Start, schools and after-school programs, early childhood development programs, community-based family resource and support centers, the criminal justice system, and other providers of services to children and families.''.

(3) IDENTIFICATION OF CERTAIN CHILDREN.—Section 399D(a)(3)(A) of the Public Health Service Act (42 U.S.C. 280d(a)(3)(A)) is amended—

(A) in clause (i), by striking ''(i) the entity'' and inserting ''(i)(I) the entity'';

(B) in clause (ii)—

(i) by striking ''(ii) the entity'' and inserting ''(II) the entity''; and

(ii) by striking the period and inserting ''; and''; and

(C) by adding at the end the following:

''(ii) the entity will identify children who may be eligible for medical assistance under a State program under title XIX or XXI of the Social Security Act.''.

(b) SERVICES FOR CHILDREN.—Section 399D(b) of the Public Health Service Act (42 U.S.C. 280d(b)) is amended—

(1) in paragraph (1), by inserting ''alcohol and drug,'' after ''psychological,'';

(2) by striking paragraph (5) and inserting the following:

''(5) Developmentally and age-appropriate drug and alcohol early intervention, treatment and prevention services.''; and

(3) by inserting after paragraph (8), the following:

''Services shall be provided under paragraphs (2) through (8) by a public health nurse, social worker, or similar professional, or by a trained worker from the community who is supervised by a professional, or by an entity, where the professional or entity provides assurances that the professional or entity is licensed or certified by the State if required and is complying with applicable licensure or certification requirements.''.

(c) SERVICES FOR AFFECTED FAMILIES.—Section 399D(c) of the Public Health Service Act (42 U.S.C. 280d(c)) is amended—

(1) in paragraph (1)—

(A) in the matter preceding subparagraph (A), by inserting before the colon the following: '', or by an entity, where the professional or entity provides assurances that the professional or entity is licensed or certified by the State if required and is complying with applicable licensure or certification requirements''; and

(B) by adding at the end the following:

''(D) Aggressive outreach to family members with substance abuse problems.

''(E) Inclusion of consumer in the development, implementation, and monitoring of Family Services Plan.'';

(2) in paragraph (2)—

(A) by striking subparagraph (A) and inserting the following:

''(A) Alcohol and drug treatment services, including screening and assessment, diagnosis, detoxification, individual, group and family counseling, relapse prevention, pharmacotherapy treatment, after-care services, and case management.'';

(B) in subparagraph (C), by striking '', including educational and career planning'' and inserting ''and counseling on the human immunodeficiency virus and acquired immune deficiency syndrome'';

(C) in subparagraph (D), by striking ''conflict and''; and

(D) in subparagraph (E), by striking ''Remedial'' and inserting ''Career planning and''; and

(3) in paragraph (3)(D), by inserting ''which include child abuse and neglect prevention techniques'' before the period.

(d) ELIGIBLE ENTITIES.—Section 399D(d) of the Public Health Service Act (42 U.S.C. 280d(d)) is amended—

(1) by striking the matter preceding paragraph (1) and inserting:

''(d) ELIGIBLE ENTITIES.—The Secretary shall distribute the grants through the following types of entities:'';

(2) in paragraph (1), by striking ''drug treatment'' and inserting ''drug early intervention, prevention or treatment; and

(3) in paragraph (2)—

(A) in subparagraph (A), by striking ''; and'' and inserting ''; or''; and

(B) in subparagraph (B), by inserting ''or pediatric health or mental health providers and family mental health providers'' before the period.

(e) SUBMISSION OF INFORMATION.—Section 399D(h) of the Public Health Service Act (42 U.S.C. 280d(h)) is amended—

(1) in paragraph (2)—

(A) by inserting ''including maternal and child health'' before ''mental'';

(B) by striking ''treatment programs''; and

(C) by striking ''and the State agency responsible for administering public maternal and child health services'' and inserting '', the State agency responsible for administering alcohol and drug programs, the State lead agency, and the State Interagency Coordinating Council under part H of the Individuals with Disabilities Education Act; and''; and

(2) by striking paragraph (3) and redesignating paragraph (4) as paragraph (3).

(f) REPORTS TO THE SECRETARY.—Section 399D(i)(6) of the Public Health Service Act (42 U.S.C. 280d(i)(6)) is amended—

(1) in subparagraph (B), by adding ''and'' at the end; and

(2) by striking subparagraphs (C), (D), and (E) and inserting the following:

''(C) the number of case workers or other professionals trained to identify and address substance abuse issues.''.

(g) EVALUATIONS.—Section 399D(l) of the Public Health Service Act (42 U.S.C. 280d(l)) is amended—

(1) in paragraph (3), by adding ''and'' at the end;

(2) in paragraph (4), by striking the semicolon and inserting the following: '', including increased participation in work or employment-related activities and decreased participation in welfare programs.''; and

(3) by striking paragraphs (5) and (6).

(h) REPORT TO CONGRESS.—Section 399D(m) of the Public Health Service Act (42 U.S.C. 280d(m)) is amended—

(1) in paragraph (2), by adding ''and'' at the end;

(2) in paragraph (3)—

(A) in subparagraph (A), by adding ''and'' at the end;

(B) in subparagraph (B), by striking the semicolon and inserting a period; and

(C) by striking subparagraphs (C), (D), and (E); and

(3) by striking paragraphs (4) and (5).

(i) DATA COLLECTION.—Section 399D(n) of the Public Health Service Act (42 U.S.C. 280d(n)) is amended by adding at the end the following: ''The periodic report shall include a quantitative estimate of the prevalence of alcohol and drug problems in families involved in the child welfare system, the barriers to treatment and prevention services facing these families, and policy recommendations for removing the identified barriers, including training for child welfare workers.''.

(j) DEFINITION.—Section 399D(o)(2)(B) of the Public Health Service Act (42 U.S.C. 280d(o)(2)(B)) is amended by striking ''dangerous''.

(k) AUTHORIZATION OF APPROPRIATIONS.—Section 399D(p) of the Public Health Service Act (42 U.S.C. 280d(p)) is amended to read as follows:

''(p) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $50,000,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2002 and 2003.''.

(l) GRANTS FOR TRAINING AND CONFORMING AMENDMENTS.—Section 399D of the Public Health Service Act (42 U.S.C. 280d) is amended—

(1) by striking subsection (f);

(2) by striking subsection (k);

(3) by redesignating subsections (d), (e), (g), (h), (i), (j), (l), (m), (n), (o), and (p) as subsections (e) through (o), respectively;

(4) by inserting after subsection (c), the following:

''(d) TRAINING FOR PROVIDERS OF SERVICES TO CHILDREN AND FAMILIES.—The Secretary may make a grant under subsection (a) for the training of health, substance abuse and mental health professionals and other providers of services to children and families through youth service agencies, family social services, child care providers, Head Start, schools and after-school programs, early childhood development programs, community-based family resource centers, the criminal justice system, and other providers of services to children and families. Such training shall be to assist professionals in recognizing the drug and alcohol problems of their clients and to enhance their skills in identifying and understanding the nature of substance abuse, and obtaining substance abuse early intervention, prevention and treatment resources.'';

(5) in subsection (k)(2) (as so redesignated), by striking ''(h)'' and inserting ''(i)''; and

(6) in paragraphs (3)(E) and (5) of subsection (m) (as so redesignated), by striking ''(d)'' and inserting ''(e)''.

(m) TRANSFER AND REDESIGNATION.—Section 399D of the Public Health Service Act (42 U.S.C. 280d), as amended by this section—

(1) is transferred to title V;

(2) is redesignated as section 519; and

(3) is inserted after section 518.

(n) CONFORMING AMENDMENT.—Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by striking the heading of part L.

SEC. 3107. SERVICES FOR YOUTH OFFENDERS.

Subpart 3 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb–31 et seq.), as amended by section 3104(b), is further amended by adding at the end the following:

''SEC. 520D. SERVICES FOR YOUTH OFFENDERS.

''(a) IN GENERAL.—The Secretary, acting through the Director of the Center for Mental Health Services, and in consultation with the Director of the Center for Substance Abuse Treatment, the Administrator of the Office of Juvenile Justice and Delinquency Prevention, and the Director of the Special Education Programs, shall award grants on a competitive basis to State or local juvenile justice agencies to enable such agencies to provide aftercare services for youth offenders who have been discharged from facilities in the juvenile or criminal justice system and have serious emotional disturbances or are at risk of developing such disturbances.

''(b) USE OF FUNDS.—A State or local juvenile justice agency receiving a grant under subsection (a) shall use the amounts provided under the grant—

''(1) to develop a plan describing the manner in which the agency will provide services for each youth offender who has a serious emotional disturbance and has been detained or incarcerated in facilities within the juvenile or criminal justice system;

''(2) to provide a network of core or aftercare services or access to such services for each youth offender, including diagnostic and evaluation services, substance abuse treatment services, outpatient mental health care services, medication management services, intensive home-based therapy, intensive day treatment services, respite care, and therapeutic foster care;

''(3) to establish a program that coordinates with other State and local agencies providing recreational, social, educational, vocational, or operational services for youth, to enable the agency receiving a grant under this section to provide community-based system of care services for each youth offender that addresses the special needs of the youth and helps the youth access all of the aforementioned services; and

''(4) using not more than 20 percent of funds received, to provide planning and transition services as described in paragraph (3)

for youth offenders while such youth are incarcerated or detained.

''(c) APPLICATION.—A State or local juvenile justice agency that desires a grant under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

''(d) REPORT.—Not later than 3 years after the date of enactment of this section and annually thereafter, the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives, a report that describes the services provided pursuant to this section.

''(e) DEFINITIONS.—In this section:

''(1) SERIOUS EMOTIONAL DISTURBANCE.—The term 'serious emotional disturbance' with respect to a youth offender means an offender who currently, or at any time within the 1-year period ending on the day on which services are sought under this section, has a diagnosable mental, behavioral, or emotional disorder that functionally impairs the offender's life by substantially limiting the offender's role in family, school, or community activities, and interfering with the offender's ability to achieve or maintain 1 or more developmentally-appropriate social, behavior, cognitive, communicative, or adaptive skills.

''(2) COMMUNITY-BASED SYSTEM OF CARE.—The term 'community-based system of care' means the provision of services for the youth offender by various State or local agencies that in an interagency fashion or operating as a network addresses the recreational, social, educational, vocational, mental health, substance abuse, and operational needs of the youth offender.

''(3) YOUTH OFFENDER.—The term 'youth offender' means an individual who is 21 years of age or younger who has been discharged from a State or local juvenile or criminal justice system, except that if the individual is between the ages of 18 and 21 years, such individual has had contact with the State or local juvenile or criminal justice system prior to attaining 18 years of age and is under the jurisdiction of such a system at the time services are sought.

''(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $40,000,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2002 and 2003.''.

SEC. 3108. GRANTS FOR STRENGTHENING FAMILIES THROUGH COMMUNITY PARTNERSHIPS.

Subpart 2 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb-21 et seq) is amended by adding at the end the following:

''SEC. 519A. GRANTS FOR STRENGTHENING FAMILIES.

''(a) PROGRAM AUTHORIZED.—The Secretary, acting through the Director of the Prevention Center, may make grants to public and nonprofit private entities to develop and implement model substance abuse prevention programs to provide early intervention and substance abuse prevention services for individuals of high-risk families and the communities in which such individuals reside.

''(b) PRIORITY.—In awarding grants under subsection (a), the Secretary shall give priority to applicants that—

''(1) have proven experience in preventing substance abuse by individuals of high-risk families and reducing substance abuse in communities of such individuals;

''(2) have demonstrated the capacity to implement community-based partnership initiatives that are sensitive to the diverse backgrounds of individuals of high-risk families and the communities of such individuals;

''(3) have experience in providing technical assistance to support substance abuse prevention programs that are community-based;

''(4) have demonstrated the capacity to implement research-based substance abuse prevention strategies; and

''(5) have implemented programs that involve families, residents, community agencies, and institutions in the implementation and design of such programs.

''(c) DURATION OF GRANTS.—The Secretary shall award grants under subsection (a) for a period not to exceed 5 years.

''(d) USE OF FUNDS.—An applicant that is awarded a grant under subsection (a) shall—

''(1) in the first fiscal year that such funds are received under the grant, use such funds to develop a model substance abuse prevention program; and

''(2) in the fiscal year following the first fiscal year that such funds are received, use such funds to implement the program developed under paragraph (1) to provide early intervention and substance abuse prevention services to—

''(A) strengthen the environment of children of high risk families by targeting interventions at the families of such children and the communities in which such children reside;

''(B) strengthen protective factors, such as—

''(i) positive adult role models;

''(ii) messages that oppose substance abuse;

''(iii) community actions designed to reduce accessibility to and use of illegal substances; and

''(iv) willingness of individuals of families in which substance abuse occurs to seek treatment for substance abuse;

''(C) reduce family and community risks, such as family violence, alcohol or drug abuse, crime, and other behaviors that may effect healthy child development and increase the likelihood of substance abuse; and

''(D) build collaborative and formal partnerships between community agencies, institutions, and businesses to ensure that comprehensive high quality services are provided, such as early childhood education, health care, family support programs, parent education programs, and home visits for infants.

''(e) APPLICATION.—To be eligible to receive a grant under subsection (a), an applicant shall prepare and submit to the Secretary an application that—

''(1) describes a model substance abuse prevention program that such applicant will establish;

''(2) describes the manner in which the services described in subsection (d)(2) will be provided; and

''(3) describe in as much detail as possible the results that the entity expects to achieve in implementing such a program.

''(f) MATCHING FUNDING.—The Secretary may not make a grant to a entity under subsection (a) unless that entity agrees that, with respect to the costs to be incurred by the entity in carrying out the program for which the grant was awarded, the entity will make available non-Federal contributions in an amount that is not less than 40 percent of the amount provided under the grant.

''(g) REPORT TO SECRETARY.—An applicant that is awarded a grant under subsection (a) shall prepare and submit to the Secretary a report in such form and containing such information as the Secretary may require, including an assessment of the efficacy of the model substance abuse prevention program implemented by the applicant and the short, intermediate, and long term results of such program.

''(h) EVALUATIONS.—The Secretary shall conduct evaluations, based in part on the reports submitted under subsection (g), to determine the effectiveness of the programs funded under subsection (a) in reducing substance use in high-risk families and in making communities in which such families reside in stronger. The Secretary shall submit such evaluations to the appropriate committees of Congress.

''(i) HIGH-RISK FAMILIES.—In this section, the term 'high-risk family' means a family in which the individuals of such family are at a significant risk of using or abusing alcohol or any illegal substance.

''(j) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $3,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.''.

SEC. 3109. PROGRAMS TO REDUCE UNDERAGE DRINKING.

Subpart 2 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb-21 et seq), as amended by section 3108, is further amended by adding at the end the following:

''SEC. 519B. PROGRAMS TO REDUCE UNDERAGE DRINKING.

''(a) IN GENERAL.—The Secretary shall make awards of grants, cooperative agreements, or contracts to public and nonprofit private entities, including Indian tribes and tribal organizations, to enable such entities to develop plans for and to carry out school-based (including institutions of higher education) and community-based programs for the prevention of alcoholic-beverage consumption by individuals who have not attained the legal drinking age.

''(b) ELIGIBILITY REQUIREMENTS.—To be eligible to receive an award under subsection (a), an entity shall provide any assurances to the Secretary which the Secretary may require, including that the entity will—

''(1) annually report to the Secretary on the effectiveness of the prevention approaches implemented by the entity;

''(2) use science based and age appropriate approaches; and

''(3) involve local public health officials and community prevention program staff in the planning and implementation of the program.

''(c) EVALUATION.—The Secretary shall evaluate each project under subsection (a) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

''(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary shall ensure that awards will be distributed equitably among the regions of the country and among urban and rural areas.

''(e) DURATION OF AWARD.—With respect to an award under subsection (a), the period during which payments under such award are made to the recipient may not exceed 5 years. The preceding sentence may not be construed as establishing a limitation on the number of awards under such subsection that may be made to the recipient.

''(f) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $25,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.''.

SEC. 3110. SERVICES FOR INDIVIDUALS WITH FETAL ALCOHOL SYNDROME.

Subpart 2 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb-21 et seq), as amended by sections 3108 and 3109, is further amended by adding at the end the following:

''SEC. 519C. SERVICES FOR INDIVIDUALS WITH FETAL ALCOHOL SYNDROME.

''(a) IN GENERAL.—The Secretary shall make awards of grants, cooperative agreements, or contracts to public and nonprofit

private entities, including Indian tribes and tribal organizations, to provide services to individuals diagnosed with fetal alcohol syndrome or alcohol-related birth defects.

''(b) USE OF FUNDS.—An award under subsection (a) may, subject to subsection (d), be used to—

''(1) screen and test individuals to determine the type and level of services needed;

''(2) develop a comprehensive plan for providing services to the individual;

''(3) provide mental health counseling;

''(4) provide substance abuse prevention services and treatment, if needed;

''(5) coordinate services with other social programs including social services, justice system, educational services, health services, mental health and substance abuse services, financial assistance programs, vocational services and housing assistance programs;

''(6) provide vocational services;

''(7) provide health counseling;

''(8) provide housing assistance;

''(9) parenting skills training;

''(10) overall case management;

''(11) supportive services for families of individuals with Fetal Alcohol Syndrome; and

''(12) provide other services and programs, to the extent authorized by the Secretary after consideration of recommendations made by the National Task Force on Fetal Alcohol Syndrome.

''(c) REQUIREMENTS.—To be eligible to receive an award under subsection (a), an applicant shall—

''(1) demonstrate that the program will be part of a coordinated, comprehensive system of care for such individuals;

''(2) demonstrate an established communication with other social programs in the community including social services, justice system, financial assistance programs, health services, educational services, mental health and substance abuse services, vocational services and housing assistance services;

''(3) show a history of working with individuals with fetal alcohol syndrome or alcohol-related birth defects;

''(4) provide assurance that the services will be provided in a culturally and linguistically appropriate manner; and

''(5) provide assurance that at the end of the 5-year award period, other mechanisms will be identified to meet the needs of the individuals and families served under such award.

''(d) RELATIONSHIP TO PAYMENTS UNDER OTHER PROGRAMS.—An award may be made under subsection (a) only if the applicant involved agrees that the award will not be expended to pay the expenses of providing any service under this section to an individual to the extent that payment has been made, or can reasonably be expected to be made, with respect to such expenses—

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

''(2) by an entity that provides health services on a prepaid basis.

''(e) DURATION OF AWARDS.—With respect to an award under subsection (a), the period during which payments under such award are made to the recipient may not exceed 5 years.

''(f) EVALUATION.—The Secretary shall evaluate each project carried out under subsection (a) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

''(g) FUNDING.—

''(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $25,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.

''(2) ALLOCATION.—Of the amounts appropriated under paragraph (1) for a fiscal year, not less than $300,000 shall, for purposes relating to fetal alcohol syndrome and alcohol-related birth defects, be made available for collaborative, coordinated interagency efforts with the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Child Health and Human Development, the Health Resources and Services Administration, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, the Department of Education, and the Department of Justice.

''SEC. 519D. CENTERS OF EXCELLENCE ON SERVICES FOR INDIVIDUALS WITH FETAL ALCOHOL SYNDROME AND ALCOHOL-RELATED BIRTH DEFECTS AND TREATMENT FOR INDIVIDUALS WITH SUCH CONDITIONS AND THEIR FAMILIES.

''(a) IN GENERAL.—The Secretary shall make awards of grants, cooperative agreements, or contracts to public or nonprofit private entities for the purposes of establishing not more than 4 centers of excellence to study techniques for the prevention of fetal alcohol syndrome and alcohol-related birth defects and adaptations of innovative clinical interventions and service delivery improvements for the provision of comprehensive services to individuals with fetal alcohol syndrome or alcohol-related birth defects and their families and for providing training on such conditions.

''(b) USE OF FUNDS.—An award under subsection (a) may be used to—

''(1) study adaptations of innovative clinical interventions and service delivery improvements strategies for children and adults with fetal alcohol syndrome or alcohol-related birth defects and their families;

''(2) identify communities which have an exemplary comprehensive system of care for such individuals so that they can provide technical assistance to other communities attempting to set up such a system of care;

''(3) provide technical assistance to communities who do not have a comprehensive system of care for such individuals and their families;

''(4) train community leaders, mental health and substance abuse professionals, families, law enforcement personnel, judges, health professionals, persons working in financial assistance programs, social service personnel, child welfare professionals, and other service providers on the implications of fetal alcohol syndrome and alcohol-related birth defects, the early identification of and referral for such conditions;

''(5) develop innovative techniques for preventing alcohol use by women in child bearing years;

''(6) perform other functions, to the extent authorized by the Secretary after consideration of recommendations made by the National Task Force on Fetal Alcohol Syndrome.

''(c) REPORT.—

''(1) IN GENERAL.—A recipient of an award under subsection (a) shall at the end of the period of funding report to the Secretary on any innovative techniques that have been discovered for preventing alcohol use among women of child bearing years.

''(2) DISSEMINATION OF FINDINGS.—The Secretary shall upon receiving a report under paragraph (1) disseminate the findings to appropriate public and private entities.

''(d) DURATION OF AWARDS.—With respect to an award under subsection (a), the period during which payments under such award are made to the recipient may not exceed 5 years.

''(e) EVALUATION.—The Secretary shall evaluate each project carried out under subsection (a) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

''(f) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $5,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.''.

SEC. 3111. SUICIDE PREVENTION.

Subpart 3 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb-31 et seq), as amended by section 3107, is further amended by adding at the end the following:

''SEC. 520E. SUICIDE PREVENTION FOR CHILDREN AND ADOLESCENTS.

''(a) IN GENERAL.—The Secretary shall award grants, contracts, or cooperative agreements to States, political subdivisions of States, Indian tribes, tribal organizations, public organizations, or private nonprofit organizations to establish programs to reduce suicide deaths in the United States among children and adolescents.

''(b) COLLABORATION.—In carrying out subsection (a), the Secretary shall ensure that activities under this section are coordinated among the Substance Abuse and Mental Health Services Administration, the relevant institutes at the National Institutes of Health, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the Administration on Children and Families.

''(c) REQUIREMENTS.—A State, political subdivision of a State, Indian tribe, tribal organization, public organization, or private nonprofit organization desiring a grant, contract, or cooperative agreement under this section shall demonstrate that the suicide prevention program such entity proposes will—

''(1) provide for the timely assessment, treatment, or referral for mental health or substance abuse services of children and adolescents at risk for suicide;

''(2) be based on best evidence-based, suicide prevention practices and strategies that are adapted to the local community;

''(3) integrate its suicide prevention program into the existing health care system in the community including primary health care, mental health services, and substance abuse services;

''(4) be integrated into other systems in the community that address the needs of children and adolescents including the educational system, juvenile justice system, welfare and child protection systems, and community youth support organizations;

''(5) use primary prevention methods to educate and raise awareness in the local community by disseminating evidence-based information about suicide prevention;

''(6) include suicide prevention, mental health, and related information and services for the families and friends of those who completed suicide, as needed;

''(7) provide linguistically appropriate and culturally competent services, as needed;

''(8) provide a plan for the evaluation of outcomes and activities at the local level, according to standards established by the Secretary, and agree to participate in a national evaluation; and

''(9) ensure that staff used in the program are trained in suicide prevention and that professionals involved in the system of care have received training in identifying persons at risk of suicide.

''(d) USE OF FUNDS.—Amounts provided under grants, contracts, or cooperative agreements under subsection (a) shall be used to supplement and not supplant other Federal, State, and local public funds that are expended to provide services for eligible individuals.

''(e) CONDITION.—An applicant for a grant, contract, or cooperative agreement under subsection (a) shall demonstrate to the Secretary that the applicant has the support of the local community and relevant public health officials.

''(f) SPECIAL POPULATIONS.—In awarding grants, contracts, and cooperative agreements under subsection (a), the Secretary shall ensure that such awards are made in a manner that will focus on the needs of communities or groups that experience high or rapidly rising rates of suicide.

''(g) APPLICATION.—A State, political subdivision of a State, Indian tribe, tribal organization, public organization, or private nonprofit organization receiving a grant, contract, or cooperative agreement under subsection (a) shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require. Such application shall include a plan for the rigorous evaluation of activities funded under the grant, contract, or cooperative agreement, including a process and outcome evaluation.

''(h) DISTRIBUTION OF AWARDS.—In awarding grants, contracts, and cooperative agreements under subsection (a), the Secretary shall ensure that such awards are distributed among the geographical regions of the United States and between urban and rural settings.

''(i) EVALUATION.—A State, political subdivision of a State, Indian tribe, tribal organization, public organization, or private nonprofit organization receiving a grant, contract, or cooperative agreement under subsection (a) shall prepare and submit to the Secretary at the end of the program period, an evaluation of all activities funded under this section.

''(j) DISSEMINATION AND EDUCATION.—The Secretary shall ensure that findings derived from activities carried out under this section are disseminated to State, county and local governmental agencies and public and private nonprofit organizations active in promoting suicide prevention and family support activities.

''(k) DURATION OF PROJECTS.—With respect to a grant, contract, or cooperative agreement awarded under this section, the period during which payments under such award may be made to the recipient may not exceed 5 years.

''(l) STUDY.—Within 1 year after the date of enactment of this section, the Secretary shall, directly or by grant or contract, initiate a study to assemble and analyze data to identify—

''(1) unique profiles of children under 13 who attempt or complete suicide;

''(2) unique profiles of youths between ages 13 and 21 who attempt or complete suicide; and

''(3) a profile of services which might have been available to these groups and the use of these services by children and youths from paragraphs (1) and (2).

''(m) AUTHORIZATION OF APPROPRIATION.—

''(1) IN GENERAL.—For purposes of carrying out this section, there is authorized to be appropriated $75,000,000 for fiscal year 2001 and such sums as may be necessary for each of the fiscal years 2002 through 2003.

''(2) PROGRAM MANAGEMENT.—In carrying out this section, the Secretary shall use 1 percent of the amount appropriated under paragraph (1) for each fiscal year for managing programs under this section.''.

SEC. 3112. GENERAL PROVISIONS.

(a) DUTIES OF THE CENTER FOR SUBSTANCE ABUSE TREATMENT.—Section 507(b) of the Public Health Service Act (42 U.S.C. 290bb(b)) is amended—

(1) by redesignating paragraphs (2) through (12) as paragraphs (4) through (14), respectively;

(2) by inserting after paragraph (1), the following:

''(2) ensure that emphasis is placed on children and adolescents in the development of treatment programs;

''(3) collaborate with the Attorney General to develop programs to provide substance abuse treatment services to individuals who have had contact with the Justice system, especially adolescents;'';

(3) in paragraph (7) (as so redesignated), by striking ''services, and monitor'' and all that follows through ''1925'' and inserting ''services'';

(4) in paragraph (13) (as so redesignated), by striking ''treatment, including'' and all that follows through ''which shall'' and inserting ''treatment, which shall''; and

(5) in paragraph 14 (as so redesignated), by striking ''paragraph (11)'' and inserting ''paragraph (13)''.

(b) OFFICE FOR SUBSTANCE ABUSE PREVENTION.—Section 515(b) of the Public Health Service Act (42 U.S.C. 290bb-21(b)) is amended—

(1) by redesignating paragraphs (9) and (10) as (10) and (11);

(2) by inserting after paragraph (8), the following:

''(9) collaborate with the Attorney General of the Department of Justice to develop programs to prevent drug abuse among high risk youth;''; and

(3) in paragraph (10) (as so redesignated), by striking ''public concerning'' and inserting ''public, especially adolescent audiences, concerning''.

(c) DUTIES OF THE CENTER FOR MENTAL HEALTH SERVICES.—Section 520(b) of the Public Health Service Act (42 U.S.C. 290bb–3(b)) is amended—

(1) by redesignating paragraphs (3) through (14) as paragraphs (4) through (15), respectively;

(2) by inserting after paragraph (2), the following:

''(3) collaborate with the Department of Education and the Department of Justice to develop programs to assist local communities in addressing violence among children and adolescents;'';

(3) in paragraph (8) (as so redesignated), by striking ''programs authorized'' and all that follows through ''Programs'' and inserting ''programs under part C''; and

(4) in paragraph (9) (as so redesignated), by striking ''program and programs'' and all that follows through ''303'' and inserting ''programs''.

TITLE XXXII—PROVISIONS RELATING TO MENTAL HEALTH

SEC. 3201. PRIORITY MENTAL HEALTH NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

(a) IN GENERAL.—Section 520A of the Public Health Service Act (42 U.S.C. 290bb–32) is amended to read as follows:

''SEC. 520A. PRIORITY MENTAL HEALTH NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

''(a) PROJECTS.—The Secretary shall address priority mental health needs of regional and national significance (as determined under subsection (b)) through the provision of or through assistance for—

''(1) knowledge development and application projects for prevention, treatment, and rehabilitation, and the conduct or support of evaluations of such projects;

''(2) training and technical assistance programs;

''(3) targeted capacity response programs; and

''(4) systems change grants including statewide family network grants and client-oriented and consumer run self-help activities. The Secretary may carry out the activities described in this subsection directly or through grants or cooperative agreements with States, political subdivisions of States, Indian tribes and tribal organizations, other public or private nonprofit entities.

''(b) PRIORITY MENTAL HEALTH NEEDS.—

''(1) DETERMINATION OF NEEDS.—Priority mental health needs of regional and national significance shall be determined by the Secretary in consultation with States and other interested groups. The Secretary shall meet with the States and interested groups on an annual basis to discuss program priorities.

''(2) SPECIAL CONSIDERATION.—In developing program priorities described in paragraph (1), the Secretary shall give special consideration to promoting the integration of mental health services into primary health care systems.

''(c) REQUIREMENTS.—

''(1) IN GENERAL.—Recipients of grants, contracts, and cooperative agreements under this section shall comply with information and application requirements determined appropriate by the Secretary.

''(2) DURATION OF AWARD.—With respect to a grant, contract, or cooperative agreement awarded under this section, the period during which payments under such award are made to the recipient may not exceed 5 years.

''(3) MATCHING FUNDS.—The Secretary may, for projects carried out under subsection (a), require that entities that apply for grants, contracts, or cooperative agreements under this section provide non-Federal matching funds, as determined appropriate by the Secretary, to ensure the institutional commitment of the entity to the projects funded under the grant, contract, or cooperative agreement. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

''(4) MAINTENANCE OF EFFORT.—With respect to activities for which a grant, contract or cooperative agreement is awarded under this section, the Secretary may require that recipients for specific projects under subsection (a) agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant, contract, or cooperative agreement.

''(d) EVALUATION.—The Secretary shall evaluate each project carried out under subsection (a)(1) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

''(e) INFORMATION AND EDUCATION.—

''(1) IN GENERAL.—The Secretary shall establish information and education programs to disseminate and apply the findings of the knowledge development and application, training, and technical assistance programs, and targeted capacity response programs, under this section to the general public, to health care professionals, and to interested groups. The Secretary shall make every effort to provide linkages between the findings of supported projects and State agencies responsible for carrying out mental health services.

''(2) RURAL AND UNDERSERVED AREAS.—In disseminating information on evidence-based practices in the provision of children's mental health services under this subsection, the Secretary shall ensure that such information is distributed to rural and medically underserved areas.

''(f) AUTHORIZATION OF APPROPRIATION.—

''(1) IN GENERAL.—There are authorized to be appropriated to carry out this section, $300,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.

''(2) DATA INFRASTRUCTURE.—If amounts are not appropriated for a fiscal year to carry out section 1971 with respect to mental health, then the Secretary shall make available, from the amounts appropriated for such fiscal year under paragraph (1), an amount equal to the sum of $6,000,000 and 10 percent of all amounts appropriated for such fiscal year under such paragraph in excess of $100,000,000, to carry out such section 1971.''.

(b) CONFORMING AMENDMENTS.—

(1) Section 303 of the Public Health Service Act (42 U.S.C. 242a) is repealed.

(2) Section 520B of the Public Health Service Act (42 U.S.C. 290bb–33) is repealed.

(3) Section 612 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 290aa–3 note) is repealed.

SEC. 3202. GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS.

Section 506 of the Public Health Service Act (42 U.S.C. 290aa–5) is amended to read as follows:

''SEC. 506. GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS.

''(a) IN GENERAL.—The Secretary shall award grants, contracts and cooperative agreements to community-based public and private nonprofit entities for the purposes of providing mental health and substance abuse services for homeless individuals. In carrying out this section, the Secretary shall consult with the Interagency Council on the Homeless, established under section 201 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11311).

''(b) PREFERENCES.—In awarding grants, contracts, and cooperative agreements under subsection (a), the Secretary shall give a preference to—

''(1) entities that provide integrated primary health, substance abuse, and mental health services to homeless individuals;

''(2) entities that demonstrate effectiveness in serving runaway, homeless, and street youth;

''(3) entities that have experience in providing substance abuse and mental health services to homeless individuals;

''(4) entities that demonstrate experience in providing housing for individuals in treatment for or in recovery from mental illness or substance abuse; and

''(5) entities that demonstrate effectiveness in serving homeless veterans.

''(c) SERVICES FOR CERTAIN INDIVIDUALS.—In awarding grants, contracts, and cooperative agreements under subsection (a), the Secretary shall not—

''(1) prohibit the provision of services under such subsection to homeless individuals who are suffering from a substance abuse disorder and are not suffering from a mental health disorder; and

''(2) make payments under subsection (a) to any entity that has a policy of—

''(A) excluding individuals from mental health services due to the existence or suspicion of substance abuse; or

''(B) has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

''(d) TERM OF THE AWARDS.—No entity may receive a grant, contract, or cooperative agreement under subsection (a) for more than 5 years.

''(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $50,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.''.

SEC. 3203. PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS.

(a) WAIVERS FOR TERRITORIES.—Section 522 of the Public Health Service Act (42 U.S.C. 290cc–22) is amended by adding at the end the following:

''(i) WAIVER FOR TERRITORIES.—With respect to the United States Virgin Islands, Guam, American Samoa, Palau, the Marshall Islands, and the Commonwealth of the Northern Mariana Islands, the Secretary may waive the provisions of this part that the Secretary determines to be appropriate.''.

(b) AUTHORIZATION OF APPROPRIATION.—Section 535(a) of the Public Health Service Act (42 U.S.C. 290cc–35(a)) is amended by striking ''1991 through 1994'' and inserting ''2001 through 2003''.

SEC. 3204. COMMUNITY MENTAL HEALTH SERVICES PERFORMANCE PARTNERSHIP BLOCK GRANT.

(a) CRITERIA FOR PLAN.—Section 1912(b) of the Public Health Service Act (42 U.S.C. 300x–2(b)) is amended by striking paragraphs (1) through (12) and inserting the following:

''(1) COMPREHENSIVE COMMUNITY-BASED MENTAL HEALTH SYSTEMS.—The plan provides for an organized community-based system of care for individuals with mental illness and describes available services and resources in a comprehensive system of care, including services for dually diagnosed individuals. The description of the system of care shall include health and mental health services, rehabilitation services, employment services, housing services, educational services, substance abuse services, medical and dental care, and other support services to be provided to individuals with Federal, State and local public and private resources to enable such individuals to function outside of inpatient or residential institutions to the maximum extent of their capabilities, including services to be provided by local school systems under the Individuals with Disabilities Education Act. The plan shall include a separate description of case management services and provide for activities leading to reduction of hospitalization.

''(2) MENTAL HEALTH SYSTEM DATA AND EPIDEMIOLOGY.—The plan contains an estimate of the incidence and prevalence in the State of serious mental illness among adults and serious emotional disturbance among children and presents quantitative targets to be achieved in the implementation of the system described in paragraph (1).

''(3) CHILDREN'S SERVICES.—In the case of children with serious emotional disturbance, the plan—

''(A) subject to subparagraph (B), provides for a system of integrated social services, educational services, juvenile services, and substance abuse services that, together with health and mental health services, will be provided in order for such children to receive care appropriate for their multiple needs (such system to include services provided under the Individuals with Disabilities Education Act);

''(B) provides that the grant under section 1911 for the fiscal year involved will not be expended to provide any service under such system other than comprehensive community mental health services; and

''(C) provides for the establishment of a defined geographic area for the provision of the services of such system.

''(4) TARGETED SERVICES TO RURAL AND HOMELESS POPULATIONS.—The plan describes the State's outreach to and services for individuals who are homeless and how community-based services will be provided to individuals residing in rural areas.

''(5) MANAGEMENT SYSTEMS.—The plan describes the financial resources, staffing and training for mental health providers that is necessary to implement the plan, and provides for the training of providers of emergency health services regarding mental health. The plan further describes the manner in which the State intends to expend the grant under section 1911 for the fiscal year involved.

Except as provided for in paragraph (3), the State plan shall contain the information required under this subsection with respect to both adults with serious mental illness and children with serious emotional disturbance.''.

(b) REVIEW OF PLANNING COUNCIL OF STATE'S REPORT.—Section 1915(a) of the Public Health Service Act (42 U.S.C. 300x–4(a)) is amended—

(1) in paragraph (1), by inserting ''and the report of the State under section 1942(a) concerning the preceding fiscal year'' after ''to the grant''; and

(2) in paragraph (2), by inserting before the period ''and any comments concerning the annual report''.

(c) MAINTENANCE OF EFFORT.—Section 1915(b) of the Public Health Service Act (42 U.S.C. 300x–4(b)) is amended—

(1) by redesignating paragraphs (2) and (3) as paragraphs (3) and (4), respectively; and

(2) by inserting after paragraph (1), the following:

''(2) EXCLUSION OF CERTAIN FUNDS.—The Secretary may exclude from the aggregate State expenditures under subsection (a), funds appropriated to the principle agency for authorized activities which are of a nonrecurring nature and for a specific purpose.''.

(d) APPLICATION FOR GRANTS.—Section 1917(a)(1) of the Public Health Service Act (42 U.S.C. 300x–6(a)(1)) is amended to read as follows:

''(1) the plan is received by the Secretary not later than September 1 of the fiscal year prior to the fiscal year for which a State is seeking funds, and the report from the previous fiscal year as required under section 1941 is received by December 1 of the fiscal year of the grant;''.

(e) WAIVERS FOR TERRITORIES.—Section 1917(b) of the Public Health Service Act (42 U.S.C. 300x–6(b)) is amended by striking ''whose allotment under section 1911 for the fiscal year is the amount specified in section 1918(c)(2)(B)'' and inserting in its place ''except Puerto Rico''.

(f) AUTHORIZATION OF APPROPRIATION.—Section 1920 of the Public Health Service Act (42 U.S.C. 300x–9) is amended—

(1) in subsection (a), by striking ''$450,000,000'' and all that follows through the end and inserting ''$450,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.''; and

(2) in subsection (b)(2), by striking ''section 505'' and inserting ''sections 505 and 1971''.

SEC. 3205. DETERMINATION OF ALLOTMENT.

Section 1918(b) of the Public Health Service Act (42 U.S.C. 300x–7(b)) is amended to read as follows:

''(b) MINIMUM ALLOTMENTS FOR STATES.—With respect to fiscal year 2000, and subsequent fiscal years, the amount of the allotment of a State under section 1911 shall not be less than the amount the State received under such section for fiscal year 1998.''.

SEC. 3206. PROTECTION AND ADVOCACY FOR MENTALLY ILL INDIVIDUALS ACT OF 1986.

(a) SHORT TITLE.—The first section of the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (Public Law 99–319) is amended to read as follows:

''SECTION 1. SHORT TITLE.

''This Act may be cited as the 'Protection and Advocacy for Individuals with Mental Illness Act'.''.

(b) DEFINITIONS.—Section 102 of the Protection and Advocacy for Individuals with Mental Illness Act (as amended by subsection (a)) (42 U.S.C. 10802) is amended—

(1) in paragraph (4)—

(A) in the matter preceding subparagraph (A), by inserting '', except as provided in section 104(d),'' after ''means'';

(B) in subparagraph (B)—

(i) by striking ''(i)'' who'' and inserting ''(i)(I) who'';

(ii) by redesignating clauses (ii) and (iii) as subclauses (II) and (III);

(iii) in subclause (III) (as so redesignated), by striking the period and inserting ''; or''; and

(iv) by adding at the end the following:

''(ii) who satisfies the requirements of subparagraph (A) and lives in a community setting, including their own home.''; and

(2) by adding at the end the following:

''(8) The term 'American Indian consortium' means a consortium established under part C of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6042 et seq.).''.

(c) USE OF ALLOTMENTS.—Section 104 of the Protection and Advocacy for Individuals with Mental Illness Act (as amended by subsection (a)) (42 U.S.C. 10804) is amended by adding at the end the following:

''(d) The definition of 'individual with a mental illness' contained in section 102(4)(B)(iii) shall apply, and thus an eligible system may use its allotment under this title to provide representation to such individuals, only if the total allotment under this title for any fiscal year is $30,000,000 or more, and in such case, an eligible system must give priority to representing persons with mental illness as defined in subparagraphs (A) and (B)(i) of section 102(4).''.

(d) MINIMUM AMOUNT.—Paragraph (2) of section 112(a) of the Protection and Advocacy for Individuals with Mental Illness Act (as amended by subsection (a)) (42 U.S.C. 10822(a)(2)) is amended to read as follows:

''(2)(A) The minimum amount of the allotment of an eligible system shall be the product (rounded to the nearest $100) of the appropriate base amount determined under subparagraph (B) and the factor specified in subparagraph (C).

''(B) For purposes of subparagraph (A), the appropriate base amount—

''(i) for American Samoa, Guam, the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, and the Virgin Islands, is $139,300; and

''(ii) for any other State, is $260,000.

''(C) The factor specified in this subparagraph is the ratio of the amount appropriated under section 117 for the fiscal year for which the allotment is being made to the amount appropriated under such section for fiscal year 1995.

''(D) If the total amount appropriated for a fiscal year is at least $25,000,000, the Secretary shall make an allotment in accordance with subparagraph (A) to the eligible system serving the American Indian consortium.''.

(e) TECHNICAL AMENDMENTS.—Section 112(a) of the Protection and Advocacy for Individuals with Mental Illness Act (as amended by subsection (a)) (42 U.S.C. 10822(a)) is amended—

(1) in paragraph (1)(B), by striking ''Trust Territory of the Pacific Islands'' and inserting ''Marshall Islands, the Federated States of Micronesia, the Republic of Palau''; and

(2) by striking paragraph (3).

(f) REAUTHORIZATION.—Section 117 of the Protection and Advocacy for Individuals with Mental Illness Act (as amended by subsection (a)) (42 U.S.C. 10827) is amended by striking ''1995'' and inserting ''2003''.

SEC. 3207. REQUIREMENT RELATING TO THE RIGHTS OF RESIDENTS OF CERTAIN FACILITIES.

Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by adding at the end the following:

''PART H—REQUIREMENT RELATING TO THE RIGHTS OF RESIDENTS OF CERTAIN FACILITIES

''SEC. 591. REQUIREMENT RELATING TO THE RIGHTS OF RESIDENTS OF CERTAIN FACILITIES.

''(a) IN GENERAL.—A public or private general hospital, nursing facility, intermediate care facility, or other health care facility, that receives support in any form from any program supported in whole or in part with funds appropriated to any Federal department or agency shall protect and promote the rights of each resident of the facility, including the right to be free from physical or mental abuse, corporal punishment, and any restraints or involuntary seclusions imposed for purposes of discipline or convenience.

''(b) REQUIREMENTS.—Restraints and seclusion may only be imposed on a resident of a facility described in subsection (a) if—

''(1) the restraints or seclusion are imposed to ensure the physical safety of the resident, a staff member, or others; and

''(2) the restraints or seclusion are imposed only upon the written order of a physician, or other licensed practitioner permitted by the State and the facility to order such restraint or seclusion, that specifies the duration and circumstances under which the restraints are to be used (except in emergency circumstances specified by the Secretary until such an order could reasonably be obtained).

''(c) CURRENT LAW.—This part shall not be construed to affect or impede any Federal or State law or regulations that provide greater protections than this part regarding seclusion and restraint.

''(d) DEFINITIONS.—In this section:

''(1) RESTRAINTS.—The term 'restraints' means—

''(A) any physical restraint that is a mechanical or personal restriction that immobilizes or reduces the ability of an individual to move his or her arms, legs, or head freely, not including devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or any other methods that involves the physical holding of a resident for the purpose of conducting routine physical examinations or tests or to protect the resident from falling out of bed or to permit the resident to participate in activities without the risk of physical harm to the resident (such term does not include a physical escort); and

''(B) a drug or medication that is used as a restraint to control behavior or restrict the resident's freedom of movement that is not a standard treatment for the resident's medical or psychiatric condition.

''(2) SECLUSION.—The term 'seclusion' means a behavior control technique involving locked isolation. Such term does not include a time out.

''(3) PHYSICAL ESCORT.—The term 'physical escort' means the temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a resident who is acting out to walk to a safe location.

''(4) TIME OUT.—The term 'time out' means a behavior management technique that is part of an approved treatment program and may involve the separation of the resident from the group, in a non-locked setting, for the purpose of calming. Time out is not seclusion.

''SEC. 592. REPORTING REQUIREMENT.

''(a) IN GENERAL.— Each facility to which the Protection and Advocacy for Mentally Ill Individuals Act of 1986 applies shall notify the appropriate agency, as determined by the Secretary, of each death that occurs at each such facility while a patient is restrained or in seclusion, of each death occurring within 24 hours after the patient has been removed from restraints and seclusion, or where it is reasonable to assume that a patient's death is a result of such seclusion or restraint. A notification under this section shall include the name of the resident and shall be provided not later than 7 days after the date of the death of the individual involved.

''(b) FACILITY.—In this section, the term 'facility' has the meaning given the term 'facilities' in section 102(3) of the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10802(3)).''.

''SEC. 593. REGULATIONS AND ENFORCEMENT.

''(a) TRAINING.—Not later than 1 year after the date of enactment of this part, the Secretary, after consultation with appropriate State and local protection and advocacy organizations, physicians, facilities, and other health care professionals and patients, shall promulgate regulations that require facilities to which the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10801 et seq.) applies, to meet the requirements of subsection (b).

''(b) REQUIREMENTS.—The regulations promulgated under subsection (a) shall require that—

''(1) facilities described in subsection (a) ensure that there is an adequate number of qualified professional and supportive staff to evaluate patients, formulate written individualized, comprehensive treatment plans, and to provide active treatment measures;

''(2) appropriate training be provided for the staff of such facilities in the use of restraints and any alternatives to the use of restraints; and

''(3) such facilities provide complete and accurate notification of deaths, as required under section 592(a).

''(c) ENFORCEMENT.—A facility to which this part applies that fails to comply with any requirement of this part, including a failure to provide appropriate training, shall not be eligible for participation in any program supported in whole or in part by funds appropriated to any Federal department or agency.''.

SEC. 3208. REQUIREMENT RELATING TO THE RIGHTS OF RESIDENTS OF CERTAIN NON-MEDICAL, COMMUNITY-BASED FACILITIES FOR CHILDREN AND YOUTH.

Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.), as amended by section 3207, is further amended by adding at the end the following:

''PART I—REQUIREMENT RELATING TO THE RIGHTS OF RESIDENTS OF CERTAIN NON-MEDICAL, COMMUNITY-BASED FACILITIES FOR CHILDREN AND YOUTH

''SEC. 595. REQUIREMENT RELATING TO THE RIGHTS OF RESIDENTS OF CERTAIN NON-MEDICAL, COMMUNITY-BASED FACILITIES FOR CHILDREN AND YOUTH.

''(a) PROTECTION OF RIGHTS.—

''(1) IN GENERAL.—A public or private non-medical, community-based facility for children and youth (as defined in regulations to be promulgated by the Secretary) that receives support in any form from any program supported in whole or in part with funds appropriated under this Act shall protect and promote the rights of each resident of the facility, including the right to be free from physical or mental abuse, corporal punishment, and any restraints or involuntary seclusions imposed for purposes of discipline or convenience.

''(2) NONAPPLICABILITY.—Notwithstanding this part, a facility that provides inpatient

psychiatric treatment services for individuals under the age of 21, as authorized and defined in subsections (a)(16) and (h) of section 1905 of the Social Security Act, shall comply with the requirements of part H.

''(3) APPLICABILITY OF MEDICAID PROVISIONS.—A non-medical, community-based facility for children and youth funded under the medicaid program under title XIX of the Social Security Act shall continue to meet all existing requirements for participation in such program that are not affected by this part.

''(b) REQUIREMENTS.—

''(1) IN GENERAL.—Physical restraints and seclusion may only be imposed on a resident of a facility described in subsection (a) if—

''(A) the restraints or seclusion are imposed only in emergency circumstances and only to ensure the immediate physical safety of the resident, a staff member, or others and less restrictive interventions have been determined to be ineffective; and

''(B) the restraints or seclusion are imposed only by an individual trained and certified, by a State-recognized body (as defined in regulation promulgated by the Secretary) and pursuant to a process determined appropriate by the State and approved by the Secretary, in the prevention and use of physical restraint and seclusion, including the needs and behaviors of the population served, relationship building, alternatives to restraint and seclusion, de-escalation methods, avoiding power struggles, thresholds for restraints and seclusion, the physiological and psychological impact of restraint and seclusion, monitoring physical signs of distress and obtaining medical assistance, legal issues, position asphyxia, escape and evasion techniques, time limits, the process for obtaining approval for continued restraints, procedures to address problematic restraints, documentation, processing with children, and follow-up with staff, and investigation of injuries and complaints.

''(2) INTERIM PROCEDURES RELATING TO TRAINING AND CERTIFICATION.—

''(A) IN GENERAL.—Until such time as the State develops a process to assure the proper training and certification of facility personnel in the skills and competencies referred in paragraph (1)(B), the facility involved shall develop and implement an interim procedure that meets the requirements of subparagraph (B).

''(B) REQUIREMENTS.—A procedure developed under subparagraph (A) shall—

''(i) ensure that a supervisory or senior staff person with training in restraint and seclusion who is competent to conduct a face-to-face assessment (as defined in regulations promulgated by the Secretary), will assess the mental and physical well-being of the child or youth being restrained or secluded and assure that the restraint or seclusion is being done in a safe manner;

''(ii) ensure that the assessment required under clause (i) take place as soon as practicable, but in no case later than 1 hour after the initiation of the restraint or seclusion; and

''(iii) ensure that the supervisory or senior staff person continues to monitor the situation for the duration of the restraint and seclusion.

''(3) LIMITATIONS.—

''(A) IN GENERAL.—The use of a drug or medication that is used as a restraint to control behavior or restrict the resident's freedom of movement that is not a standard treatment for the resident's medical or psychiatric condition in nonmedical community-based facilities for children and youth described in subsection (a)(1) is prohibited.

''(B) PROHIBITION.—The use of mechanical restraints in non-medical, community-based facilities for children and youth described in subsection (a)(1) is prohibited.

''(C) LIMITATION.—A non-medical, community-based facility for children and youth described in subsection (a)(1) may only use seclusion when a staff member is continuously face-to-face monitoring the resident and when strong licensing or accreditation and internal controls are in place.

''(c) RULE OF CONSTRUCTION.—

''(1) IN GENERAL.—Nothing in this section shall be construed as prohibiting the use of restraints for medical immobilization, adaptive support, or medical protection.

''(2) CURRENT LAW.—This part shall not be construed to affect or impede any Federal or State law or regulations that provide greater protections than this part regarding seclusion and restraint.

''(d) DEFINITIONS.—In this section:

''(1) MECHANICAL RESTRAINT.—The term 'mechanical restraint' means the use of devices as a means of restricting a resident's freedom of movement.

''(2) PHYSICAL ESCORT.—The term 'physical escort' means the temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a resident who is acting out to walk to a safe location.

''(3) PHYSICAL RESTRAINT.—The term 'physical restraint' means a personal restriction that immobilizes or reduces the ability of an individual to move his or her arms, legs, or head freely. Such term does not include a physical escort.

''(4) SECLUSION.—The term 'seclusion' means a behavior control technique involving locked isolation. Such term does not include a time out.

''(5) TIME OUT.—The term 'time out' means a behavior management technique that is part of an approved treatment program and may involve the separation of the resident from the group, in a non-locked setting, for the purpose of calming. Time out is not seclusion.

''SEC. 595A. REPORTING REQUIREMENT.

''Each facility to which this part applies shall notify the appropriate State licensing or regulatory agency, as determined by the Secretary—

''(1) of each death that occurs at each such facility. A notification under this section shall include the name of the resident and shall be provided not later than 24 hours after the time of the individuals death; and

''(2) of the use of seclusion or restraints in accordance with regulations promulgated by the Secretary, in consultation with the States.

''SEC. 595B. REGULATIONS AND ENFORCEMENT.

''(a) TRAINING.—Not later than 6 months after the date of enactment of this part, the Secretary, after consultation with appropriate State, local, public and private protection and advocacy organizations, health care professionals, social workers, facilities, and patients, shall promulgate regulations that—

''(1) require States that license non-medical, community-based residential facilities for children and youth to develop licensing rules and monitoring requirements concerning behavior management practice that will ensure compliance with Federal regulations and to meet the requirements of subsection (b);

''(2) require States to develop and implement such licensing rules and monitoring requirements within 1 year after the promulgation of the regulations referred to in the matter preceding paragraph (1); and

''(3) support the development of national guidelines and standards on the quality, quantity, orientation and training, required under this part, as well as the certification or licensure of those staff responsible for the implementation of behavioral intervention concepts and techniques.

''(b) REQUIREMENTS.—The regulations promulgated under subsection (a) shall require—

''(1) that facilities described in subsection (a) ensure that there is an adequate number of qualified professional and supportive staff to evaluate residents, formulate written individualized, comprehensive treatment plans, and to provide active treatment measures;

''(2) the provision of appropriate training and certification of the staff of such facilities in the prevention and use of physical restraint and seclusion, including the needs and behaviors of the population served, relationship building, alternatives to restraint, de-escalation methods, avoiding power struggles, thresholds for restraints, the physiological impact of restraint and seclusion, monitoring physical signs of distress and obtaining medical assistance, legal issues, position asphyxia, escape and evasion techniques, time limits for the use of restraint and seclusion, the process for obtaining approval for continued restraints and seclusion, procedures to address problematic restraints, documentation, processing with children, and follow-up with staff, and investigation of injuries and complaints; and

''(3) that such facilities provide complete and accurate notification of deaths, as required under section 595A(1).

''(c) ENFORCEMENT.—A State to which this part applies that fails to comply with any requirement of this part, including a failure to provide appropriate training and certification, shall not be eligible for participation in any program supported in whole or in part by funds appropriated under this Act.''.

SEC. 3209. EMERGENCY MENTAL HEALTH CENTERS.

Subpart 3 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb-31 et seq.), as amended by section 3111, is further amended by adding at the end the following:

''SEC. 520F. GRANTS FOR EMERGENCY MENTAL HEALTH CENTERS.

''(a) PROGRAM AUTHORIZED.—The Secretary shall award grants to States, political subdivisions of States, Indian tribes, and tribal organizations to support the designation of hospitals and health centers as Emergency Mental Health Centers.

''(b) HEALTH CENTER.—In this section, the term 'health center' has the meaning given such term in section 330, and includes community health centers and community mental health centers.

''(c) DISTRIBUTION OF AWARDS.—The Secretary shall ensure that such grants awarded under subsection (a) are equitably distributed among the geographical regions of the United States, between urban and rural populations, and between different settings of care including health centers, mental health centers, hospitals, and other psychiatric units or facilities.

''(d) APPLICATION.—A State, political subdivision of a State, Indian tribe, or tribal organization that desires a grant under subsection (a) shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including a plan for the rigorous evaluation of activities carried out with funds received under this section.

''(e) USE OF FUNDS.—

''(1) IN GENERAL.—A State, political subdivision of a State, Indian tribe, or tribal organization receiving a grant under subsection (a) shall use funds from such grant to establish or designate hospitals and health centers as Emergency Mental Health Centers.

''(2) EMERGENCY MENTAL HEALTH CENTERS.—Such Emergency Mental Health Centers described in paragraph (1)—

''(A) shall—

''(i) serve as a central receiving point in the community for individuals who may be in need of emergency mental health services;

''(ii) purchase, if needed, any equipment necessary to evaluate, diagnose and stabilize an individual with a mental illness;

''(iii) provide training, if needed, to the medical personnel staffing the Emergency Mental Health Center to evaluate, diagnose, stabilize, and treat an individual with a mental illness; and

''(iv) provide any treatment that is necessary for an individual with a mental illness or a referral for such individual to another facility where such treatment may be received; and

''(B) may establish and train a mobile crisis intervention team to respond to mental health emergencies within the community.

''(f) EVALUATION.—A State, political subdivision of a State, Indian tribe, or tribal organization that receives a grant under subsection (a) shall prepare and submit an evaluation to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require, including an evaluation of activities carried out with funds received under this section and a process and outcomes evaluation.

''(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $25,000,000 for fiscal year 2001 and such sums as may be necessary for each of the fiscal years 2002 through 2003.''.

SEC. 3210. GRANTS FOR JAIL DIVERSION PROGRAMS.

Subpart 3 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb-31 et seq.), as amended by section 3209, is further amended by adding at the end the following:

''SEC. 520G. GRANTS FOR JAIL DIVERSION PROGRAMS.

''(a) PROGRAM AUTHORIZED.—The Secretary shall make up to 125 grants to States, political subdivisions of States, Indian tribes, and tribal organizations, acting directly or through agreements with other public or nonprofit entities, to develop and implement programs to divert individuals with a mental illness from the criminal justice system to community-based services.

''(b) ADMINISTRATION.—

''(1) CONSULTATION.—The Secretary shall consult with the Attorney General and any other appropriate officials in carrying out this section.

''(2) REGULATORY AUTHORITY.—The Secretary shall issue regulations and guidelines necessary to carry out this section, including methodologies and outcome measures for evaluating programs carried out by States, political subdivisions of States, Indian tribes, and tribal organizations receiving grants under subsection (a).

''(c) APPLICATIONS.—

''(1) IN GENERAL.—To receive a grant under subsection (a), the chief executive of a State, chief executive of a subdivision of a State, Indian tribe or tribal organization shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary shall reasonably require.

''(2) CONTENT.—Such application shall—

''(A) contain an assurance that—

''(i) community-based mental health services will be available for the individuals who are diverted from the criminal justice system, and that such services are based on the best known practices, reflect current research findings, include case management, assertive community treatment, medication management and access, integrated mental health and co-occurring substance abuse treatment, and psychiatric rehabilitation, and will be coordinated with social services, including life skills training, housing placement, vocational training, education job placement, and health care;

''(ii) there has been relevant interagency collaboration between the appropriate criminal justice, mental health, and substance abuse systems; and

''(iii) the Federal support provided will be used to supplement, and not supplant, State, local, Indian tribe, or tribal organization sources of funding that would otherwise be available;

''(B) demonstrate that the diversion program will be integrated with an existing system of care for those with mental illness;

''(C) explain the applicant's inability to fund the program adequately without Federal assistance;

''(D) specify plans for obtaining necessary support and continuing the proposed program following the conclusion of Federal support; and

''(E) describe methodology and outcome measures that will be used in evaluating the program.

''(d) USE OF FUNDS.—A State, political subdivision of a State, Indian tribe, or tribal organization that receives a grant under subsection (a) may use funds received under such grant to—

''(1) integrate the diversion program into the existing system of care;

''(2) create or expand community-based mental health and co-occurring mental illness and substance abuse services to accommodate the diversion program;

''(3) train professionals involved in the system of care, and law enforcement officers, attorneys, and judges; and

''(4) provide community outreach and crisis intervention.

''(e) FEDERAL SHARE.—

''(1) IN GENERAL.—The Secretary shall pay to a State, political subdivision of a State, Indian tribe, or tribal organization receiving a grant under subsection (a) the Federal share of the cost of activities described in the application.

''(2) FEDERAL SHARE.—The Federal share of a grant made under this section shall not exceed 75 percent of the total cost of the program carried out by the State, political subdivision of a State, Indian tribe, or tribal organization. Such share shall be used for new expenses of the program carried out by such State, political subdivision of a State, Indian tribe, or tribal organization.

''(3) NON-FEDERAL SHARE.—The non-Federal share of payments made under this section may be made in cash or in kind fairly evaluated, including planned equipment or services. The Secretary may waive the requirement of matching contributions.

''(f) GEOGRAPHIC DISTRIBUTION.—The Secretary shall ensure that such grants awarded under subsection (a) are equitably distributed among the geographical regions of the United States and between urban and rural populations.

''(g) TRAINING AND TECHNICAL ASSISTANCE.—Training and technical assistance may be provided by the Secretary to assist a State, political subdivision of a State, Indian tribe, or tribal organization receiving a grant under subsection (a) in establishing and operating a diversion program.

''(h) EVALUATIONS.—The programs described in subsection (a) shall be evaluated not less than 1 time in every 12-month period using the methodology and outcome measures identified in the grant application.

''(i) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $10,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 through 2003.''.

SEC. 3211. IMPROVING OUTCOMES FOR CHILDREN AND ADOLESCENTS THROUGH SERVICES INTEGRATION BETWEEN CHILD WELFARE AND MENTAL HEALTH SERVICES.

Subpart 3 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb-31 et seq.), as amended by section 3210, is further amended by adding at the end the following:

''SEC. 520H. IMPROVING OUTCOMES FOR CHILDREN AND ADOLESCENTS THROUGH SERVICES INTEGRATION BETWEEN CHILD WELFARE AND MENTAL HEALTH SERVICES.

''(a) IN GENERAL.—The Secretary shall award grants, contracts or cooperative agreements to States, political subdivisions of States, Indian tribes, and tribal organizations to provide integrated child welfare and mental health services for children and adolescents under 19 years of age in the child welfare system or at risk for becoming part of the system, and parents or caregivers with a mental illness or a mental illness and a co-occurring substance abuse disorder.

''(b) DURATION.—With respect to a grant, contract or cooperative agreement awarded under this section, the period during which payments under such award are made to the recipient may not exceed 5 years.

''(c) APPLICATION.—

''(1) IN GENERAL.—To be eligible to receive an award under subsection (a), a State, political subdivision of a State, Indian tribe, or tribal organization shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

''(2) CONTENT.—An application submitted under paragraph (1) shall—

''(A) describe the program to be funded under the grant, contract or cooperative agreement;

''(B) explain how such program reflects best practices in the provision of child welfare and mental health services; and

''(C) provide assurances that—

''(i) persons providing services under the grant, contract or cooperative agreement are adequately trained to provide such services; and

''(ii) the services will be provided in accordance with subsection (d).

''(d) USE OF FUNDS.—A State, political subdivision of a State, Indian tribe, or tribal organization that receives a grant, contract, or cooperative agreement under subsection (a) shall use amounts made available through such grant, contract or cooperative agreement to—

''(1) provide family-centered, comprehensive, and coordinated child welfare and mental health services, including prevention, early intervention and treatment services for children and adolescents, and for their parents or caregivers;

''(2) ensure a single point of access for such coordinated services;

''(3) provide integrated mental health and substance abuse treatment for children, adolescents, and parents or caregivers with a mental illness and a co-occurring substance abuse disorder;

''(4) provide training for the child welfare, mental health and substance abuse professionals who will participate in the program carried out under this section;

''(5) provide technical assistance to child welfare and mental health agencies;

''(6) develop cooperative efforts with other service entities in the community, including education, social services, juvenile justice, and primary health care agencies;

''(7) coordinate services with services provided under the medicaid program and the State Children's Health Insurance Program under titles XIX and XXI of the Social Security Act;

''(8) provide linguistically appropriate and culturally competent services; and

''(9) evaluate the effectiveness and cost-efficiency of the integrated services that measure the level of coordination, outcome measures for parents or caregivers with a mental illness or a mental illness and a co-occurring substance abuse disorder, and outcome measures for children.

''(e) DISTRIBUTION OF AWARDS.—The Secretary shall ensure that grants, contracts, and cooperative agreements awarded under subsection (a) are equitably distributed among the geographical regions of the United States and between urban and rural populations.

''(f) EVALUATION.—The Secretary shall evaluate each program carried out by a State, political subdivision of a State, Indian tribe, or tribal organization under subsection (a) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

''(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $10,000,000 for fiscal year 2001, and such sums as may be necessary for each of fiscal years 2002 and 2003.''.

SEC. 3212. GRANTS FOR THE INTEGRATED TREATMENT OF SERIOUS MENTAL ILLNESS AND CO-OCCURRING SUBSTANCE ABUSE.

Subpart 3 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb-31 et seq.), as amended by section 3211, is further amended by adding at the end the following:

''SEC. 520I. GRANTS FOR THE INTEGRATED TREATMENT OF SERIOUS MENTAL ILLNESS AND CO-OCCURRING SUBSTANCE ABUSE.

''(a) IN GENERAL.—The Secretary shall award grants, contracts, or cooperative agreements to States, political subdivisions of States, Indian tribes, tribal organizations, and private nonprofit organizations for the development or expansion of programs to provide integrated treatment services for individuals with a serious mental illness and a co-occurring substance abuse disorder.

''(b) PRIORITY.—In awarding grants, contracts, and cooperative agreements under subsection (a), the Secretary shall give priority to applicants that emphasize the provision of services for individuals with a serious mental illness and a co-occurring substance abuse disorder who—

''(1) have a history of interactions with law enforcement or the criminal justice system;

''(2) have recently been released from incarceration;

''(3) have a history of unsuccessful treatment in either an inpatient or outpatient setting;

''(4) have never followed through with outpatient services despite repeated referrals; or

''(5) are homeless.

''(c) USE OF FUNDS.—A State, political subdivision of a State, Indian tribe, tribal organization, or private nonprofit organization that receives a grant, contract, or cooperative agreement under subsection (a) shall use funds received under such grant—

''(1) to provide fully integrated services rather than serial or parallel services;

''(2) to employ staff that are cross-trained in the diagnosis and treatment of both serious mental illness and substance abuse;

''(3) to provide integrated mental health and substance abuse services at the same location;

''(4) to provide services that are linguistically appropriate and culturally competent;

''(5) to provide at least 10 programs for integrated treatment of both mental illness and substance abuse at sites that previously provided only mental health services or only substance abuse services; and

''(6) to provide services in coordination with other existing public and private community programs.

''(d) CONDITION.—The Secretary shall ensure that a State, political subdivision of a State, Indian tribe, tribal organization, or private nonprofit organization that receives a grant, contract, or cooperative agreement under subsection (a) maintains the level of effort necessary to sustain existing mental health and substance abuse programs for other populations served by mental health systems in the community.

''(e) DISTRIBUTION OF AWARDS.—The Secretary shall ensure that grants, contracts, or cooperative agreements awarded under subsection (a) are equitably distributed among the geographical regions of the United States and between urban and rural populations.

''(f) DURATION.—The Secretary shall award grants, contract, or cooperative agreements under this subsection for a period of not more than 5 years.

''(g) APPLICATION.—A State, political subdivision of a State, Indian tribe, tribal organization, or private nonprofit organization that desires a grant, contract, or cooperative agreement under this subsection shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require. Such application shall include a plan for the rigorous evaluation of activities funded with an award under such subsection, including a process and outcomes evaluation.

''(h) EVALUATION.—A State, political subdivision of a State, Indian tribe, tribal organization, or private nonprofit organization that receives a grant, contract, or cooperative agreement under this subsection shall prepare and submit a plan for the rigorous evaluation of the program funded under such grant, contract, or agreement, including both process and outcomes evaluation, and the submission of an evaluation at the end of the project period.

''(i) AUTHORIZATION OF APPROPRIATION.—There is authorized to be appropriated to carry out this subsection $40,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 through 2003.''.

SEC. 3213. TRAINING GRANTS.

Subpart 3 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb-31 et seq.), as amended by section 3212, is further amended by adding at the end the following:

''SEC. 520J. TRAINING GRANTS.

''(a) IN GENERAL.—The Secretary shall award grants in accordance with the provisions of this section.

''(b) MENTAL ILLNESS AWARENESS TRAINING GRANTS.—

''(1) IN GENERAL.—The Secretary shall award grants to States, political subdivisions of States, Indian tribes, tribal organizations, and nonprofit private entities to train teachers and other relevant school personnel to recognize symptoms of childhood and adolescent mental disorders, to refer family members to the appropriate mental health services if necessary, to train emergency services personnel to identify and appropriately respond to persons with a mental illness, and to provide education to such teachers and personnel regarding resources that are available in the community for individuals with a mental illness.

''(2) EMERGENCY SERVICES PERSONNEL.—In this subsection, the term 'emergency services personnel' includes paramedics, firefighters, and emergency medical technicians.

''(3) DISTRIBUTION OF AWARDS.—The Secretary shall ensure that such grants awarded under this subsection are equitably distributed among the geographical regions of the United States and between urban and rural populations.

''(4) APPLICATION.—A State, political subdivision of a State, Indian tribe, tribal organization, or nonprofit private entity that desires a grant under this subsection shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including a plan for the rigorous evaluation of activities that are carried out with funds received under a grant under this subsection.

''(5) USE OF FUNDS.—A State, political subdivision of a State, Indian tribe, tribal organization, or nonprofit private entity receiving a grant under this subsection shall use funds from such grant to—

''(A) train teachers and other relevant school personnel to recognize symptoms of childhood and adolescent mental disorders and appropriately respond;

''(B) train emergency services personnel to identify and appropriately respond to persons with a mental illness; and

''(C) provide education to such teachers and personnel regarding resources that are available in the community for individuals with a mental illness.

''(6) EVALUATION.—A State, political subdivision of a State, Indian tribe, tribal organization, or nonprofit private entity that receives a grant under this subsection shall prepare and submit an evaluation to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require, including an evaluation of activities carried out with funds received under the grant under this subsection and a process and outcome evaluation.

''(7) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection, $25,000,000 for fiscal year 2001 and such sums as may be necessary for each of fiscal years 2002 through 2003.''.

TITLE XXXIII—PROVISIONS RELATING TO SUBSTANCE ABUSE

SEC. 3301. PRIORITY SUBSTANCE ABUSE TREATMENT NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

(a) RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN.—Section 508(r) of the Public Health Service Act (42 U.S.C. 290bb-1(r)) is amended to read as follows:

''(r) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary to fiscal years 2001 through 2003.''.

(b) PRIORITY SUBSTANCE ABUSE TREATMENT.—Section 509 of the Public Health Service Act (42 U.S.C. 290bb–1) is amended to read as follows:

''SEC. 509. PRIORITY SUBSTANCE ABUSE TREATMENT NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

''(a) PROJECTS.—The Secretary shall address priority substance abuse treatment needs of regional and national significance (as determined under subsection (b)) through the provision of or through assistance for—

''(1) knowledge development and application projects for treatment and rehabilitation and the conduct or support of evaluations of such projects;

''(2) training and technical assistance; and

''(3) targeted capacity response programs.

The Secretary may carry out the activities described in this section directly or through grants or cooperative agreements with States, political subdivisions of States, Indian tribes and tribal organizations, other public or nonprofit private entities.

''(b) PRIORITY SUBSTANCE ABUSE TREATMENT NEEDS.—

''(1) IN GENERAL.—Priority substance abuse treatment needs of regional and national significance shall be determined by the Secretary after consultation with States and other interested groups. The Secretary shall meet with the States and interested groups on an annual basis to discuss program priorities.

''(2) SPECIAL CONSIDERATION.—In developing program priorities under paragraph (1), the Secretary shall give special consideration to promoting the integration of substance abuse treatment services into primary health care systems.

''(c) REQUIREMENTS.—

''(1) IN GENERAL.—Recipients of grants, contracts, or cooperative agreements under this section shall comply with information and application requirements determined appropriate by the Secretary.

''(2) DURATION OF AWARD.—With respect to a grant, contract, or cooperative agreement awarded under this section, the period during which payments under such award are made to the recipient may not exceed 5 years.

''(3) MATCHING FUNDS.—The Secretary may, for projects carried out under subsection (a), require that entities that apply for grants, contracts, or cooperative agreements under that project provide non-Federal matching funds, as determined appropriate by the Secretary, to ensure the institutional commitment of the entity to the projects funded under the grant, contract, or cooperative agreement. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

''(4) MAINTENANCE OF EFFORT.—With respect to activities for which a grant, contract, or cooperative agreement is awarded under this section, the Secretary may require that recipients for specific projects under subsection (a) agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant, contract, or cooperative agreement.

''(d) EVALUATION.—The Secretary shall evaluate each project carried out under subsection (a)(1) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

''(e) INFORMATION AND EDUCATION.—The Secretary shall establish comprehensive information and education programs to disseminate and apply the findings of the knowledge development and application, training and technical assistance programs, and targeted capacity response programs under this section to the general public, to health professionals and other interested groups. The Secretary shall make every effort to provide linkages between the findings of supported projects and State agencies responsible for carrying out substance abuse prevention and treatment programs.

''(f) AUTHORIZATION OF APPROPRIATION.—There are authorized to be appropriated to carry out this section, $300,000,000 for fiscal year 2001 and such sums as may be necessary for each of the fiscal years 2002 and 2003.''.

(c) CONFORMING AMENDMENTS.—The following sections of the Public Health Service Act are repealed:

(1) Section 510 (42 U.S.C. 290bb–3).

(2) Section 511 (42 U.S.C. 290bb–4).

(3) Section 512 (42 U.S.C. 290bb–5).

(4) Section 571 (42 U.S.C. 290gg).

SEC. 3302. PRIORITY SUBSTANCE ABUSE PREVENTION NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

(a) IN GENERAL.—Section 516 of the Public Health Service Act (42 U.S.C. 290bb–1) is amended to read as follows:

''SEC. 516. PRIORITY SUBSTANCE ABUSE PREVENTION NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

''(a) PROJECTS.—The Secretary shall address priority substance abuse prevention needs of regional and national significance (as determined under subsection (b)) through the provision of or through assistance for—

''(1) knowledge development and application projects for prevention and the conduct or support of evaluations of such projects;

''(2) training and technical assistance; and

''(3) targeted capacity response programs.

The Secretary may carry out the activities described in this section directly or through grants or cooperative agreements with States, political subdivisions of States, Indian tribes and tribal organizations, or other public or nonprofit private entities.

''(b) PRIORITY SUBSTANCE ABUSE PREVENTION NEEDS.—

''(1) IN GENERAL.—Priority substance abuse prevention needs of regional and national significance shall be determined by the Secretary in consultation with the States and other interested groups. The Secretary shall meet with the States and interested groups on an annual basis to discuss program priorities.

''(2) SPECIAL CONSIDERATION.—In developing program priorities under paragraph (1), the Secretary shall give special consideration to—

''(A) applying the most promising strategies and research-based primary prevention approaches; and

''(B) promoting the integration of substance abuse prevention information and activities into primary health care systems.

''(c) REQUIREMENTS.—

''(1) IN GENERAL.—Recipients of grants, contracts, and cooperative agreements under this section shall comply with information and application requirements determined appropriate by the Secretary.

''(2) DURATION OF AWARD.—With respect to a grant, contract, or cooperative agreement awarded under this section, the period during which payments under such award are made to the recipient may not exceed 5 years.

''(3) MATCHING FUNDS.—The Secretary may, for projects carried out under subsection (a), require that entities that apply for grants, contracts, or cooperative agreements under that project provide non-Federal matching funds, as determined appropriate by the Secretary, to ensure the institutional commitment of the entity to the projects funded under the grant, contract, or cooperative agreement. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment, or services.

''(4) MAINTENANCE OF EFFORT.—With respect to activities for which a grant, contract, or cooperative agreement is awarded under this section, the Secretary may require that recipients for specific projects under subsection (a) agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant, contract, or cooperative agreement.

''(d) EVALUATION.—The Secretary shall evaluate each project carried out under subsection (a)(1) and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

''(e) INFORMATION AND EDUCATION.—The Secretary shall establish comprehensive information and education programs to disseminate the findings of the knowledge development and application, training and technical assistance programs, and targeted capacity response programs under this section to the general public and to health professionals. The Secretary shall make every effort to provide linkages between the findings of supported projects and State agencies responsible for carrying out substance abuse prevention and treatment programs.

''(f) AUTHORIZATION OF APPROPRIATION.—There are authorized to be appropriated to carry out this section, $300,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.''.

(b) CONFORMING AMENDMENTS.—Section 518 of the Public Health Service Act (42 U.S.C. 290bb–24) is repealed.

SEC. 3303. SUBSTANCE ABUSE PREVENTION AND TREATMENT PERFORMANCE PARTNERSHIP BLOCK GRANT.

(a) ALLOCATION REGARDING ALCOHOL AND OTHER DRUGS.—Section 1922 of the Public Health Service Act (42 U.S.C. 300x–22) is amended by—

(1) striking subsection (a); and

(2) redesignating subsections (b) and (c) as subsections (a) and (b).

(b) GROUP HOMES FOR RECOVERING SUBSTANCE ABUSERS.—Section 1925(a) of the Public Health Service Act (42 U.S.C. 300x–25(a)) is amended by striking ''For fiscal year 1993'' and all that follows through the colon and inserting the following: ''A State, using funds available under section 1921, may establish and maintain the ongoing operation of a revolving fund in accordance with this section to support group homes for recovering substance abusers as follows:''.

(c) MAINTENANCE OF EFFORT.—Section 1930 of the Public Health Service Act (42 U.S.C. 300x–30) is amended—

(1) by redesignating subsections (b) and (c) as subsections (c) and (d) respectively; and

(2) by inserting after subsection (a), the following:

''(b) EXCLUSION OF CERTAIN FUNDS.—The Secretary may exclude from the aggregate State expenditures under subsection (a), funds appropriated to the principle agency for authorized activities which are of a nonrecurring nature and for a specific purpose.''.

(d) APPLICATIONS FOR GRANTS.—Section 1932(a)(1) of the Public Health Service Act (42 U.S.C. 300x–32(a)(1)) is amended to read as follows:

''(1) the application is received by the Secretary not later than October 1 of the fiscal year for which the State is seeking funds;''.

(e) WAIVER FOR TERRITORIES.—Section 1932(c) of the Public Health Service Act (42 U.S.C. 300x–32(c)) is amended by striking ''whose allotment under section 1921 for the fiscal year is the amount specified in section 1933(c)(2)(B)'' and inserting ''except Puerto Rico''.

(f) WAIVER AUTHORITY FOR CERTAIN REQUIREMENTS.—

(1) IN GENERAL.—Section 1932 of the Public Health Service Act (42 U.S.C. 300x–32) is amended by adding at the end the following:

''(e) WAIVER AUTHORITY FOR CERTAIN REQUIREMENTS.—

''(1) IN GENERAL.—Upon the request of a State, the Secretary may waive the requirements of all or part of the sections described in paragraph (2) using objective criteria established by the Secretary by regulation after consultation with the States and other interested parties including consumers and providers.

''(2) SECTIONS.—The sections described in paragraph (1) are sections 1922(c), 1923, 1924 and 1928.

''(3) DATE CERTAIN FOR ACTING UPON REQUEST.—The Secretary shall approve or deny a request for a waiver under paragraph (1) and inform the State of that decision not later than 120 days after the date on which the request and all the information needed to support the request are submitted.

''(4) ANNUAL REPORTING REQUIREMENT.—The Secretary shall annually report to the general public on the States that receive a waiver under this subsection.''.

(2) CONFORMING AMENDMENTS.—Effective upon the publication of the regulations developed in accordance with section 1932(e)(1) of the Public Health Service Act (42 U.S.C. 300x–32(d))—

(A) section 1922(c) of the Public Health Service Act (42 U.S.C. 300x–22(c)) is amended by—

(i) striking paragraph (2); and

(ii) redesignating paragraph (3) as paragraph (2); and

(B) section 1928(d) of the Public Health Service Act (42 U.S.C. 300x–28(d)) is repealed.

(g) AUTHORIZATION OF APPROPRIATION.—Section 1935 of the Public Health Service Act (42 U.S.C. 300x–35) is amended—

(1) in subsection (a), by striking ''$1,500,000,000'' and all that follows through the end and inserting ''$2,000,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003.'';

(2) in subsection (b)(1), by striking ''section 505'' and inserting ''sections 505 and 1971'';

(3) in subsection (b)(2), by striking ''1949(a)'' and inserting ''1948(a)''; and

(4) in subsection (b), by adding at the end the following:

''(3) CORE DATA SET.—A State that receives a new grant, contract, or cooperative agreement from amounts available to the Secretary under paragraph (1), for the purposes of improving the data collection, analysis and reporting capabilities of the State, shall be required, as a condition of receipt of funds, to collect, analyze, and report to the Secretary for each fiscal year subsequent to receiving such funds a core data set to be determined by the Secretary in conjunction with the States.''.

SEC. 3304. DETERMINATION OF ALLOTMENTS.

Section 1933(b) of the Public Health Service Act (42 U.S.C. 300x–33(b)) is amended to read as follows:

''(b) MINIMUM ALLOTMENTS FOR STATES.—

''(1) IN GENERAL.—With respect to fiscal year 2000, and each subsequent fiscal year, the amount of the allotment of a State under section 1921 shall not be less than the amount the State received under such section for the previous fiscal year increased by an amount equal to 30.65 percent of the percentage by which the aggregate amount allotted to all States for such fiscal year exceeds the aggregate amount allotted to all States for the previous fiscal year.

''(2) LIMITATIONS.—

''(A) IN GENERAL.—Except as provided in subparagraph (B), a State shall not receive an allotment under section 1921 for a fiscal year in an amount that is less than an amount equal to 0.375 percent of the amount appropriated under section 1935(a) for such fiscal year.

''(B) EXCEPTION.—In applying subparagraph (A), the Secretary shall ensure that no State receives an increase in its allotment under section 1921 for a fiscal year (as compared to the amount allotted to the State in the prior fiscal year) that is in excess of an amount equal to 300 percent of the percentage by which the amount appropriated under section 1935(a) for such fiscal year exceeds the amount appropriated for the prior fiscal year.

''(3) DECREASE IN OR EQUAL APPROPRIATIONS.—If the amount appropriated under section 1935(a) for a fiscal year is equal to or less than the amount appropriated under such section for the prior fiscal year, the amount of the State allotment under section 1921 shall be equal to the amount that the State received under section 1921 in the prior fiscal year decreased by the percentage by which the amount appropriated for such fiscal year is less than the amount appropriated or such section for the prior fiscal year.''.

SEC. 3305. NONDISCRIMINATION AND INSTITUTIONAL SAFEGUARDS FOR RELIGIOUS PROVIDERS.

Subpart III of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x–51 et seq.) is amended by adding at the end the following:

''SEC. 1955. SERVICES PROVIDED BY NONGOVERNMENTAL ORGANIZATIONS.

''(a) PURPOSES.—The purposes of this section are—

''(1) to prohibit discrimination against nongovernmental organizations and certain individuals on the basis of religion in the distribution of government funds to provide substance abuse services under this title and title V, and the receipt of services under such titles; and

''(2) to allow the organizations to accept the funds to provide the services to the individuals without impairing the religious character of the organizations or the religious freedom of the individuals.

''(b) RELIGIOUS ORGANIZATIONS INCLUDED AS NONGOVERNMENTAL PROVIDERS.—

''(1) IN GENERAL.—A State may administer and provide substance abuse services under any program under this title or title V through grants, contracts, or cooperative agreements to provide assistance to beneficiaries under such titles with nongovernmental organizations.

''(2) REQUIREMENT.—A State that elects to utilize nongovernmental organizations as provided for under paragraph (1) shall consider, on the same basis as other nongovernmental organizations, religious organizations to provide services under substance abuse programs under this title or title V, so long as the programs under such titles are implemented in a manner consistent with the Establishment Clause of the first amendment to the Constitution. Neither the Federal Government nor a State or local government receiving funds under such programs shall discriminate against an organization that provides services under, or applies to provide services under, such programs, on the basis that the organization has a religious character.

''(c) RELIGIOUS CHARACTER AND INDEPENDENCE.—

''(1) IN GENERAL.—A religious organization that provides services under any substance abuse program under this title or title V shall retain its independence from Federal, State, and local governments, including such organization's control over the definition, development, practice, and expression of its religious beliefs.

''(2) ADDITIONAL SAFEGUARDS.—Neither the Federal Government nor a State or local government shall require a religious organization—

''(A) to alter its form of internal governance; or

''(B) to remove religious art, icons, scripture, or other symbols;

in order to be eligible to provide services under any substance abuse program under this title or title V.

''(d) EMPLOYMENT PRACTICES.—

''(1) SUBSTANCE ABUSE.—A religious organization that provides services under any substance abuse program under this title or title V may require that its employees providing services under such program adhere to rules forbidding the use of drugs or alcohol.

''(2) TITLE VII EXEMPTION.—The exemption of a religious organization provided under section 702 or 703(e)(2) of the Civil Rights Act of 1964 (42 U.S.C. 2000e–1, 2000e–2(e)(2)) regarding employment practices shall not be affected by the religious organization's provision of services under, or receipt of funds from, any substance abuse program under this title or title V.

''(e) RIGHTS OF BENEFICIARIES OF ASSISTANCE.—

''(1) IN GENERAL.—If an individual described in paragraph (3) has an objection to the religious character of the organization from which the individual receives, or would receive, services funded under any substance abuse program under this title or title V, the appropriate Federal, State, or local governmental entity shall provide to such individual (if otherwise eligible for such services) within a reasonable period of time after the date of such objection, services that—

''(A) are from an alternative provider that is accessible to the individual; and

''(B) have a value that is not less than the value of the services that the individual would have received from such organization.

''(2) NOTICE.—The appropriate Federal, State, or local governmental entity shall ensure that notice is provided to individuals described in paragraph (3) of the rights of such individuals under this section.

''(3) INDIVIDUAL DESCRIBED.—An individual described in this paragraph is an individual who receives or applies for services under any substance abuse program under this title or title V.

''(f) NONDISCRIMINATION AGAINST BENEFICIARIES.—A religious organization providing services through a grant, contract, or cooperative agreement under any substance abuse program under this title or title V shall not discriminate, in carrying out such program, against an individual described in subsection (e)(3) on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.

''(g) FISCAL ACCOUNTABILITY.—

''(1) IN GENERAL.—Except as provided in paragraph (2), any religious organization providing services under any substance abuse program under this title or title V shall be subject to the same regulations as other nongovernmental organizations to account in accord with generally accepted accounting principles for the use of such funds provided under such program.

''(2) LIMITED AUDIT.—Such organization shall segregate government funds provided under such substance abuse program into a separate account. Only the government funds shall be subject to audit by the government.

''(h) COMPLIANCE.—Any party that seeks to enforce such party's rights under this section may assert a civil action for injunctive relief exclusively in an appropriate Federal or State court against the entity, agency or official that allegedly commits such violation.

''(i) LIMITATIONS ON USE OF FUNDS FOR CERTAIN PURPOSES.—No funds provided through a grant or contract to a religious organization to provide services under any substance abuse program under this title or title V shall be expended for sectarian worship, instruction, or proselytization.

''(j) EFFECT ON STATE AND LOCAL FUNDS.—If a State or local government contributes State or local funds to carry out any substance abuse program under this title or title V, the State or local government may segregate the State or local funds from the Federal funds provided to carry out the program or may commingle the State or local funds with the Federal funds. If the State or local government commingles the State or local funds, the provisions of this section shall apply to the commingled funds in the same manner, and to the same extent, as the provisions apply to the Federal funds.

''(k) TREATMENT OF INTERMEDIATE CONTRACTORS.—If a nongovernmental organization (referred to in this subsection as an 'intermediate organization'), acting under a contract or other agreement with the Federal Government or a State or local government, is given the authority under the contract or agreement to select nongovernmental organizations to provide services under any substance abuse program under this title or title V, the intermediate organization shall have the same duties under this section as the government but shall retain all other rights of a nongovernmental organization under this section.''.

SEC. 3306. ALCOHOL AND DRUG PREVENTION OR TREATMENT SERVICES FOR INDIANS AND NATIVE ALASKANS.

Part A of title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by adding at the end the following:

''SEC. 506A. ALCOHOL AND DRUG PREVENTION OR TREATMENT SERVICES FOR INDIANS AND NATIVE ALASKANS.

''(a) IN GENERAL.—The Secretary shall award grants, contracts, or cooperative agreements to public and private nonprofit entities, including Native Alaskan entities and Indian tribes and tribal organizations, for the purpose of providing alcohol and drug prevention or treatment services for Indians and Native Alaskans.

''(b) PRIORITY.—In awarding grants, contracts, or cooperative agreements under subsection (a), the Secretary shall give priority to applicants that—

''(1) propose to provide alcohol and drug prevention or treatment services on reservations;

''(2) propose to employ culturally-appropriate approaches, as determined by the Secretary, in providing such services; and

''(3) have provided prevention or treatment services to Native Alaskan entities and Indian tribes and tribal organizations for at least 1 year prior to applying for a grant under this section.

''(c) DURATION.—The Secretary shall award grants, contracts, or cooperative agreements under subsection (a) for a period not to exceed 5 years.

''(d) APPLICATION.—An entity desiring a grant, contract, or cooperative agreement under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may reasonably require.

''(e) EVALUATION.—An entity that receives a grant, contract, or cooperative agreement under subsection (a) shall submit, in the application for such grant, a plan for the evaluation of any project undertaken with funds provided under this section. Such entity shall provide the Secretary with periodic evaluations of the progress of such project and such evaluation at the completion of such project as the Secretary determines to be appropriate. The final evaluation submitted by such entity shall include a recommendation as to whether such project shall continue.

''(f) REPORT.—Not later than 3 years after the date of enactment of this section and annually thereafter, the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate, a report describing the services provided pursuant to this section.

''(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, $15,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 and 2003.

SEC. 3307. ESTABLISHMENT OF COMMISSION.

(a) IN GENERAL.—There is established a commission to be known as the Commission on Indian and Native Alaskan Health Care that shall examine the health concerns of Indians and Native Alaskans who reside on reservations and tribal lands (hereafter in this section referred to as the 'Commission').

(b) MEMBERSHIP.—

(1) IN GENERAL.—The Commission established under subsection (a) shall consist of—

(A) the Secretary;

(B) 15 members who are experts in the health care field and issues that the Commission is established to examine; and

(C) the Director of the Indian Health Service and the Commissioner of Indian Affairs, who shall be nonvoting members.

(2) APPOINTING AUTHORITY.—Of the 15 members of the Commission described in paragraph (1)(B)—

(A) 2 shall be appointed by the Speaker of the House of Representatives;

(B) 2 shall be appointed by the Minority Leader of the House of Representatives;

(C) 2 shall be appointed by the Majority Leader of the Senate;

(D) 2 shall be appointed by the Minority Leader of the Senate; and

(E) 7 shall be appointed by the Secretary.

(3) LIMITATION.—Not fewer than 10 of the members appointed to the Commission shall be Indians or Native Alaskans.

(4) CHAIRPERSON.—The Secretary shall serve as the Chairperson of the Commission.

(5) EXPERTS.—The Commission may seek the expertise of any expert in the health care field to carry out its duties.

(c) PERIOD OF APPOINTMENT.—Members shall be appointed for the life of the Commission. Any vacancy in the Commission shall not affect its powers, but shall be filed in the same manner as the original appointment.

(d) DUTIES OF THE COMMISSION.—The Commission shall—

(1) study the health concerns of Indians and Native Alaskans; and

(2) prepare the reports described in subsection (i).

(e) POWERS OF THE COMMISSION.—

(1) HEARINGS.—The Commission may hold such hearings, including hearings on reservations, sit and act at such times and places, take such testimony, and receive such information as the Commission considers advisable to carry out the purpose for which the Commission was established.

(2) INFORMATION FROM FEDERAL AGENCIES.—The Commission may secure directly from any Federal department or agency such information as the Commission considers necessary to carry out the purpose for which the Commission was established. Upon request of the Chairperson of the Commission, the head of such department or agency shall furnish such information to the Commission.

(f) COMPENSATION OF MEMBERS.—

(1) IN GENERAL.—Except as provided in subparagraph (B), each member of the Commission may be compensated at a rate not to exceed the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time), during which that member is engaged in the actual performance of the duties of the Commission.

(2) LIMITATION.—Members of the Commission who are officers or employees of the United States shall receive no additional pay on account of their service on the Commission.

(g) TRAVEL EXPENSES OF MEMBERS.—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under section 5703 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

(h) COMMISSION PERSONNEL MATTERS.—

(1) IN GENERAL.—The Secretary, in accordance with rules established by the Commission, may select and appoint a staff director and other personnel necessary to enable the Commission to carry out its duties.

(2) COMPENSATION OF PERSONNEL.—The Secretary, in accordance with rules established by the Commission, may set the amount of compensation to be paid to the staff director and any other personnel that serve the Commission.

(3) DETAIL OF GOVERNMENT EMPLOYEES.—Any Federal Government employee may be detailed to the Commission without reimbursement, and the detail shall be without interruption or loss of civil service status or privilege.

(4) CONSULTANT SERVICES.—The Chairperson of the Commission is authorized to procure the temporary and intermittent services of experts and consultants in accordance with section 3109 of title 5, United States Code, at rates not to exceed the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of such title.

(i) REPORT.—

(1) IN GENERAL.—Not later than 3 years after the date of enactment of the Youth Drug and Mental Health Services Act, the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate, a report that shall—

(A) detail the health problems faced by Indians and Native Alaskans who reside on reservations;

(B) examine and explain the causes of such problems;

(C) describe the health care services available to Indians and Native Alaskans who reside on reservations and the adequacy of such services;

(D) identify the reasons for the provision of inadequate health care services for Indians and Native Alaskans who reside on reservations, including the availability of resources;

(E) develop measures for tracking the health status of Indians and Native Americans who reside on reservations; and

(F) make recommendations for improvements in the health care services provided for Indians and Native Alaskans who reside on reservations, including recommendations for legislative change.

(2) EXCEPTION.—In addition to the report required under paragraph (1), not later than 2 years after the date of enactment of the Youth Drug and Mental Health Services Act, the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate, a report that describes any alcohol and drug abuse among Indians and Native Alaskans who reside on reservations.

(j) PERMANENT COMMISSION.—Section 14 of the Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Commission.

(k) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $5,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 and 2003.

TITLE XXXIV—PROVISIONS RELATING TO FLEXIBILITY AND ACCOUNTABILITY

SEC. 3401. GENERAL AUTHORITIES AND PEER REVIEW.

(a) GENERAL AUTHORITIES.—Paragraph (1) of section 501(e) of the Public Health Service Act (42 U.S.C. 290aa(e)) is amended to read as follows:

''(1) IN GENERAL.—There may be in the Administration an Associate Administrator for Alcohol Prevention and Treatment Policy to whom the Administrator may delegate the functions of promoting, monitoring, and evaluating service programs for the prevention and treatment of alcoholism and alcohol

abuse within the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment and the Center for Mental Health Services, and coordinating such programs among the Centers, and among the Centers and other public and private entities. The Associate Administrator also may ensure that alcohol prevention, education, and policy strategies are integrated into all programs of the Centers that address substance abuse prevention, education, and policy, and that the Center for Substance Abuse Prevention addresses the Healthy People 2010 goals and the National Dietary Guidelines of the Department of Health and Human Services and the Department of Agriculture related to alcohol consumption.''.

(b) PEER REVIEW.—Section 504 of the Public Health Service (42 U.S.C. 290aa–3) is amended as follows:

''SEC. 504. PEER REVIEW.

''(a) IN GENERAL.—The Secretary, after consultation with the Administrator, shall require appropriate peer review of grants, cooperative agreements, and contracts to be administered through the agency which exceed the simple acquisition threshold as defined in section 4(11) of the Office of Federal Procurement Policy Act.

''(b) MEMBERS.—The members of any peer review group established under subsection (a) shall be individuals who by virtue of their training or experience are eminently qualified to perform the review functions of the group. Not more than ¼ of the members of any such peer review group shall be officers or employees of the United States.

''(c) ADVISORY COUNCIL REVIEW.—If the direct cost of a grant or cooperative agreement (described in subsection (a)) exceeds the simple acquisition threshold as defined by section 4(11) of the Office of Federal Procurement Policy Act, the Secretary may make such a grant or cooperative agreement only if such grant or cooperative agreement is recommended—

''(1) after peer review required under subsection (a); and

''(2) by the appropriate advisory council.

''(d) CONDITIONS.—The Secretary may establish limited exceptions to the limitations contained in this section regarding participation of Federal employees and advisory council approval. The circumstances under which the Secretary may make such an exception shall be made public.''.

SEC. 3402. ADVISORY COUNCILS.

Section 502(e) of the Public Health Service Act (42 U.S.C. 290aa–1(e)) is amended in the first sentence by striking ''3 times'' and inserting ''2 times''.

SEC. 3403. GENERAL PROVISIONS FOR THE PERFORMANCE PARTNERSHIP BLOCK GRANTS.

(a) PLANS FOR PERFORMANCE PARTNERSHIPS.—Section 1949 of the Public Health Service Act (42 U.S.C. 300x–59) is amended as follows:

''SEC. 1949. PLANS FOR PERFORMANCE PARTNERSHIPS.

''(a) DEVELOPMENT.—The Secretary in conjunction with States and other interested groups shall develop separate plans for the programs authorized under subparts I and II for creating more flexibility for States and accountability based on outcome and other performance measures. The plans shall each include—

''(1) a description of the flexibility that would be given to the States under the plan;

''(2) the common set of performance measures that would be used for accountability, including measures that would be used for the program under subpart II for pregnant addicts, HIV transmission, tuberculosis, and those with a co-occurring substance abuse and mental disorders, and for programs under subpart I for children with serious emotional disturbance and adults with serious mental illness and for individuals with co-occurring mental health and substance abuse disorders;

''(3) the definitions for the data elements to be used under the plan;

''(4) the obstacles to implementation of the plan and the manner in which such obstacles would be resolved;

''(5) the resources needed to implement the performance partnerships under the plan; and

''(6) an implementation strategy complete with recommendations for any necessary legislation.

''(b) SUBMISSION.—Not later than 2 years after the date of enactment of this Act, the plans developed under subsection (a) shall be submitted to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives.

''(c) INFORMATION.—As the elements of the plans described in subsection (a) are developed, States are encouraged to provide information to the Secretary on a voluntary basis.

''(d) PARTICIPANTS.—The Secretary shall include among those interested groups that participate in the development of the plan consumers of mental health or substance abuse services, providers, representatives of political divisions of States, and representatives of racial and ethnic groups including Native Americans.''.

(b) AVAILABILITY TO STATES OF GRANT PROGRAMS.—Section 1952 of the Public Health Service Act (42 U.S.C. 300x–62) is amended as follows:

''SEC. 1952. AVAILABILITY TO STATES OF GRANT PAYMENTS.

''Any amounts paid to a State for a fiscal year under section 1911 or 1921 shall be available for obligation and expenditure until the end of the fiscal year following the fiscal year for which the amounts were paid.''.

SEC. 3404. DATA INFRASTRUCTURE PROJECTS.

Part C of title XIX of the Public Health Service Act (42 U.S.C. 300y et seq.) is amended—

(1) by striking the headings for part C and subpart I and inserting the following:

''PART C—CERTAIN PROGRAMS REGARDING MENTAL HEALTH AND SUBSTANCE ABUSE

''Subpart I—Data Infrastructure Development'';

(2) by striking section 1971 (42 U.S.C. 300y) and inserting the following:

''SEC. 1971. DATA INFRASTRUCTURE DEVELOPMENT.

''(a) IN GENERAL.—The Secretary may make grants to, and enter into contracts or cooperative agreements with States for the purpose of developing and operating mental health or substance abuse data collection, analysis, and reporting systems with regard to performance measures including capacity, process, and outcomes measures.

''(b) PROJECTS.—The Secretary shall establish criteria to ensure that services will be available under this section to States that have a fundamental basis for the collection, analysis, and reporting of mental health and substance abuse performance measures and States that do not have such basis. The Secretary will establish criteria for determining whether a State has a fundamental basis for the collection, analysis, and reporting of data.

''(c) CONDITION OF RECEIPT OF FUNDS.—As a condition of the receipt of an award under this section a State shall agree to collect, analyze, and report to the Secretary within 2 years of the date of the award on a core set of performance measures to be determined by the Secretary in conjunction with the States.

''(d) MATCHING REQUIREMENT.—

''(1) IN GENERAL.—With respect to the costs of the program to be carried out under subsection (a) by a State, the Secretary may make an award under such subsection only if the applicant agrees to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 50 percent of such costs.

''(2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions under paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. 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 contributions.

''(e) DURATION OF SUPPORT.—The period during which payments may be made for a project under subsection (a) may be not less than 3 years nor more than 5 years.

''(f) AUTHORIZATION OF APPROPRIATION.—

''(1) IN GENERAL.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001, 2002 and 2003.

''(2) ALLOCATION.—Of the amounts appropriated under paragraph (1) for a fiscal year, 50 percent shall be expended to support data infrastructure development for mental health and 50 percent shall be expended to support data infrastructure development for substance abuse.''.

SEC. 3405. REPEAL OF OBSOLETE ADDICT REFERRAL PROVISIONS.

(a) REPEAL OF OBSOLETE PUBLIC HEALTH SERVICE ACT AUTHORITIES.—Part E of title III (42 U.S.C. 257 et seq.) is repealed.

(b) REPEAL OF OBSOLETE NARA AUTHORITIES.—Titles III and IV of the Narcotic Addict Rehabilitation Act of 1966 (Public Law 89–793) are repealed.

(c) REPEAL OF OBSOLETE TITLE 28 AUTHORITIES.—

(1) IN GENERAL.—Chapter 175 of title 28, United States Code, is repealed.

(2) TABLE OF CONTENTS.—The table of contents to part VI of title 28, United States Code, is amended by striking the items relating to chapter 175.

SEC. 3406. INDIVIDUALS WITH CO-OCCURRING DISORDERS.

The Public Health Service Act is amended by inserting after section 503 (42 U.S.C. 290aa–2) the following:

''SEC. 503A. REPORT ON INDIVIDUALS WITH CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE ABUSE DISORDERS.

''(a) IN GENERAL.—Not later than 2 years after the date of enactment of this section, the Secretary shall, after consultation with organizations representing States, mental health and substance abuse treatment providers, prevention specialists, individuals receiving treatment services, and family members of such individuals, prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives, a report on prevention and treatment services for individuals who have co-occurring mental illness and substance abuse disorders.

''(b) REPORT CONTENT.—The report under subsection (a) shall be based on data collected from existing Federal and State surveys regarding the treatment of co-occurring mental illness and substance abuse disorders and shall include—

''(1) a summary of the manner in which individuals with co-occurring disorders are receiving treatment, including the most up-to-

date information available regarding the number of children and adults with co-occurring mental illness and substance abuse disorders and the manner in which funds provided under sections 1911 and 1921 are being utilized, including the number of such children and adults served with such funds;

''(2) a summary of improvements necessary to ensure that individuals with co-occurring mental illness and substance abuse disorders receive the services they need;

''(3) a summary of practices for preventing substance abuse among individuals who have a mental illness and are at risk of having or acquiring a substance abuse disorder; and

''(4) a summary of evidenced-based practices for treating individuals with co-occurring mental illness and substance abuse disorders and recommendations for implementing such practices.

''(c) FUNDS FOR REPORT.—The Secretary may obligate funds to carry out this section with such appropriations as are available.''.

SEC. 3407. SERVICES FOR INDIVIDUALS WITH CO-OCCURRING DISORDERS.

Subpart III of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x–51 et seq.) (as amended by section 3305) is further amended by adding at the end the following:

''SEC. 1956. SERVICES FOR INDIVIDUALS WITH CO-OCCURRING DISORDERS.

''States may use funds available for treatment under sections 1911 and 1921 to treat persons with co-occurring substance abuse and mental disorders as long as funds available under such sections are used for the purposes for which they were authorized by law and can be tracked for accounting purposes.''.

TITLE XXXV—WAIVER AUTHORITY FOR PHYSICIANS WHO DISPENSE OR PRESCRIBE CERTAIN NARCOTIC DRUGS FOR MAINTENANCE TREATMENT OR DETOXIFICATION TREATMENT

SEC. 3501. SHORT TITLE.

This title may be cited as the ''Drug Addiction Treatment Act of 2000''.

SEC. 3502. AMENDMENT TO CONTROLLED SUBSTANCES ACT.

(a) IN GENERAL.—Section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) is amended—

(1) in paragraph (2), by striking ''(A) security'' and inserting ''(i) security'', and by striking ''(B) the maintenance'' and inserting ''(ii) the maintenance'';

(2) by redesignating paragraphs (1) through (3) as subparagraphs (A) through (C), respectively;

(3) by inserting ''(1)'' after ''(g)'';

(4) by striking ''Practitioners who dispense'' and inserting ''Except as provided in paragraph (2), practitioners who dispense''; and

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

''(2)(A) Subject to subparagraphs (D) and (J), the requirements of paragraph (1) are waived in the case of the dispensing (including the prescribing), by a practitioner, of narcotic drugs in schedule III, IV, or V or combinations of such drugs if the practitioner meets the conditions specified in subparagraph (B) and the narcotic drugs or combinations of such drugs meet the conditions specified in subparagraph (C).

''(B) For purposes of subparagraph (A), the conditions specified in this subparagraph with respect to a practitioner are that, before the initial dispensing of narcotic drugs in schedule III, IV, or V or combinations of such drugs to patients for maintenance or detoxification treatment, the practitioner submit to the Secretary a notification of the intent of the practitioner to begin dispensing the drugs or combinations for such purpose, and that the notification contain the following certifications by the practitioner:

''(i) The practitioner is a qualifying physician (as defined in subparagraph (G)).

''(ii) With respect to patients to whom the practitioner will provide such drugs or combinations of drugs, the practitioner has the capacity to refer the patients for appropriate counseling and other appropriate ancillary services.

''(iii) In any case in which the practitioner is not in a group practice, the total number of such patients of the practitioner at any one time will not exceed the applicable number. For purposes of this clause, the applicable number is 30, except that the Secretary may by regulation change such total number.

''(iv) In any case in which the practitioner is in a group practice, the total number of such patients of the group practice at any one time will not exceed the applicable number. For purposes of this clause, the applicable number is 30, except that the Secretary may by regulation change such total number, and the Secretary for such purposes may by regulation establish different categories on the basis of the number of practitioners in a group practice and establish for the various categories different numerical limitations on the number of such patients that the group practice may have.

''(C) For purposes of subparagraph (A), the conditions specified in this subparagraph with respect to narcotic drugs in schedule III, IV, or V or combinations of such drugs are as follows:

''(i) The drugs or combinations of drugs have, under the Federal Food, Drug, and Cosmetic Act or section 351 of the Public Health Service Act, been approved for use in maintenance or detoxification treatment.

''(ii) The drugs or combinations of drugs have not been the subject of an adverse determination. For purposes of this clause, an adverse determination is a determination published in the Federal Register and made by the Secretary, after consultation with the Attorney General, that the use of the drugs or combinations of drugs for maintenance or detoxification treatment requires additional standards respecting the qualifications of practitioners to provide such treatment, or requires standards respecting the quantities of the drugs that may be provided for unsupervised use.

''(D)(i) A waiver under subparagraph (A) with respect to a practitioner is not in effect unless (in addition to conditions under subparagraphs (B) and (C)) the following conditions are met:

''(I) The notification under subparagraph (B) is in writing and states the name of the practitioner.

''(II) The notification identifies the registration issued for the practitioner pursuant to subsection (f).

''(III) If the practitioner is a member of a group practice, the notification states the names of the other practitioners in the practice and identifies the registrations issued for the other practitioners pursuant to subsection (f).

''(ii) Upon receiving a notification under subparagraph (B), the Attorney General shall assign the practitioner involved an identification number under this paragraph for inclusion with the registration issued for the practitioner pursuant to subsection (f). The identification number so assigned shall be appropriate to preserve the confidentiality of patients for whom the practitioner has dispensed narcotic drugs under a waiver under subparagraph (A).

''(iii) Not later than 45 days after the date on which the Secretary receives a notification under subparagraph (B), the Secretary shall make a determination of whether the practitioner involved meets all requirements for a waiver under subparagraph (B). If the Secretary fails to make such determination by the end of the such 45-day period, the Attorney General shall assign the physician an identification number described in clause (ii) at the end of such period.

''(E)(i) If a practitioner is not registered under paragraph (1) and, in violation of the conditions specified in subparagraphs (B) through (D), dispenses narcotic drugs in schedule III, IV, or V or combinations of such drugs for maintenance treatment or detoxification treatment, the Attorney General may, for purposes of section 304(a)(4), consider the practitioner to have committed an act that renders the registration of the practitioner pursuant to subsection (f) to be inconsistent with the public interest.

''(ii)(I) Upon the expiration of 45 days from the date on which the Secretary receives a notification under subparagraph (B), a practitioner who in good faith submits a notification under subparagraph (B) and reasonably believes that the conditions specified in subparagraphs (B) through (D) have been met shall, in dispensing narcotic drugs in schedule III, IV, or V or combinations of such drugs for maintenance treatment or detoxification treatment, be considered to have a waiver under subparagraph (A) until notified otherwise by the Secretary, except that such a practitioner may commence to prescribe or dispense such narcotic drugs for such purposes prior to the expiration of such 45-day period if it facilitates the treatment of an individual patient and both the Secretary and the Attorney General are notified by the practitioner of the intent to commence prescribing or dispensing such narcotic drugs.

''(II) For purposes of subclause (I), the publication in the Federal Register of an adverse determination by the Secretary pursuant to subparagraph (C)(ii) shall (with respect to the narcotic drug or combination involved) be considered to be a notification provided by the Secretary to practitioners, effective upon the expiration of the 30-day period beginning on the date on which the adverse determination is so published.

''(F)(i) With respect to the dispensing of narcotic drugs in schedule III, IV, or V or combinations of such drugs to patients for maintenance or detoxification treatment, a practitioner may, in his or her discretion, dispense such drugs or combinations for such treatment under a registration under paragraph (1) or a waiver under subparagraph (A) (subject to meeting the applicable conditions).

''(ii) This paragraph may not be construed as having any legal effect on the conditions for obtaining a registration under paragraph (1), including with respect to the number of patients who may be served under such a registration.

''(G) For purposes of this paragraph:

''(i) The term 'group practice' has the meaning given such term in section 1877(h)(4) of the Social Security Act.

''(ii) The term 'qualifying physician' means a physician who is licensed under State law and who meets one or more of the following conditions:

''(I) The physician holds a subspecialty board certification in addiction psychiatry from the American Board of Medical Specialties.

''(II) The physician holds an addiction certification from the American Society of Addiction Medicine.

''(III) The physician holds a subspecialty board certification in addiction medicine from the American Osteopathic Association.

''(IV) The physician has, with respect to the treatment and management of opiate-dependent patients, completed not less than eight hours of training (through classroom

situations, seminars at professional society meetings, electronic communications, or otherwise) that is provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, or any other organization that the Secretary determines is appropriate for purposes of this subclause.

''(V) The physician has participated as an investigator in one or more clinical trials leading to the approval of a narcotic drug in schedule III, IV, or V for maintenance or detoxification treatment, as demonstrated by a statement submitted to the Secretary by the sponsor of such approved drug.

''(VI) The physician has such other training or experience as the State medical licensing board (of the State in which the physician will provide maintenance or detoxification treatment) considers to demonstrate the ability of the physician to treat and manage opiate-dependent patients.

''(VII) The physician has such other training or experience as the Secretary considers to demonstrate the ability of the physician to treat and manage opiate-dependent patients. Any criteria of the Secretary under this subclause shall be established by regulation. Any such criteria are effective only for 3 years after the date on which the criteria are promulgated, but may be extended for such additional discrete 3-year periods as the Secretary considers appropriate for purposes of this subclause. Such an extension of criteria may only be effectuated through a statement published in the Federal Register by the Secretary during the 30-day period preceding the end of the 3-year period involved.

''(H)(i) In consultation with the Administrator of the Drug Enforcement Administration, the Administrator of the Substance Abuse and Mental Health Services Administration, the Director of the National Institute on Drug Abuse, and the Commissioner of Food and Drugs, the Secretary shall issue regulations (through notice and comment rulemaking) or issue practice guidelines to address the following:

''(I) Approval of additional credentialing bodies and the responsibilities of additional credentialing bodies.

''(II) Additional exemptions from the requirements of this paragraph and any regulations under this paragraph.

Nothing in such regulations or practice guidelines may authorize any Federal official or employee to exercise supervision or control over the practice of medicine or the manner in which medical services are provided.

''(ii) Not later than 120 days after the date of the enactment of the Drug Addiction Treatment Act of 2000, the Secretary shall issue a treatment improvement protocol containing best practice guidelines for the treatment and maintenance of opiate-dependent patients. The Secretary shall develop the protocol in consultation with the Director of the National Institute on Drug Abuse, the Administrator of the Drug Enforcement Administration, the Commissioner of Food and Drugs, the Administrator of the Substance Abuse and Mental Health Services Administration and other substance abuse disorder professionals. The protocol shall be guided by science.

''(I) During the 3-year period beginning on the date of the enactment of the Drug Addiction Treatment Act of 2000, a State may not preclude a practitioner from dispensing or prescribing drugs in schedule III, IV, or V, or combinations of such drugs, to patients for maintenance or detoxification treatment in accordance with this paragraph unless, before the expiration of that 3-year period, the State enacts a law prohibiting a practitioner from dispensing such drugs or combinations of drug.

''(J)(i) This paragraph takes effect on the date of the enactment of the Drug Addiction Treatment Act of 2000, and remains in effect thereafter except as provided in clause (iii) (relating to a decision by the Secretary or the Attorney General that this paragraph should not remain in effect).

''(ii) For purposes relating to clause (iii), the Secretary and the Attorney General may, during the 3-year period beginning on the date of the enactment of the Drug Addiction Treatment Act of 2000, make determinations in accordance with the following:

''(I) The Secretary may make a determination of whether treatments provided under waivers under subparagraph (A) have been effective forms of maintenance treatment and detoxification treatment in clinical settings; may make a determination of whether such waivers have significantly increased (relative to the beginning of such period) the availability of maintenance treatment and detoxification treatment; and may make a determination of whether such waivers have adverse consequences for the public health.

''(II) The Attorney General may make a determination of the extent to which there have been violations of the numerical limitations established under subparagraph (B) for the number of individuals to whom a practitioner may provide treatment; may make a determination of whether waivers under subparagraph (A) have increased (relative to the beginning of such period) the extent to which narcotic drugs in schedule III, IV, or V or combinations of such drugs are being dispensed or possessed in violation of this Act; and may make a determination of whether such waivers have adverse consequences for the public health.

''(iii) If, before the expiration of the period specified in clause (ii), the Secretary or the Attorney General publishes in the Federal Register a decision, made on the basis of determinations under such clause, that this paragraph should not remain in effect, this paragraph ceases to be in effect 60 days after the date on which the decision is so published. The Secretary shall in making any such decision consult with the Attorney General, and shall in publishing the decision in the Federal Register include any comments received from the Attorney General for inclusion in the publication. The Attorney General shall in making any such decision consult with the Secretary, and shall in publishing the decision in the Federal Register include any comments received from the Secretary for inclusion in the publication.''.

(b) CONFORMING AMENDMENTS.—Section 304 of the Controlled Substances Act (21 U.S.C. 824) is amended—

(1) in subsection (a), in the matter after and below paragraph (5), by striking ''section 303(g)'' each place such term appears and inserting ''section 303(g)(1)''; and

(2) in subsection (d), by striking ''section 303(g)'' and inserting ''section 303(g)(1)''.

(c) ADDITIONAL AUTHORIZATION OF APPROPRIATIONS.—For the purpose of assisting the Secretary of Health and Human Services with the additional duties established for the Secretary pursuant to the amendments made by this section, there are authorized to be appropriated, in addition to other authorizations of appropriations that are available for such purpose, such sums as may be necessary for each of fiscal years 2001 through 2003.

TITLE XXXVI—METHAMPHETAMINE AND OTHER CONTROLLED SUBSTANCES

SEC. 3601. SHORT TITLE.

This title may be cited as the ''Methamphetamine Anti-Proliferation Act of 2000''.

Subtitle A—Methamphetamine Production, Trafficking, and Abuse

PART I—CRIMINAL PENALTIES

SEC. 3611. ENHANCED PUNISHMENT OF AMPHETAMINE LABORATORY OPERATORS.

(a) AMENDMENT TO FEDERAL SENTENCING GUIDELINES.—Pursuant to its authority under section 994(p) of title 28, United States Code, the United States Sentencing Commission shall amend the Federal sentencing guidelines in accordance with this section with respect to any offense relating to the manufacture, importation, exportation, or trafficking in amphetamine (including an attempt or conspiracy to do any of the foregoing) in violation of—

(1) the Controlled Substances Act (21 U.S.C. 801 et seq.);

(2) the Controlled Substances Import and Export Act (21 U.S.C. 951 et seq.); or

(3) the Maritime Drug Law Enforcement Act (46 U.S.C. App. 1901 et seq.).

(b) GENERAL REQUIREMENT.—In carrying out this section, the United States Sentencing Commission shall, with respect to each offense described in subsection (a) relating to amphetamine—

(1) review and amend its guidelines to provide for increased penalties such that those penalties are comparable to the base offense level for methamphetamine; and

(2) take any other action the Commission considers necessary to carry out this subsection.

(c) ADDITIONAL REQUIREMENTS.—In carrying out this section, the United States Sentencing Commission shall ensure that the sentencing guidelines for offenders convicted of offenses described in subsection (a) reflect the heinous nature of such offenses, the need for aggressive law enforcement action to fight such offenses, and the extreme dangers associated with unlawful activity involving amphetamines, including—

(1) the rapidly growing incidence of amphetamine abuse and the threat to public safety that such abuse poses;

(2) the high risk of amphetamine addiction;

(3) the increased risk of violence associated with amphetamine trafficking and abuse; and

(4) the recent increase in the illegal importation of amphetamine and precursor chemicals.

(d) EMERGENCY AUTHORITY TO SENTENCING COMMISSION.—The United States Sentencing Commission shall promulgate amendments pursuant to this section as soon as practicable after the date of enactment of this Act in accordance with the procedure set forth in section 21(a) of the Sentencing Act of 1987 (Public Law 100–182), as though the authority under that Act had not expired.

SEC. 3612. ENHANCED PUNISHMENT OF AMPHETAMINE OR METHAMPHETAMINE LABORATORY OPERATORS.

(a) FEDERAL SENTENCING GUIDELINES.—

(1) IN GENERAL.—Pursuant to its authority under section 994(p) of title 28, United States Code, the United States Sentencing Commission shall amend the Federal sentencing guidelines in accordance with paragraph (2) with respect to any offense relating to the manufacture, attempt to manufacture, or conspiracy to manufacture amphetamine or methamphetamine in violation of—

(A) the Controlled Substances Act (21 U.S.C. 801 et seq.);

(B) the Controlled Substances Import and Export Act (21 U.S.C. 951 et seq.); or

(C) the Maritime Drug Law Enforcement Act (46 U.S.C. App. 1901 et seq.).

(2) REQUIREMENTS.—In carrying out this paragraph, the United States Sentencing Commission shall—

(A) if the offense created a substantial risk of harm to human life (other than a life described in subparagraph (B)) or the environment, increase the base offense level for the offense—

(i) by not less than 3 offense levels above the applicable level in effect on the date of enactment of this Act; or

(ii) if the resulting base offense level after an increase under clause (i) would be less than level 27, to not less than level 27; or

(B) if the offense created a substantial risk of harm to the life of a minor or incompetent, increase the base offense level for the offense—

(i) by not less than 6 offense levels above the applicable level in effect on the date of enactment of this Act; or

(ii) if the resulting base offense level after an increase under clause (i) would be less than level 30, to not less than level 30.

(3) EMERGENCY AUTHORITY TO SENTENCING COMMISSION.—The United States Sentencing Commission shall promulgate amendments pursuant to this subsection as soon as practicable after the date of enactment of this Act in accordance with the procedure set forth in section 21(a) of the Sentencing Act of 1987 (Public Law 100–182), as though the authority under that Act had not expired.

(b) EFFECTIVE DATE.—The amendments made pursuant to this section shall apply with respect to any offense occurring on or after the date that is 60 days after the date of enactment of this Act.

SEC. 3613. MANDATORY RESTITUTION FOR VIOLATIONS OF CONTROLLED SUBSTANCES ACT AND CONTROLLED SUBSTANCES IMPORT AND EXPORT ACT RELATING TO AMPHETAMINE AND METHAMPHETAMINE.

(a) MANDATORY RESTITUTION.—Section 413(q) of the Controlled Substances Act (21 U.S.C. 853(q)) is amended—

(1) in the matter preceding paragraph (1), by striking ''may'' and inserting ''shall'';

(2) by inserting ''amphetamine or'' before ''methamphetamine'' each place it appears;

(3) in paragraph (2)—

(A) by inserting '', the State or local government concerned, or both the United States and the State or local government concerned'' after ''United States'' the first place it appears; and

(B) by inserting ''or the State or local government concerned, as the case may be,'' after ''United States'' the second place it appears; and

(4) in paragraph (3), by striking ''section 3663 of title 18, United States Code'' and inserting ''section 3663A of title 18, United States Code''.

(b) DEPOSIT OF AMOUNTS IN DEPARTMENT OF JUSTICE ASSETS FORFEITURE FUND.—Section 524(c)(4) of title 28, United States Code, is amended—

(1) by striking ''and'' at the end of subparagraph (B);

(2) by striking the period at the end of subparagraph (C) and inserting ''; and''; and

(3) by adding at the end the following:

''(D) all amounts collected—

''(i) by the United States pursuant to a reimbursement order under paragraph (2) of section 413(q) of the Controlled Substances Act (21 U.S.C. 853(q)); and

''(ii) pursuant to a restitution order under paragraph (1) or (3) of section 413(q) of the Controlled Substances Act for injuries to the United States.''.

(c) CLARIFICATION OF CERTAIN ORDERS OF RESTITUTION.—Section 3663(c)(2)(B) of title 18, United States Code, is amended by inserting ''which may be'' after ''the fine''.

(d) EXPANSION OF APPLICABILITY OF MANDATORY RESTITUTION.—Section 3663A(c)(1)(A)(ii) of title 18, United States Code, is amended by inserting ''or under section 416(a) of the Controlled Substances Act (21 U.S.C. 856(a)),'' after ''under this title,''.

(e) TREATMENT OF ILLICIT SUBSTANCE MANUFACTURING OPERATIONS AS CRIMES AGAINST PROPERTY.—Section 416 of the Controlled Substances Act (21 U.S.C. 856) is amended by adding at the end the following new subsection:

''(c) A violation of subsection (a) shall be considered an offense against property for purposes of section 3663A(c)(1)(A)(ii) of title 18, United States Code.''.

SEC. 3614. METHAMPHETAMINE PARAPHERNALIA.

Section 422(d) of the Controlled Substances Act (21 U.S.C. 863(d)) is amended in the matter preceding paragraph (1) by inserting ''methamphetamine,'' after ''PCP,''.

PART II—ENHANCED LAW ENFORCEMENT

SEC. 3621. ENVIRONMENTAL HAZARDS ASSOCIATED WITH ILLEGAL MANUFACTURE OF AMPHETAMINE AND METHAMPHETAMINE.

(a) USE OF AMOUNTS OR DEPARTMENT OF JUSTICE ASSETS FORFEITURE FUND.—Section 524(c)(1)(E) of title 28, United States Code, is amended—

(1) by inserting ''(i) for'' before ''disbursements'';

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

(3) by adding at the end the following:

''(ii) for payment for—

''(I) costs incurred by or on behalf of the Department of Justice in connection with the removal, for purposes of Federal forfeiture and disposition, of any hazardous substance or pollutant or contaminant associated with the illegal manufacture of amphetamine or methamphetamine; and

''(II) costs incurred by or on behalf of a State or local government in connection with such removal in any case in which such State or local government has assisted in a Federal prosecution relating to amphetamine or methamphetamine, to the extent such costs exceed equitable sharing payments made to such State or local government in such case;''.

(b) GRANTS UNDER DRUG CONTROL AND SYSTEM IMPROVEMENT GRANT PROGRAM.—Section 501(b)(3) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3751(b)(3)) is amended by inserting before the semicolon the following: ''and to remove any hazardous substance or pollutant or contaminant associated with the illegal manufacture of amphetamine or methamphetamine''.

(c) AMOUNTS SUPPLEMENT AND NOT SUPPLANT.—

(1) ASSETS FORFEITURE FUND.—Any amounts made available from the Department of Justice Assets Forfeiture Fund in a fiscal year by reason of the amendment made by subsection (a) shall supplement, and not supplant, any other amounts made available to the Department of Justice in such fiscal year from other sources for payment of costs described in section 524(c)(1)(E)(ii) of title 28, United States Code, as so amended.

(2) GRANT PROGRAM.—Any amounts made available in a fiscal year under the grant program under section 501(b)(3) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3751(b)(3)) for the removal of hazardous substances or pollutants or contaminants associated with the illegal manufacture of amphetamine or methamphetamine by reason of the amendment made by subsection (b) shall supplement, and not supplant, any other amounts made available in such fiscal year from other sources for such removal.

SEC. 3622. REDUCTION IN RETAIL SALES TRANSACTION THRESHOLD FOR NON-SAFE HARBOR PRODUCTS CONTAINING PSEUDOEPHEDRINE OR PHENYLPROPANOLAMINE.

(a) REDUCTION IN TRANSACTION THRESHOLD.—Section 102(39)(A)(iv)(II) of the Controlled Substances Act (21 U.S.C. 802(39)(A)(iv)(II)) is amended—

(1) by striking ''24 grams'' both places it appears and inserting ''9 grams''; and

(2) by inserting before the semicolon at the end the following: ''and sold in package sizes of not more than 3 grams of pseudoephedrine base or 3 grams of phenylpropanolamine base''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect 1 year after the date of enactment of this Act.

SEC. 3623. TRAINING FOR DRUG ENFORCEMENT ADMINISTRATION AND STATE AND LOCAL LAW ENFORCEMENT PERSONNEL RELATING TO CLANDESTINE LABORATORIES.

(a) IN GENERAL.—

(1) REQUIREMENT.—The Administrator of the Drug Enforcement Administration shall carry out the programs described in subsection (b) with respect to the law enforcement personnel of States and localities determined by the Administrator to have significant levels of methamphetamine-related or amphetamine-related crime or projected by the Administrator to have the potential for such levels of crime in the future.

(2) DURATION.—The duration of any program under that subsection may not exceed 3 years.

(b) COVERED PROGRAMS.—The programs described in this subsection are as follows:

(1) ADVANCED MOBILE CLANDESTINE LABORATORY TRAINING TEAMS.—A program of advanced mobile clandestine laboratory training teams, which shall provide information and training to State and local law enforcement personnel in techniques utilized in conducting undercover investigations and conspiracy cases, and other information designed to assist in the investigation of the illegal manufacturing and trafficking of amphetamine and methamphetamine.

(2) BASIC CLANDESTINE LABORATORY CERTIFICATION TRAINING.—A program of basic clandestine laboratory certification training, which shall provide information and training—

(A) to Drug Enforcement Administration personnel and State and local law enforcement personnel for purposes of enabling such personnel to meet any certification requirements under law with respect to the handling of wastes created by illegal amphetamine and methamphetamine laboratories; and

(B) to State and local law enforcement personnel for purposes of enabling such personnel to provide the information and training covered by subparagraph (A) to other State and local law enforcement personnel.

(3) CLANDESTINE LABORATORY RECERTIFICATION AND AWARENESS TRAINING.—A program of clandestine laboratory recertification and awareness training, which shall provide information and training to State and local law enforcement personnel for purposes of enabling such personnel to provide recertification and awareness training relating to clandestine laboratories to additional State and local law enforcement personnel.

(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated for each of fiscal years 2000, 2001, and 2002 amounts as follows:

(1) $1,500,000 to carry out the program described in subsection (b)(1).

(2) $3,000,000 to carry out the program described in subsection (b)(2).

(3) $1,000,000 to carry out the program described in subsection (b)(3).

SEC. 3624. COMBATING METHAMPHETAMINE AND AMPHETAMINE IN HIGH INTENSITY DRUG TRAFFICKING AREAS.

(a) IN GENERAL.—

(1) IN GENERAL.—The Director of National Drug Control Policy shall use amounts available under this section to combat the trafficking of methamphetamine and amphetamine in areas designated by the Director as high intensity drug trafficking areas.

(2) ACTIVITIES.—In meeting the requirement in paragraph (1), the Director shall transfer funds to appropriate Federal, State, and local governmental agencies for employing additional Federal law enforcement personnel, or facilitating the employment of additional State and local law enforcement personnel, including agents, investigators, prosecutors, laboratory technicians, chemists, investigative assistants, and drug-prevention specialists.

(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section—

(1) $15,000,000 for fiscal year 2000; and

(2) such sums as may be necessary for each of fiscal years 2001 through 2004.

(c) APPORTIONMENT OF FUNDS.—

(1) FACTORS IN APPORTIONMENT.—The Director shall apportion amounts appropriated for a fiscal year pursuant to the authorization of appropriations in subsection (b) for activities under subsection (a) among and within areas designated by the Director as high intensity drug trafficking areas based on the following factors:

(A) The number of methamphetamine manufacturing facilities and amphetamine manufacturing facilities discovered by Federal, State, or local law enforcement officials in the previous fiscal year.

(B) The number of methamphetamine prosecutions and amphetamine prosecutions in Federal, State, or local courts in the previous fiscal year.

(C) The number of methamphetamine arrests and amphetamine arrests by Federal, State, or local law enforcement officials in the previous fiscal year.

(D) The amounts of methamphetamine, amphetamine, or listed chemicals (as that term is defined in section 102(33) of the Controlled Substances Act (21 U.S.C. 802(33)) seized by Federal, State, or local law enforcement officials in the previous fiscal year.

(E) Intelligence and predictive data from the Drug Enforcement Administration and the Department of Health and Human Services showing patterns and trends in abuse, trafficking, and transportation in methamphetamine, amphetamine, and listed chemicals (as that term is so defined).

(2) CERTIFICATION.—Before the Director apportions any funds under this subsection to a high intensity drug trafficking area, the Director shall certify that the law enforcement entities responsible for clandestine methamphetamine and amphetamine laboratory seizures in that area are providing laboratory seizure data to the national clandestine laboratory database at the El Paso Intelligence Center.

(d) LIMITATION ON ADMINISTRATIVE COSTS.—Not more than 5 percent of the amount appropriated in a fiscal year pursuant to the authorization of appropriations for that fiscal year in subsection (b) may be available in that fiscal year for administrative costs associated with activities under subsection (a).

SEC. 3625. COMBATING AMPHETAMINE AND METHAMPHETAMINE MANUFACTURING AND TRAFFICKING.

(a) ACTIVITIES.—In order to combat the illegal manufacturing and trafficking in amphetamine and methamphetamine, the Administrator of the Drug Enforcement Administration may—

(1) assist State and local law enforcement in small and mid-sized communities in all phases of investigations related to such manufacturing and trafficking, including assistance with foreign-language interpretation;

(2) staff additional regional enforcement and mobile enforcement teams related to such manufacturing and trafficking;

(3) establish additional resident offices and posts of duty to assist State and local law enforcement in rural areas in combating such manufacturing and trafficking;

(4) provide the Special Operations Division of the Administration with additional agents and staff to collect, evaluate, interpret, and disseminate critical intelligence targeting the command and control operations of major amphetamine and methamphetamine manufacturing and trafficking organizations;

(5) enhance the investigative and related functions of the Chemical Control Program of the Administration to implement more fully the provisions of the Comprehensive Methamphetamine Control Act of 1996 (Public Law 104–237);

(6) design an effective means of requiring an accurate accounting of the import and export of list I chemicals, and coordinate investigations relating to the diversion of such chemicals;

(7) develop a computer infrastructure sufficient to receive, process, analyze, and redistribute time-sensitive enforcement information from suspicious order reporting to field offices of the Administration and other law enforcement and regulatory agencies, including the continuing development of the Suspicious Order Reporting and Tracking System (SORTS) and the Chemical Transaction Database (CTRANS) of the Administration;

(8) establish an education, training, and communication process in order to alert the industry to current trends and emerging patterns in the illegal manufacturing of amphetamine and methamphetamine; and

(9) carry out such other activities as the Administrator considers appropriate.

(b) ADDITIONAL POSITIONS AND PERSONNEL.—

(1) IN GENERAL.—In carrying out activities under subsection (a), the Administrator may establish in the Administration not more than 50 full-time positions, including not more than 31 special-agent positions, and may appoint personnel to such positions.

(2) PARTICULAR POSITIONS.—In carrying out activities under paragraphs (5) through (8) of subsection (a), the Administrator may establish in the Administration not more than 15 full-time positions, including not more than 10 diversion investigator positions, and may appoint personnel to such positions. Any positions established under this paragraph are in addition to any positions established under paragraph (1).

(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated for the Drug Enforcement Administration for each fiscal year after fiscal year 1999, $9,500,000 for purposes of carrying out the activities authorized by subsection (a) and employing personnel in positions established under subsection (b), of which $3,000,000 shall be available for activities under paragraphs (5) through (8) of subsection (a) and for employing personnel in positions established under subsection (b)(2).

PART III—ABUSE PREVENTION AND TREATMENT

SEC. 3631. EXPANSION OF METHAMPHETAMINE RESEARCH.

Section 464N of the Public Health Service Act (42 U.S.C. 285o–2) is amended by adding at the end the following:

''(c) METHAMPHETAMINE RESEARCH.—

''(1) GRANTS OR COOPERATIVE AGREEMENTS.—The Director of the Institute may make grants or enter into cooperative agreements to expand the current and on-going interdisciplinary research and clinical trials with treatment centers of the National Drug Abuse Treatment Clinical Trials Network relating to methamphetamine abuse and addiction and other biomedical, behavioral, and social issues related to methamphetamine abuse and addiction.

''(2) USE OF FUNDS.—Amounts made available under a grant or cooperative agreement under paragraph (1) for methamphetamine abuse and addiction may be used for research and clinical trials relating to—

''(A) the effects of methamphetamine abuse on the human body, including the brain;

''(B) the addictive nature of methamphetamine and how such effects differ with respect to different individuals;

''(C) the connection between methamphetamine abuse and mental health;

''(D) the identification and evaluation of the most effective methods of prevention of methamphetamine abuse and addiction;

''(E) the identification and development of the most effective methods of treatment of methamphetamine addiction, including pharmacological treatments;

''(F) risk factors for methamphetamine abuse;

''(G) effects of methamphetamine abuse and addiction on pregnant women and their fetuses; and

''(H) cultural, social, behavioral, neurological and psychological reasons that individuals abuse methamphetamine, or refrain from abusing methamphetamine.

''(3) RESEARCH RESULTS.—The Director shall promptly disseminate research results under this subsection to Federal, State and local entities involved in combating methamphetamine abuse and addiction.

''(4) AUTHORIZATION OF APPROPRIATIONS.—

''(A) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out paragraph (1), such sums as may be necessary for each fiscal year.

''(B) SUPPLEMENT NOT SUPPLANT.—Amounts appropriated pursuant to the authorization of appropriations in subparagraph (A) for a fiscal year shall supplement and not supplant any other amounts appropriated in such fiscal year for research on methamphetamine abuse and addiction.''.

SEC. 3632. METHAMPHETAMINE AND AMPHETAMINE TREATMENT INITIATIVE BY CENTER FOR SUBSTANCE ABUSE TREATMENT.

Subpart 1 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb et seq.) is amended by adding at the end the following new section:

''METHAMPHETAMINE AND AMPHETAMINE TREATMENT INITIATIVE

''SEC. 514. (a) GRANTS.—

''(1) AUTHORITY TO MAKE GRANTS.—The Director of the Center for Substance Abuse Treatment may make grants to States and Indian tribes recognized by the United States that have a high rate, or have had a rapid increase, in methamphetamine or amphetamine abuse or addiction in order to permit such States and Indian tribes to expand activities in connection with the treatment of methamphetamine or amphetamine abuser or addiction in the specific geographical areas of such States or Indian tribes, as the case may be, where there is such a rate or has been such an increase.

''(2) RECIPIENTS.—Any grants under paragraph (1) shall be directed to the substance abuse directors of the States, and of the appropriate tribal government authorities of the Indian tribes, selected by the Director to receive such grants.

''(3) NATURE OF ACTIVITIES.—Any activities under a grant under paragraph (1) shall be

based on reliable scientific evidence of their efficacy in the treatment of methamphetamine or amphetamine abuse or addiction.

''(b) GEOGRAPHIC DISTRIBUTION.—The Director shall ensure that grants under subsection (a) are distributed equitably among the various regions of the country and among rural, urban, and suburban areas that are affected by methamphetamine or amphetamine abuse or addiction.

''(c) ADDITIONAL ACTIVITIES.—The Director shall—

''(1) evaluate the activities supported by grants under subsection (a);

''(2) disseminate widely such significant information derived from the evaluation as the Director considers appropriate to assist States, Indian tribes, and private providers of treatment services for methamphetamine or amphetamine abuser or addiction in the treatment of methamphetamine or amphetamine abuse or addiction; and

''(3) provide States, Indian tribes, and such providers with technical assistance in connection with the provision of such treatment.

''(d) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—There are authorized to be appropriated to carry out this section $10,000,000 for fiscal year 2000 and such sums as may be necessary for each of fiscal years 2001 and 2002.

''(2) USE OF CERTAIN FUNDS.—Of the funds appropriated to carry out this section in any fiscal year, the lesser of 5 percent of such funds or $1,000,000 shall be available to the Director for purposes of carrying out subsection (c).''.

SEC. 3633. STUDY OF METHAMPHETAMINE TREATMENT.

(a) STUDY.—

(1) REQUIREMENT.—The Secretary of Health and Human Services shall, in consultation with the Institute of Medicine of the National Academy of Sciences, conduct a study on the development of medications for the treatment of addiction to amphetamine and methamphetamine.

(2) REPORT.—Not later than 9 months after the date of enactment of this Act, the Secretary shall submit to the Committees on the Judiciary of the Senate and House of Representatives a report on the results of the study conducted under paragraph (1).

(b) AUTHORIZATION OF APPROPRIATIONS.—There are hereby authorized to be appropriated for the Department of Health and Human Services for fiscal year 2000 such sums as may be necessary to meet the requirements of subsection (a).

PART IV—REPORTS

SEC. 3641. REPORTS ON CONSUMPTION OF METHAMPHETAMINE AND OTHER ILLICIT DRUGS IN RURAL AREAS, METROPOLITAN AREAS, AND CONSOLIDATED METROPOLITAN AREAS.

The Secretary of Health and Human Services shall include in each National Household Survey on Drug Abuse appropriate prevalence data and information on the consumption of methamphetamine and other illicit drugs in rural areas, metropolitan areas, and consolidated metropolitan areas.

SEC. 3642. REPORT ON DIVERSION OF ORDINARY, OVER-THE-COUNTER PSEUDOEPHEDRINE AND PHENYLPROPANOLAMINE PRODUCTS.

(a) STUDY.—The Attorney General shall conduct a study of the use of ordinary, over-the-counter pseudoephedrine and phenylpropanolamine products in the clandestine production of illicit drugs. Sources of data for the study shall include the following:

(1) Information from Federal, State, and local clandestine laboratory seizures and related investigations identifying the source, type, or brand of drug products being utilized and how they were obtained for the illicit production of methamphetamine and amphetamine.

(2) Information submitted voluntarily from the pharmaceutical and retail industries involved in the manufacture, distribution, and sale of drug products containing ephedrine, pseudoephedrine, and phenylpropanolamine, including information on changes in the pattern, volume, or both, of sales of ordinary, over-the-counter pseudoephedrine and phenylpropanolamine products.

(b) REPORT.—

(1) REQUIREMENT.—Not later than 1 year after the date of enactment of this Act, the Attorney General shall submit to Congress a report on the study conducted under subsection (a).

(2) ELEMENTS.—The report shall include—

(A) the findings of the Attorney General as a result of the study; and

(B) such recommendations on the need to establish additional measures to prevent diversion of ordinary, over-the-counter pseudoephedrine and phenylpropanolamine (such as a threshold on ordinary, over-the-counter pseudoephedrine and phenylpropanolamine products) as the Attorney General considers appropriate.

(3) MATTERS CONSIDERED.—In preparing the report, the Attorney General shall consider the comments and recommendations including the comments on the Attorney General's proposed findings and recommendations, of State and local law enforcement and regulatory officials and of representatives of the industry described in subsection (a)(2).

(c) REGULATION OF RETAIL SALES.—

(1) IN GENERAL.—Notwithstanding section 401(d) of the Comprehensive Methamphetamine Control Act of 1996 (21 U.S.C. 802 note) and subject to paragraph (2), the Attorney General shall establish by regulation a single-transaction limit of not less than 24 grams of ordinary, over-the-counter pseudoephedrine or phenylpropanolamine (as the case may be) for retail distributors, if the Attorney General finds, in the report under subsection (b), that—

(A) there is a significant number of instances (as set forth in paragraph (3)(A) of such section 401(d) for purposes of such section) where ordinary, over-the-counter pseudoephedrine products, phenylpropanolamine products, or both such products that were purchased from retail distributors were widely used in the clandestine production of illicit drugs; and

(B) the best practical method of preventing such use is the establishment of single-transaction limits for retail distributors of either or both of such products.

(2) DUE PROCESS.—The Attorney General shall establish the single-transaction limit under paragraph (1) only after notice, comment, and an informal hearing.

Subtitle B—Controlled Substances Generally

SEC. 3651. ENHANCED PUNISHMENT FOR TRAFFICKING IN LIST I CHEMICALS.

(a) AMENDMENTS TO FEDERAL SENTENCING GUIDELINES.—Pursuant to its authority under section 994(p) of title 28, United States Code, the United States Sentencing Commission shall amend the Federal sentencing guidelines in accordance with this section with respect to any violation of paragraph (1) or (2) of section 401(d) of the Controlled Substances Act (21 U.S.C. 841(d)) involving a list I chemical and any violation of paragraph (1) or (3) of section 1010(d) of the Controlled Substance Import and Export Act (21 U.S.C. 960(d)) involving a list I chemical.

(b) EPHEDRINE, PHENYLPROPANOLAMINE, AND PSEUDOEPHEDRINE.—

(1) IN GENERAL.—In carrying this section, the United States Sentencing Commission shall, with respect to each offense described in subsection (a) involving ephedrine, phenylpropanolamine, or pseudoephedrine (including their salts, optical isomers, and salts of optical isomers), review and amend its guidelines to provide for increased penalties such that those penalties corresponded to the quantity of controlled substance that could reasonably have been manufactured using the quantity of ephedrine, phenylpropanolamine, or pseudoephedrine possessed or distributed.

(2) CONVERSION RATIOS.—For the purposes of the amendments made by this subsection, the quantity of controlled substance that could reasonably have been manufactured shall be determined by using a table of manufacturing conversion ratios for ephedrine, phenylpropanolamine, and pseudoephedrine, which table shall be established by the Sentencing Commission based on scientific, law enforcement, and other data the Sentencing Commission considers appropriate.

(c) OTHER LIST I CHEMICALS.—In carrying this section, the United States Sentencing Commission shall, with respect to each offense described in subsection (a) involving any list I chemical other than ephedrine, phenylpropanolamine, or pseudoephedrine, review and amend its guidelines to provide for increased penalties such that those penalties reflect the dangerous nature of such offenses, the need for aggressive law enforcement action to fight such offenses, and the extreme dangers associated with unlawful activity involving methamphetamine and amphetamine, including—

(1) the rapidly growing incidence of controlled substance manufacturing;

(2) the extreme danger inherent in manufacturing controlled substances;

(3) the threat to public safety posed by manufacturing controlled substances; and

(4) the recent increase in the importation, possession, and distribution of list I chemicals for the purpose of manufacturing controlled substances.

(d) EMERGENCY AUTHORITY TO SENTENCING COMMISSION.—The United States Sentencing Commission shall promulgate amendments pursuant to this section as soon as practicable after the date of enactment of this Act in accordance with the procedure set forth in section 21(a) of the Sentencing Act of 1987 (Public Law 100–182), as though the authority under that Act had not expired.

SEC. 3652. MAIL ORDER REQUIREMENTS.

Section 310(b)(3) of the Controlled Substances Act (21 U.S.C. 830(b)(3)) is amended—

(1) by redesignating subparagraphs (A) and (B) as subparagraphs (B) and (C), respectively;

(2) by inserting before subparagraph (B), as so redesignated, the following new subparagraph (A):

''(A) As used in this paragraph:

''(i) The term 'drug product' means an active ingredient in dosage form that has been approved or otherwise may be lawfully marketed under the Food, Drug, and Cosmetic Act for distribution in the United States.

''(ii) The term 'valid prescription' means a prescription which is issued for a legitimate medical purpose by an individual practitioner licensed by law to administer and prescribe the drugs concerned and acting in the usual course of the practitioner's professional practice.'';

(3) in subparagraph (B), as so redesignated, by inserting ''or who engages in an export transaction'' after ''nonregulated person''; and

(4) adding at the end the following:

''(D) Except as provided in subparagraph (E), the following distributions to a nonregulated person, and the following export transactions, shall not be subject to the reporting requirement in subparagraph (B):

''(i) Distributions of sample packages of drug products when such packages contain

not more than 2 solid dosage units or the equivalent of 2 dosage units in liquid form, not to exceed 10 milliliters of liquid per package, and not more than one package is distributed to an individual or residential address in any 30-day period.

''(ii) Distributions of drug products by retail distributors that may not include face-to-face transactions to the extent that such distributions are consistent with the activities authorized for a retail distributor as specified in section 102(46).

''(iii) Distributions of drug products to a resident of a long term care facility (as that term is defined in regulations prescribed by the Attorney General) or distributions of drug products to a long term care facility for dispensing to or for use by a resident of that facility.

''(iv) Distributions of drug products pursuant to a valid prescription.

''(v) Exports which have been reported to the Attorney General pursuant to section 1004 or 1018 or which are subject to a waiver granted under section 1018(e)(2).

''(vi) Any quantity, method, or type of distribution or any quantity, method, or type of distribution of a specific listed chemical (including specific formulations or drug products) or of a group of listed chemicals (including specific formulations or drug products) which the Attorney General has excluded by regulation from such reporting requirement on the basis that such reporting is not necessary for the enforcement of this title or title III.

''(E) The Attorney General may revoke any or all of the exemptions listed in subparagraph (D) for an individual regulated person if he finds that drug products distributed by the regulated person are being used in violation of this title or title III. The regulated person shall be notified of the revocation, which will be effective upon receipt by the person of such notice, as provided in section 1018(c)(1), and shall have the right to an expedited hearing as provided in section 1018(c)(2).''.

SEC. 3653. THEFT AND TRANSPORTATION OF ANHYDROUS AMMONIA FOR PURPOSES OF ILLICIT PRODUCTION OF CONTROLLED SUBSTANCES.

(a) IN GENERAL.—Part D of the Controlled Substances Act (21 U.S.C. 841 et seq.) is amended by adding at the end the following:

''ANHYDROUS AMMONIA

''SEC. 423. (a) It is unlawful for any person—

''(1) to steal anhydrous ammonia, or

''(2) to transport stolen anhydrous ammonia across State lines,

knowing, intending, or having reasonable cause to believe that such anhydrous ammonia will be used to manufacture a controlled substance in violation of this part.

''(b) Any person who violates subsection (a) shall be imprisoned or fined, or both, in accordance with section 403(d) as if such violation were a violation of a provision of section 403.''.

(b) CLERICAL AMENDMENT.—The table of contents for that Act is amended by inserting after the item relating to section 421 the following new items:

''Sec. 422. Drug paraphernalia.
''Sec. 423. Anhydrous ammonia.''.

(c) ASSISTANCE FOR CERTAIN RESEARCH.—

(1) AGREEMENT.—The Administrator of the Drug Enforcement Administration shall seek to enter into an agreement with Iowa State University in order to permit the University to continue and expand its current research into the development of inert agents that, when added to anhydrous ammonia, eliminate the usefulness of anhydrous ammonia as an ingredient in the production of methamphetamine.

(2) REIMBURSABLE PROVISION OF FUNDS.—The agreement under paragraph (1) may provide for the provision to Iowa State University, on a reimbursable basis, of $500,000 for purposes the activities specified in that paragraph.

(3) AUTHORIZATION OF APPROPRIATIONS.—There is hereby authorized to be appropriated for the Drug Enforcement Administration for fiscal year 2000, $500,000 for purposes of carrying out the agreement under this subsection.

Subtitle C—Ecstasy Anti-Proliferation Act of 2000

SEC. 3661. SHORT TITLE.

This subtitle may be cited as the ''Ecstasy Anti-Proliferation Act of 2000''.

SEC. 3662. FINDINGS.

Congress makes the following findings:

(1) The illegal importation of 3,4-methylenedioxy methamphetamine, commonly referred to as ''MDMA'' or ''Ecstasy'' (referred to in this subtitle as ''Ecstasy''), has increased in recent years, as evidenced by the fact that Ecstasy seizures by the United States Customs Service have increased from less than 500,000 tablets during fiscal year 1997 to more than 9,000,000 tablets during the first 9 months of fiscal year 2000.

(2) Use of Ecstasy can cause long-lasting, and perhaps permanent, damage to the serotonin system of the brain, which is fundamental to the integration of information and emotion, and this damage can cause long-term problems with learning and memory.

(3) Due to the popularity and marketability of Ecstasy, there are numerous Internet websites with information on the effects of Ecstasy, the production of Ecstasy, and the locations of Ecstasy use (often referred to as ''raves''). The availability of this information targets the primary users of Ecstasy, who are most often college students, young professionals, and other young people from middle- to high-income families.

(4) Greater emphasis needs to be placed on—

(A) penalties associated with the manufacture, distribution, and use of Ecstasy;

(B) the education of young people on the negative health effects of Ecstasy, since the reputation of Ecstasy as a ''safe'' drug is the most dangerous component of Ecstasy;

(C) the education of State and local law enforcement agencies regarding the growing problem of Ecstasy trafficking across the United States;

(D) reducing the number of deaths caused by Ecstasy use and the combined use of Ecstasy with other ''club'' drugs and alcohol; and

(E) adequate funding for research by the National Institute on Drug Abuse to—

(i) identify those most vulnerable to using Ecstasy and develop science-based prevention approaches tailored to the specific needs of individuals at high risk;

(ii) understand how Ecstasy produces its toxic effects and how to reverse neurotoxic damage;

(iii) develop treatments, including new medications and behavioral treatment approaches;

(iv) better understand the effects that Ecstasy has on the developing children and adolescents; and

(v) translate research findings into useful tools and ensure their effective dissemination.

SEC. 3663. ENHANCED PUNISHMENT OF ECSTASY TRAFFICKERS.

(a) AMENDMENT TO FEDERAL SENTENCING GUIDELINES.—Pursuant to its authority under section 994(p) of title 28, United States Code, the United States Sentencing Commission (referred to in this section as the ''Commission'') shall amend the Federal sentencing guidelines regarding any offense relating to the manufacture, importation, or exportation of, or trafficking in—

(1) 3,4-methylenedioxy methamphetamine;

(2) 3,4-methylenedioxy amphetamine;

(3) 3,4-methylenedioxy-N-ethylamphetamine;

(4) paramethoxymethamphetamine (PMA); or

(5) any other controlled substance, as determined by the Commission in consultation with the Attorney General, that is marketed as Ecstasy and that has either a chemical structure substantially similar to that of 3,4-methylenedioxy methamphetamine or an effect on the central nervous system substantially similar to or greater than that of 3,4-methylenedioxy methamphetamine;

including an attempt or conspiracy to commit an offense described in paragraph (1), (2), (3), (4), or (5) in violation of the Controlled Substances Act (21 U.S.C. 801 et seq.), the Controlled Substances Import and Export Act (21 U.S.C. 951 et seq.), or the Maritime Drug Law Enforcement Act (46 U.S.C. 1901 et seq.).

(b) GENERAL REQUIREMENTS.—In carrying out this section, the Commission shall, with respect to each offense described in subsection (a)—

(1) review and amend the Federal sentencing guidelines to provide for increased penalties such that those penalties reflect the seriousness of these offenses and the need to deter them; and

(2) take any other action the Commission considers to be necessary to carry out this section.

(c) ADDITIONAL REQUIREMENTS.—In carrying out this section, the Commission shall ensure that the Federal sentencing guidelines for offenders convicted of offenses described in subsection (a) reflect—

(1) the need for aggressive law enforcement action with respect to offenses involving the controlled substances described in subsection (a); and

(2) the dangers associated with unlawful activity involving such substances, including—

(A) the rapidly growing incidence of abuse of the controlled substances described in subsection (a) and the threat to public safety that such abuse poses;

(B) the recent increase in the illegal importation of the controlled substances described in subsection (a);

(C) the young age at which children are beginning to use the controlled substances described in subsection (a);

(D) the fact that the controlled substances described in subsection (a) are frequently marketed to youth;

(E) the large number of doses per gram of the controlled substances described in subsection (a); and

(F) any other factor that the Commission determines to be appropriate.

(d) SENSE OF CONGRESS.—It is the sense of Congress that—

(1) the base offense levels for Ecstasy are too low, particularly for high-level traffickers, and should be increased, such that they are comparable to penalties for other drugs of abuse; and

(2) based on the fact that importation of Ecstasy has surged in the past few years, the traffickers are targeting the Nation's youth, and the use of Ecstasy among youth in the United States is increasing even as other drug use among this population appears to be leveling off, the base offense levels for importing and trafficking the controlled substances described in subsection (a) should be increased.

(e) REPORT.—Not later than 60 days after the amendments pursuant to this section

have been promulgated, the Commission shall—

(1) prepare a report describing the factors and information considered by the Commission in promulgating amendments pursuant to this section; and

(2) submit the report to—

(A) the Committee on the Judiciary, the Committee on Health, Education, Labor, and Pensions, and the Committee on Appropriations of the Senate; and

(B) the Committee on the Judiciary, the Committee on Commerce, and the Committee on Appropriations of the House of Representatives.

SEC. 3664. EMERGENCY AUTHORITY TO UNITED STATES SENTENCING COMMISSION.

The United States Sentencing Commission shall promulgate amendments under this subtitle as soon as practicable after the date of enactment of this Act in accordance with the procedure set forth in section 21(a) of the Sentencing Act of 1987 (Public Law 100–182), as though the authority under that Act had not expired.

SEC. 3665. EXPANSION OF ECSTASY AND CLUB DRUGS ABUSE PREVENTION EFFORTS.

(a) PUBLIC HEALTH SERVICE ACT.—Part A of title V of the Public Health Service Act (42 U.S.C. 290aa et seq.), as amended by section 3306, is further amended by adding at the end the following:

"SEC. 506B. GRANTS FOR ECSTASY AND OTHER CLUB DRUGS ABUSE PREVENTION.

''(a) AUTHORITY.—The Administrator may make grants to, and enter into contracts and cooperative agreements with, public and nonprofit private entities to enable such entities—

''(1) to carry out school-based programs concerning the dangers of the abuse of and addiction to 3,4-methylenedioxy methamphetamine, related drugs, and other drugs commonly referred to as 'club drugs' using methods that are effective and science-based, including initiatives that give students the responsibility to create their own anti-drug abuse education programs for their schools; and

''(2) to carry out community-based abuse and addiction prevention programs relating to 3,4-methylenedioxy methamphetamine, related drugs, and other club drugs that are effective and science-based.

''(b) USE OF FUNDS.—Amounts made available under a grant, contract or cooperative agreement under subsection (a) shall be used for planning, establishing, or administering prevention programs relating to 3,4-methylenedioxy methamphetamine, related drugs, and other club drugs.

''(c) USE OF FUNDS.—

''(1) DISCRETIONARY FUNCTIONS.—Amounts provided to an entity under this section may be used—

''(A) to carry out school-based programs that are focused on those districts with high or increasing rates of abuse and addiction to 3,4-methylenedioxy methamphetamine, related drugs, and other club drugs and targeted at populations that are most at risk to start abusing these drugs;

''(B) to carry out community-based prevention programs that are focused on those populations within the community that are most at-risk for abuse of and addiction to 3,4-methylenedioxy methamphetamine, related drugs, and other club drugs;

''(C) to assist local government entities to conduct appropriate prevention activities relating to 3,4-methylenedioxy methamphetamine, related drugs, and other club drugs;

''(D) to train and educate State and local law enforcement officials, prevention and education officials, health professionals, members of community anti-drug coalitions and parents on the signs of abuse of and addiction to 3,4-methylenedioxy methamphetamine, related drugs, and other club drugs and the options for treatment and prevention;

''(E) for planning, administration, and educational activities related to the prevention of abuse of and addiction to 3,4-methylenedioxy methamphetamine, related drugs, and other club drugs;

''(F) for the monitoring and evaluation of prevention activities relating to 3,4-methylenedioxy methamphetamine, related drugs, and other club drugs and reporting and disseminating resulting information to the public; and

''(G) for targeted pilot programs with evaluation components to encourage innovation and experimentation with new methodologies.

''(2) PRIORITY.—The Administrator shall give priority in awarding grants under this section to rural and urban areas that are experiencing a high rate or rapid increases in abuse and addiction to 3,4-methylenedioxy methamphetamine, related drugs, and other club drugs.

''(d) ALLOCATION AND REPORT.—

''(1) PREVENTION PROGRAM ALLOCATION.—Not less than $500,000 of the amount appropriated in each fiscal year to carry out this section shall be made available to the Administrator, acting in consultation with other Federal agencies, to support and conduct periodic analyses and evaluations of effective prevention programs for abuse of and addiction to 3,4-methylenedioxy methamphetamine, related drugs, and other club drugs and the development of appropriate strategies for disseminating information about and implementing such programs.

''(2) REPORT.—The Administrator shall annually prepare and submit to the Committee on Health, Education, Labor, and Pensions, the Committee on the Judiciary, and the Committee on Appropriations of the Senate, and the Committee on Commerce, the Committee on the Judiciary, and the Committee on Appropriations of the House of Representatives, a report containing the results of the analyses and evaluations conducted under paragraph (1).

''(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section—

''(1) $10,000,000 for fiscal year 2001; and

''(2) such sums as may be necessary for each succeeding fiscal year.''.

Subtitle D—Miscellaneous

SEC. 3671. ANTIDRUG MESSAGES ON FEDERAL GOVERNMENT INTERNET WEBSITES.

Not later than 90 days after the date of enactment of this Act, the head of each department, agency, and establishment of the Federal Government shall, in consultation with the Director of the Office of National Drug Control Policy, place antidrug messages on appropriate Internet websites controlled by such department, agency, or establishment which messages shall, where appropriate, contain an electronic hyperlink to the Internet website, if any, of the Office.

SEC. 3672. REIMBURSEMENT BY DRUG ENFORCEMENT ADMINISTRATION OF EXPENSES INCURRED TO REMEDIATE METHAMPHETAMINE LABORATORIES.

(a) REIMBURSEMENT AUTHORIZED.—The Attorney General, acting through the Administrator of the Drug Enforcement Administration, may reimburse States, units of local government, Indian tribal governments, other public entities, and multi-jurisdictional or regional consortia thereof for expenses incurred to clean up and safely dispose of substances associated with clandestine methamphetamine laboratories which may present a danger to public health or the environment.

(b) ADDITIONAL DEA PERSONNEL.—From amounts appropriated or otherwise made available to carry out this section, the Attorney General may hire not more than 5 additional Drug Enforcement Administration personnel to administer this section.

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Attorney General to carry out this section $20,000,000 for fiscal year 2001.

SEC. 3673. SEVERABILITY.

Any provision of this title held to be invalid or unenforceable by its terms, or as applied to any person or circumstance, shall be construed as to give the maximum effect permitted by law, unless such provision is held to be utterly invalid or unenforceable, in which event such provision shall be severed from this title and shall not affect the applicability of the remainder of this title, or of such provision, to other persons not similarly situated or to other, dissimilar circumstances.

KENAI MOUNTAINS-TURNAGAIN ARM NATIONAL HERITAGE CORRIDOR AREA ACT OF 2000

MURKOWSKI AMENDMENT NO. 4182

Mr. LOTT (for Mr. MURKOWSKI) proposed an amendment to the bill (S. 2511) to establish the Kenai Mountains-Turnagain Arm National Heritage Area in the State of Alaska, and for other purposes; as follows:

On page 5 of the bill as reported, strike lines 13 through 17 and insert in lieu thereof:

''(2) MANAGEMENT ENTITY.—The term ''management entity'' means the 11 member Board of Directors of the Kenai Mountains—Turnagain Arm National Heritage Corridor Communities Association.''.

Beginning on page 6 of the bill as reported, strike line 15 through line 12 on page 7 and insert in lieu thereof the following:

''(a) The Secretary shall enter into a cooperative agreement with the management entity to carry out the purposes of this Act. The cooperative agreement shall include information relating to the objectives and management of the Heritage Area, including the following:

''(1) A discussion of the goals and objectives of the Heritage Area;

''(2) An explanation of the proposed approach to conservation and interpretation of the Heritage Area;

''(3) A general outline of the protection measures, to which the management entity comments.

''(b) Nothing in this Act authorizes the management entity to assume any management authorities or responsibilities on Federal lands.''.

NEXT GENERATION INTERNET 2000

On September 21, 2000, the Senate amended and passed S. 2046, as follows:

S. 2046

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Federal Research Investment Act''.

TITLE I—FEDERAL RESEARCH INVESTMENT

SEC. 101. GENERAL FINDINGS REGARDING FEDERAL INVESTMENT IN RESEARCH.

(a) VALUE OF RESEARCH AND DEVELOPMENT.—The Congress makes the following

findings with respect to the value of research and development to the United States:

(1) Federal investment in research has resulted in the development of technology that has saved lives in the United States and around the world.

(2) The research and development investment across all Federal agencies has been effective in creating technology that has enhanced the American quality of life.

(3) The Federal investment in research and development conducted or underwritten by both military and civilian agencies has produced benefits that have been felt in both the private and public sector.

(4) Discoveries across the spectrum of scientific inquiry have the potential to raise the standard of living and the quality of life for all Americans.

(5) Science, engineering, and technology play a critical role in shaping the modern world.

(6) Studies show that about half of all United States post-World War II economic growth is a direct result of technical innovation; science, engineering, and technology contribute to the creation of new goods and services, new jobs and new capital.

(7) Technical innovation is the principal driving force behind the long-term economic growth and increased standards of living of the world's modern industrial societies. Other nations are well aware of the pivotal role of science, engineering, and technology, and they are seeking to exploit it wherever possible to advance their own global competitiveness.

(8) Federal programs for investment in research, which lead to technological innovation and result in economic growth, should be structured to address current funding disparities and develop enhanced capability in States and regions that currently are underrepresented in the national science and technology enterprise.

(b) STATUS OF THE FEDERAL INVESTMENT.—The Congress makes the following findings with respect to the status of the Federal investment in research and development activities:

(1) Civilian research and development expenditures reached their pinnacle in the mid-1960s due to the Apollo Space program, declining for several years thereafter. Despite significant growth in the late 1980s and early 1990s, these expenditures, in constant dollars, have not returned to the levels of the 1960s.

(2) Fiscal realities now challenge Congress and the President to steer the Federal Government's role in science, engineering, and technology in a manner that ensures a prudent use of limited public resources. There is both a long-term problem—addressing the ever-increasing level of mandatory spending—and a near-term challenge—apportioning a dwindling amount of discretionary funding to an increasing range of targets in science, engineering, and technology. This confluence of increased national dependency on technology, increased targets of opportunity, and decreased fiscal flexibility has created a problem of national urgency. Many indicators show that more funding for science, engineering, and technology is needed but, even with increased funding, priorities must be established among different programs. The United States cannot afford the luxury of fully funding all deserving programs.

SEC. 102. SPECIAL FINDINGS REGARDING HEALTH-RELATED RESEARCH.

The Congress makes the following findings with respect to health-related research:

(1) HEALTH AND ECONOMIC BENEFITS PROVIDED BY HEALTH-RELATED RESEARCH.—Because of health-related research, cures for many debilitating and fatal diseases have been discovered and deployed. At present, the medical research community is on the cusp of creating cures for a number of leading diseases and their associated burdens. In particular, medical research has the potential to develop treatments that can help manage the escalating costs associated with the aging of the United States population.

(2) FUNDING OF HEALTH-RELATED RESEARCH.—Many studies have recognized that clinical and basic science are in a state of crisis because of a failure of resources to meet the opportunity. Consequently, health-related research has emerged as a national priority and has been given significantly increased funding by Congress in both fiscal year 1999 and fiscal year 2000. In order to continue addressing this urgent national need, the pattern of substantial budgetary expansion begun in fiscal year 1999 should be maintained.

(3) INTERDISCIPLINARY NATURE OF HEALTH-RELATED RESEARCH.—Because all fields of science and engineering are interdependent, full realization of the Nation's historic investment in health will depend on major advances both in the biomedical sciences and in other science and engineering disciplines. Hence, the vitality of all disciplines must be preserved, even as special considerations are given to the health research field.

SEC. 103. ADDITIONAL FINDINGS REGARDING THE LINK BETWEEN RESEARCH AND TECHNOLOGY.

The Congress makes the following findings:

(1) FLOW OF SCIENCE, ENGINEERING, AND TECHNOLOGY.—The process of science, engineering, and technology involves many steps. The present Federal science, engineering, and technology structure reinforces the increasingly artificial distinctions between basic and applied activities. The result too often is a set of discrete programs that each support a narrow phase of research or development and are not coordinated with one another. The Government should maximize its investment by encouraging the progression of science, engineering, and technology from the earliest stages of research up to a pre-commercialization stage, through funding agencies and vehicles appropriate for each stage. This creates a flow of technology, subject to merit review at each stage, so that promising technology is not lost in a bureaucratic maze.

(2) EXCELLENCE IN AMERICAN UNIVERSITY RESEARCH INFRASTRUCTURE.—Federal investment in science, engineering, and technology programs must foster a close relationship between research and education. Investment in research at the university level creates more than simply world-class research. It creates world-class researchers as well. The Federal strategy must continue to reflect this commitment to a strong geographically-diverse research infrastructure. Furthermore, the United States must find ways to extend the excellence of its university system to primary and secondary educational institutions and to better utilize the community college system to prepare many students for vocational opportunities in an increasingly technical workplace.

(3) COMMITMENT TO A BROAD RANGE OF RESEARCH INITIATIVES.—An increasingly common theme in many recent technical breakthroughs has been the importance of revolutionary innovations that were sparked by overlapping of research disciplines. The United States must continue to encourage this trend by providing and encouraging opportunities for interdisciplinary projects that foster collaboration among fields of research.

(4) PARTNERSHIPS AMONG INDUSTRY, UNIVERSITIES, AND FEDERAL LABORATORIES.—Each of these contributors to the national science and technology delivery system has special talents and abilities that complement the others. In addition, each has a central mission that must provide their focus and each has limited resources. The Nation's investment in science, engineering, and technology can be optimized by seeking opportunities for leveraging the resources and talents of these three major players through partnerships that do not distort the missions of each partner. For that reason, Federal dollars are wisely spent forming such partnerships.

SEC. 104. MAINTENANCE OF FEDERAL RESEARCH EFFORT; GUIDING PRINCIPLES.

(a) MAINTAINING UNITED STATES LEADERSHIP IN SCIENCE, ENGINEERING, AND TECHNOLOGY.—It is imperative for the United States to nurture its superb resources in science, engineering, and technology carefully in order to maintain its own globally competitive position.

(b) GUIDING PRINCIPLES.—Federal research and development programs should be conducted in accordance with the following guiding principles:

(1) GOOD SCIENCE.—Federal science, engineering, and technology programs include both knowledge-driven science together with its applications, and mission-driven, science-based requirements. In general, both types of programs must be focused, peer- and merit-reviewed, and not unnecessarily duplicative, although the details of these attributes must vary with different program objectives.

(2) FISCAL ACCOUNTABILITY.—The Congress must exercise oversight to ensure that programs funded with scarce Federal dollars are well managed. The United States cannot tolerate waste of money through inefficient management techniques, whether by Government agencies, by contractors, or by Congress itself. Fiscal resources would be better utilized if program and project funding levels were predictable across several years to enable better project planning; a benefit of such predictability would be that agencies and Congress can better exercise oversight responsibilities through comparisons of a project's and program's progress against carefully planned milestones and international benchmarks.

(3) PROGRAM EFFECTIVENESS.—The United States needs to make sure that Government programs achieve their goals. As the Congress crafts science, engineering, and technology legislation, it must include a process for gauging program effectiveness, selecting criteria based on sound scientific judgment and avoiding unnecessary bureaucracy. The Congress should also avoid the trap of measuring the effectiveness of a broad science, engineering, and technology program by passing judgment on individual projects. Lastly, the Congress must recognize that a negative result in a well-conceived and executed project or program may still be critically important to the funding agency.

(4) CRITERIA FOR GOVERNMENT FUNDING.—Program selection for Federal funding should continue to reflect the Nation's 2 traditional research and development priorities: (A) basic, scientific, and technological research that represents investments in the Nation's long-term future scientific and technological capacity, for which Government has traditionally served as the principal resource; and (B) mission research investments, that is, investments in research that derive from necessary public functions, such as defense, health, education, environmental protection, all of which may also raise the standard of living, which may include pre-commercial, pre-competitive engineering research and technology development. Additionally, Government funding should not compete with or displace the short-term, market-driven, and typically

more specific nature of private-sector funding. Government funding should be restricted to pre-competitive activities, leaving competitive activities solely for the private sector. As a rule, the Government should not invest in commercial technology that is in the product development stage, very close to the broad commercial marketplace, except to meet a specific agency goal. When the Government provides funding for any science, engineering, and technology investment program, it must take reasonable steps to ensure that the potential benefits derived from the program will accrue broadly.

SEC. 105. POLICY STATEMENT.

(a) POLICY.—This title is intended to—

(1) assure a doubling of the base level of Federal funding for basic scientific, biomedical, and pre-competitive engineering research, achieved by steadily increasing the annual funding of civilian research and development programs so that the total annual investment equals 10 percent of the Federal Government's discretionary budget by fiscal year 2011;

(2) invest in the future economic growth of the United States by expanding the research activities referred to in paragraph (1);

(3) enhance the quality of life and health for all people of the United States through expanded support for health-related research;

(4) allow for accelerated growth of individual agencies to meet critical national needs;

(5) guarantee the leadership of the United States in science, engineering, medicine, and technology;

(6) ensure that the opportunity and the support for undertaking good science is widely available throughout the United States by supporting a geographically-diverse research and development enterprise; and

(7) continue aggressive Congressional oversight and annual budgetary authorization of the individual agencies listed in subsection (b).

(b) AGENCIES COVERED.—The agencies and trust instrumentality intended to be covered to the extent that they are engaged in science, engineering, and technology activities for basic scientific, medical, or pre-competitive engineering research by this title are—

(1) the National Institutes of Health, within the Department of Health and Human Services;

(2) the National Science Foundation;

(3) the National Institute for Standards and Technology, within the Department of Commerce;

(4) the National Aeronautics and Space Administration;

(5) the National Oceanic and Atmospheric Administration, within the Department of Commerce;

(6) the Centers for Disease Control, within the Department of Health and Human Services;

(7) the Department of Energy (to the extent that it is not engaged in defense-related activities);

(8) the Department of Agriculture;

(9) the Department of Transportation;

(10) the Department of the Interior;

(11) the Department of Veterans Affairs;

(12) the Smithsonian Institution;

(13) the Department of Education;

(14) the Environmental Protection Agency;

(15) the Food and Drug Administration, within the Department of Health and Human Services; and

(16) the Federal Emergency Management Agency.

(c) DAMAGE TO RESEARCH INFRASTRUCTURE.—A funding trend equal to or lower than current budgetary levels will lead to permanent damage to the United States research infrastructure. This could threaten American dominance of high-technology industrial leadership.

(d) FUTURE FISCAL YEAR ALLOCATIONS.—

(1) GOAL.—The goal of this title is to increase the percentage of the Federal discretionary budget allocated for civilian research and development by 0.3 percent annually to realize a total of 10 percent of the Federal discretionary budget by fiscal year 2011.

(2) AMOUNTS AUTHORIZED.—There are authorized to be appropriated to the agencies listed in subsection (b) for civilian research and development the following amounts:

(A) $43,080,000,000 for fiscal year 2001.

(B) $45,160,000,000 for fiscal year 2002.

(C) $47,820,000,000 for fiscal year 2003.

(D) $50,540,000,000 for fiscal year 2004.

(E) $53,410,000,000 for fiscal year 2005.

(3) FISCAL YEARS 2006–2011.—There is authorized to be appropriated to the agencies listed in subsection (b) for civilian research and development for each of the fiscal years 2006 through 2011 an amount that, on the basis of projections of Federal discretionary budget amounts as such projections become available, will meet the goal established by paragraph (1).

(4) ACCELERATION TO MEET NATIONAL NEEDS.—

(A) IN GENERAL.—If an agency listed in subsection (b) has an accelerated funding fiscal year, then, except as provided by subparagraph (C), the amount authorized by paragraph (2) or determined under paragraph (3) for the fiscal year following the accelerated funding fiscal year shall be determined in accordance with subparagraph (B).

(B) EXCLUSION OF ACCELERATED FUNDING AGENCY.—The amount authorized to be appropriated for civilian research and development under this subparagraph for a fiscal year shall be determined—

(i) by reducing the total amount that, but for subparagraph (A), would be authorized to be appropriated by paragraph (2) or paragraph (3) by a percentage equal to the percentage of the total amount authorized by that paragraph for the fiscal year preceding the accelerated funding fiscal year to the agency that had the accelerated funding fiscal year; and

(ii) allocating the reduced amount among all agencies listed in subsection (b) other than the agency that had the accelerated funding fiscal year.

(C) EXCEPTION TO ACCELERATED FUNDING AGENCY RULE.—Subparagraph (B) does not apply if the amount appropriated to an agency for civilian research and development purposes for a fiscal year, adjusted for inflation (assuming an annual rate of inflation of 3 percent), does not exceed the amount appropriated to that agency for those purposes for fiscal year 2000 increased by 2.5 percent a year for each fiscal year after fiscal year 2000.

(D) ACCELERATED FUNDING FISCAL YEAR DEFINED.—In this subsection, the term ''accelerated funding fiscal year'' means a fiscal year for which the amount appropriated to an agency for civilian research and development purposes is an increase of more than 8 percent over the amount appropriated to that agency for the preceding fiscal year for those purposes.

(e) CONFORMANCE WITH BUDGETARY CAPS.—Notwithstanding any other provision of law, no funds may be made available under this title in a manner that does not conform with the discretionary spending caps provided in the most recently adopted concurrent resolution on the budget or threatens the economic stability of the annual budget.

(f) BALANCED RESEARCH PORTFOLIO.—Because of the interdependent nature of the scientific and engineering disciplines, the aggregate funding levels authorized by the section assume that the Federal research portfolio will be well-balanced among the various scientific and engineering disciplines, and geographically dispersed throughout the States.

(g) CONGRESSIONAL AUTHORIZATION PROCESS.—The policies and authorizations in this Act establish minimum levels for the overall Federal civilian research portfolio across the agencies listed in subsection (b) under the procedures defined in subsection (d). The amounts authorized by subsection (d) establish a framework within which the authorizing committees of the Congress are to work when authorizing funding for specific Federal agencies engaged in science, engineering, and technology activities.

SEC. 106. ANNUAL RESEARCH AND DEVELOPMENT ANALYSES.

The Director of the Office of Science and Technology shall provide, no later than February 15th of each year, a report to Congress that includes—

(1) a detailed summary of the total level of funding for civilian research and development programs throughout all Federal agencies;

(2) a focused strategy that is consistent with the funding projections of this title for each future fiscal year until 2011, including specific targets for each agency that funds civilian research and development;

(3) an analysis which details funding levels across Federal agencies by methodology of funding, including grant agreements, procurement contracts, and cooperative agreements (within the meaning given those terms in chapter 63 of title 31, United States Code);

(4) a Federal strategy for infrastructure development and research and development capacity building in States with less concentrated research and development resources in order to create a nationwide research and development community; and

(5) an annual analysis of the total level of funding for civilian research and development programs throughout all Federal agencies as compared to the previous fiscal year's Congressional budget appropriations for science, engineering, and technology activities of the agencies described in section 105(b), that details for the current fiscal year—

(A) how total funding levels compare to those authorized according to section 105(d);

(B) how the differences in those funding levels will affect the health, stability, and international standing of the Federal civilian research and development infrastructure;

(C) how the disparities in those levels affect the ability of the agencies covered by this Act to perform their missions; and

(D) which agencies are excluded under this Act due to accelerated funding and the aggregate amount to be authorized to other agencies under section 105(d).

SEC. 107. COMPREHENSIVE ACCOUNTABILITY STUDY FOR FEDERALLY-FUNDED RESEARCH.

(a) STUDY.—The Director of the Office of Science and Technology Policy shall enter into agreement with the National Academy of Sciences for the Academy to conduct a comprehensive study to develop methods for evaluating federally funded research and development programs. The Director shall report the results of the study to the Congress not later than 18 months after the date of enactment of this Act. This study shall—

(1) recommend processes to determine an acceptable level of success for federally funded research and development programs by—

(A) describing the research process in the various scientific and engineering disciplines;

(B) describing in the different sciences what measures and what criteria each community uses to evaluate the success or failure of a program, and on what time scales these measures are considered reliable—both for exploratory long-range work and for short-range goals; and

(C) recommending how these measures may be adapted for use by the Federal Government to evaluate federally funded research and development programs;

(2) assess the extent to which civilian research and development agencies incorporate independent merit-based review into the formulation of their strategic plans and performance plans;

(3) recommend mechanisms for identifying federally funded research and development programs which are unsuccessful or unproductive;

(4) evaluate the extent to which independent, merit-based evaluation of federally funded research and development programs and projects achieves the goal of eliminating unsuccessful or unproductive programs and projects; and

(5) investigate and report on the validity of using quantitative performance goals for aspects of programs which relate to administrative management of the program and for which such goals would be appropriate, including aspects related to—

(A) administrative burden on contractors and recipients of financial assistance awards;

(B) administrative burdens on external participants in independent, merit-based evaluations;

(C) cost and schedule control for construction projects funded by the program;

(D) the ratio of overhead costs of the program relative to the amounts expended through the program for equipment and direct funding of research; and

(E) the timeliness of program responses to requests for funding, participation, or equipment use.

(6) examine the extent to which program selection for Federal funding across all agencies exemplifies our Nation's historical research and development priorities—

(A) basic, scientific, and technological research in the long-term future scientific and technological capacity of the Nation; and

(B) mission research derived from a high-priority public function.

(b) ALTERNATIVE FORMS FOR PERFORMANCE GOALS.—Not later than 6 months after transmitting the report under subsection (a) to Congress, the Director of the Office of Management and Budget, after public notice, public comment, and approval by the Director of the Office of Science and Technology Policy and in consultation with the National Science and Technology Council shall promulgate one or more alternative forms for performance goals under section 1115(b)(10)(B) of title 31, United States Code, based on the recommendations of the study under subsection (a) of this section. The head of each agency containing a program activity that is a research and development program may apply an alternative form promulgated under this section for a performance goal to such a program activity without further authorization by the Director of the Office of Management and Budget.

(c) STRATEGIC PLANS.—Not later than one year after promulgation of the alternative performance goals in subsection (b) of this section, the head of each agency carrying out research and development activities, upon updating or revising a strategic plan under subsection 306(b) of title 5, United States Code, shall describe the current and future use of methods for determining an acceptable level of success as recommended by the study under subsection (a).

(d) DEFINITIONS.—In this section:

(1) DIRECTOR.—The term ''Director'' means the Director of the Office of Science and Technology Policy.

(2) PROGRAM ACTIVITY.—The term ''program activity'' has the meaning given that term by section 1115(f)(6) of title 31, United States Code.

(3) INDEPENDENT MERIT-BASED EVALUATION.—The term ''independent merit-based evaluation'' means review of the scientific or technical quality of research or development, conducted by experts who are chosen for their knowledge of scientific and technical fields relevant to the evaluation and who—

(A) in the case of the review of a program activity, do not derive long-term support from the program activity; or

(B) in the case of the review of a project proposal, are not seeking funds in competition with the proposal.

(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out the study required by subsection (a) $600,000, which shall remain available until expended.

SEC. 108. EFFECTIVE PERFORMANCE ASSESSMENT PROGRAM FOR FEDERALLY-FUNDED RESEARCH.

(a) IN GENERAL.—Chapter 11 of title 31, United States Code, is amended by adding at the end thereof the following:

''§ 1120. Accountability for research and development programs

''(a) IDENTIFICATION OF UNSUCCESSFUL PROGRAMS.—Based upon program performance reports for each fiscal year submitted to the President under section 1116, the Director of the Office of Management and Budget shall identify the civilian research and development program activities, or components thereof, which do not meet an acceptable level of success as defined in section 1115(b)(1)(B). Not later than 30 days after the submission of the reports under section 1116, the Director shall furnish a copy of a report listing the program activities or component identified under this subsection to the President and the Congress.

''(b) ACCOUNTABILITY IF NO IMPROVEMENT SHOWN.—For each program activity or component that is identified by the Director under subsection (a) as being below the acceptable level of success for 2 fiscal years in a row, the head of the agency shall no later than 30 days after the Director submits the second report so identifying the program, submit to the appropriate congressional committees of jurisdiction—

''(1) a concise statement of the steps necessary to—

''(A) bring such program into compliance with performance goals; or

''(B) terminate such program should compliance efforts fail; and

''(2) any legislative changes needed to put the steps contained in such statement into effect.''.

(b) CONFORMING AMENDMENTS.—(1) The chapter analysis for chapter 11 of title 31, United States Code, is amended by adding at the end thereof the following:

''1120. Accountability for research and development programs.''.

(2) Section 1115(f) of title 31, United States Code, is amended by striking ''section and sections 1116 through 1119,'' and inserting ''section, sections 1116 through 1120,''.

TITLE II—NETWORKING AND INFORMATION TECHNOLOGY

SEC. 201. SHORT TITLE.

This title may be cited as the ''Networking and Information Technology Research and Development Act''.

SEC. 202. FINDINGS.

The Congress makes the following findings:

(1) Information technology will continue to change the way Americans live, learn, and work. The information revolution will improve the workplace and the quality and accessibility of health care and education and make Government more responsible and accessible. It is important that access to information technology be available to all citizens, including elderly Americans and Americans with disabilities.

(2) Information technology is an imperative enabling technology that contributes to scientific disciplines. Major advances in biomedical research, public safety, engineering, and other critical areas depend on further advances in computing and communications.

(3) The United States is the undisputed global leader in information technology.

(4) Information technology is recognized as a catalyst for economic growth and prosperity.

(5) Information technology represents one of the fastest growing sectors of the United States economy, with electronic commerce alone projected to become a trillion-dollar business by 2005.

(6) Businesses producing computers, semiconductors, software, and communications equipment account for one-third of the total growth in the United States economy since 1992.

(7) According to the United States Census Bureau, between 1993 and 1997, the information technology sector grew an average of 12.3 percent per year.

(8) Fundamental research in information technology has enabled the information revolution.

(9) Fundamental research in information technology has contributed to the creation of new industries and new, high-paying jobs.

(10) Our Nation's well-being will depend on the understanding, arising from fundamental research, of the social and economic benefits and problems arising from the increasing pace of information technology transformations.

(11) Scientific and engineering research and the availability of a skilled workforce are critical to continued economic growth driven by information technology.

(12) In 1997, private industry provided most of the funding for research and development in the information technology sector. The information technology sector now receives, in absolute terms, one-third of all corporate spending on research and development in the United States economy.

(13) The private sector tends to focus its spending on short-term, applied research.

(14) The Federal Government is uniquely positioned to support long-term fundamental research.

(15) Federal applied research in information technology has grown at almost twice the rate of Federal basic research since 1986.

(16) Federal science and engineering programs must increase their emphasis on long-term, high-risk research.

(17) Current Federal programs and support for fundamental research in information technology is inadequate if we are to maintain the Nation's global leadership in information technology.

SEC. 203. AUTHORIZATION OF APPROPRIATIONS.

(a) NATIONAL SCIENCE FOUNDATION.—Section 201(b) of the High-Performance Computing Act of 1991 (15 U.S.C. 5521(b)) is amended—

(1) by striking ''From sums otherwise authorized to be appropriated, there'' and inserting ''There'';

(2) by striking ''1995; and'' and inserting ''1995;''; and

(3) by striking the period at the end and inserting ''; $580,000,000 for fiscal year 2000;

$699,300,000 for fiscal year 2001; $728,150,000 for fiscal year 2002; $801,550,000 for fiscal year 2003; and $838,500,000 for fiscal year 2004. Amounts authorized under this subsection shall be the total amounts authorized to the National Science Foundation for a fiscal year for the Program, and shall not be in addition to amounts previously authorized by law for the purposes of the Program.''.

(b) NATIONAL AERONAUTICS AND SPACE ADMINISTRATION.—Section 202(b) of the High-Performance Computing Act of 1991 (15 U.S.C. 5522(b)) is amended—

(1) by striking ''From sums otherwise authorized to be appropriated, there'' and inserting ''There'';

(2) by striking ''1995; and'' and inserting ''1995;''; and

(3) by striking the period at the end and inserting ''; $164,400,000 for fiscal year 2000; $201,000,000 for fiscal year 2001; $208,000,000 for fiscal year 2002; $224,000,000 for fiscal year 2003; and $231,000,000 for fiscal year 2004.''.

(c) DEPARTMENT OF ENERGY.—Section 203(e)(1) of the High-Performance Computing Act of 1991 (15 U.S.C. 5523(e)(1)) is amended—

(1) by striking ''1995; and'' and inserting ''1995;''; and

(2) by striking the period at the end and inserting ''; $119,500,000 for fiscal year 2000; $175,000,000 for fiscal year 2001; $220,000,000 for fiscal year 2002; $250,000,000 for fiscal year 2003; and $300,000,000 for fiscal year 2004.''.

(d) NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY.—(1) Section 204(d)(1) of the High-Performance Computing Act of 1991 (15 U.S.C. 5524(d)(1)) is amended—

(A) by striking ''1995; and'' and inserting ''1995;''; and

(B) by striking ''1996; and'' and inserting ''1996; $9,000,000 for fiscal year 2000; $9,500,000 for fiscal year 2001; $10,500,000 for fiscal year 2002; $16,000,000 for fiscal year 2003; and $17,000,000 for fiscal year 2004; and''.

(2) Section 204(d) of the High-Performance Computing Act of 1991 (15 U.S.C. 5524(d)) is amended by striking ''From sums otherwise authorized to be appropriated, there'' and inserting ''There''.

(e) NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION.—Section 204(d)(2) of the High-Performance Computing Act of 1991 (15 U.S.C. 5524(d)(2)) is amended—

(1) by striking ''1995; and'' and inserting ''1995;''; and

(2) by striking the period at the end and inserting ''; $13,500,000 for fiscal year 2000; $13,900,000 for fiscal year 2001; $14,300,000 for fiscal year 2002; $14,800,000 for fiscal year 2003; and $15,200,000 for fiscal year 2004.''.

(f) ENVIRONMENTAL PROTECTION AGENCY.—Section 205(b) of the High-Performance Computing Act of 1991 (15 U.S.C. 5525(b)) is amended—

(1) by striking ''From sums otherwise authorized to be appropriated, there'' and inserting ''There'';

(2) by striking ''1995; and'' and inserting ''1995;''; and

(3) by striking the period at the end and inserting ''; $4,200,000 for fiscal year 2000; $4,300,000 for fiscal year 2001; $4,500,000 for fiscal year 2002; $4,600,000 for fiscal year 2003; and $4,700,000 for fiscal year 2004.''.

(g) NATIONAL INSTITUTES OF HEALTH.—Title II of the High-Performance Computing Act of 1991 (15 U.S.C. 5521 et seq.) is amended by inserting after section 205 the following new section:

''SEC. 205A. NATIONAL INSTITUTES OF HEALTH ACTIVITIES.

''(a) GENERAL RESPONSIBILITIES.—As part of the Program described in title I, the National Institutes of Health shall support activities directed toward establishing University-based centers of excellence pursuing research and training in areas of intersection of information technology and the biomedical, life sciences, and behavioral research; research and development on technologies and processes to better manage genomic and related life science data bases; and, computation infrastructure for and related research on modeling and simulation, as applied to biomedical, life science, and behavioral research. In pursuing the above programs and in support of its mission of biomedical, life sciences, and behavioral research, National Institutes of Health should work in close cooperation with agencies involved in related information technology research and application efforts.

''(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Secretary of Health and Human Services for the purposes of the Program $223,000,000 for fiscal year 2000, $233,000,000 for fiscal year 2001, $242,000,000 for fiscal year 2002, $250,000,000 for fiscal year 2003, and $250,000,000 for fiscal year 2004.''.

SEC. 204. NETWORKING AND INFORMATION TECHNOLOGY RESEARCH AND DEVELOPMENT.

(a) NATIONAL SCIENCE FOUNDATION.—Section 201 of the High-Performance Computing Act of 1991 (15 U.S.C. 5521) is amended by adding at the end the following new subsections:

''(c) NETWORKING AND INFORMATION TECHNOLOGY RESEARCH AND DEVELOPMENT.—(1) Of the amounts authorized under subsection (b), $350,000,000 for fiscal year 2000, $421,000,000 for fiscal year 2001, $442,000,000 for fiscal year 2002, $486,000,000 for fiscal year 2003, and $515,000,000 for fiscal year 2004 shall be available for grants for long-term basic research on networking and information technology, with priority given to research that helps address issues related to high end computing and software; network stability, fragility, reliability, security (including privacy and counterinitiatives), and scalability; and the social and economic consequences (including the consequences for healthcare) of information technology.

''(2) In each of the fiscal years 2000 and 2001, the National Science Foundation shall award under this subsection up to 25 large grants of up to $1,000,000 each, and in each of the fiscal years 2002, 2003, and 2004, the National Science Foundation shall award under this subsection up to 35 large grants of up to $1,000,000 each.

''(3)(A) Of the amounts described in paragraph (1), $40,000,000 for fiscal year 2000, $45,000,000 for fiscal year 2001, $50,000,000 for fiscal year 2002, $55,000,000 for fiscal year 2003, and $60,000,000 for fiscal year 2004 shall be available for grants of up to $5,000,000 each for Information Technology Research Centers.

''(B) For purposes of this paragraph, the term 'Information Technology Research Centers' means groups of six or more researchers collaborating across scientific and engineering disciplines on large-scale long-term research projects which will significantly advance the science supporting the development of information technology or the use of information technology in addressing scientific issues of national importance.

''(d) MAJOR RESEARCH EQUIPMENT.—(1) In addition to the amounts authorized under subsection (b), there are authorized to be appropriated to the National Science Foundation $70,000,000 for fiscal year 2000, $70,000,000 for fiscal year 2001, $80,000,000 for fiscal year 2002, $80,000,000 for fiscal year 2003, and $85,000,000 for fiscal year 2004 for grants for the development of major research equipment to establish terascale computing capabilities at one or more sites and to promote diverse computing architectures. Awards made under this subsection shall provide for support for the operating expenses of facilities established to provide the terascale computing capabilities, with funding for such operating expenses derived from amounts available under subsection (b).

''(2) Grants awarded under this subsection shall be awarded through an open, nationwide, peer-reviewed competition. Awardees may include consortia consisting of members from some or all of the following types of institutions:

''(A) Academic supercomputer centers.

''(B) State-supported supercomputer centers.

''(C) Supercomputer centers that are supported as part of federally funded research and development centers.

Notwithstanding any other provision of law, regulation, or agency policy, a federally funded research and development center may apply for a grant under this subsection, and may compete on an equal basis with any other applicant for the awarding of such a grant.

''(3) As a condition of receiving a grant under this subsection, an awardee must agree—

''(A) to connect to the National Science Foundation's Partnership for Advanced Computational Infrastructure network;

''(B) to the maximum extent practicable, to coordinate with other federally funded large-scale computing and simulation efforts; and

''(C) to provide open access to all grant recipients under this subsection or subsection (c).

''(e) INFORMATION TECHNOLOGY EDUCATION AND TRAINING GRANTS.—

''(1) INFORMATION TECHNOLOGY GRANTS.—The National Science Foundation shall provide grants under the Scientific and Advanced Technology Act of 1992 for the purposes of section 3 (a) and (b) of that Act, except that the activities supported pursuant to this paragraph shall be limited to improving education in fields related to information technology. The Foundation shall encourage institutions with a substantial percentage of student enrollments from groups underrepresented in information technology industries to participate in the competition for grants provided under this paragraph.

''(2) INTERNSHIP GRANTS.—The National Science Foundation shall provide—

''(A) grants to institutions of higher education to establish scientific internship programs in information technology research at private sector companies; and

''(B) supplementary awards to institutions funded under the Louis Stokes Alliances for Minority Participation program for internships in information technology research at private sector companies.

''(3) MATCHING FUNDS.—Awards under paragraph (2) shall be made on the condition that at least an equal amount of funding for the internship shall be provided by the private sector company at which the internship will take place.

''(4) DEFINITION.—For purposes of this subsection, the term 'institution of higher education' has the meaning given that term in section 1201(a) of the Higher Education Act of 1965 (20 U.S.C. 1141(a)).

''(5) AVAILABILITY OF FUNDS.—Of the amounts described in subsection (c)(1), $10,000,000 for fiscal year 2000, $15,000,000 for fiscal year 2001, $20,000,000 for fiscal year 2002, $25,000,000 for fiscal year 2003, and $25,000,000 for fiscal year 2004 shall be available for carrying out this subsection.

''(f) EDUCATIONAL TECHNOLOGY RESEARCH.—

''(1) RESEARCH PROGRAM.—As part of its responsibilities under subsection (a)(1), the National Science Foundation shall establish a research program to develop, demonstrate, assess, and disseminate effective applications of information and computer technologies for elementary and secondary education. Such program shall—

''(A) support research projects, including collaborative projects involving academic researchers and elementary and secondary schools, to develop innovative educational materials, including software, and pedagogical approaches based on applications of information and computer technology;

''(B) support empirical studies to determine the educational effectiveness and the cost effectiveness of specific, promising educational approaches, techniques, and materials that are based on applications of information and computer technologies; and

''(C) include provision for the widespread dissemination of the results of the studies carried out under subparagraphs (A) and (B), including maintenance of electronic libraries of the best educational materials identified accessible through the Internet.

''(2) REPLICATION.—The research projects and empirical studies carried out under paragraph (1) (A) and (B) shall encompass a wide variety of educational settings in order to identify approaches, techniques, and materials that have a high potential for being successfully replicated throughout the United States.

''(3) AVAILABILITY OF FUNDS.—Of the amounts authorized under subsection (b), $10,000,000 for fiscal year 2000, $10,500,000 for fiscal year 2001, $11,000,000 for fiscal year 2002, $12,000,000 for fiscal year 2003, and $12,500,000 for fiscal year 2004 shall be available for the purposes of this subsection.

''(g) PEER REVIEW.—All grants made under this section shall be made only after being subject to peer review by panels or groups having private sector representation.''.

(b) OTHER PROGRAM AGENCIES.—

(1) NATIONAL AERONAUTICS AND SPACE ADMINISTRATION.—Section 202(a) of the High-Performance Computing Act of 1991 (15 U.S.C. 5522(a)) is amended by inserting '', and may participate in or support research described in section 201(c)(1)'' after ''and experimentation''.

(2) DEPARTMENT OF ENERGY.—Section 203(a) of the High-Performance Computing Act of 1991 (15 U.S.C. 5523(a)) is amended by striking the period at the end and inserting a comma, and by adding after paragraph (4) the following:

''conduct an integrated program of research, development, and provision of facilities to develop and deploy to scientific and technical users the high performance computing and collaboration tools needed to fulfill the statutory mission of the Department of Energy, and may participate in or support research described in section 201(c)(1).''.

(3) NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY.—Section 204(a)(1) of the High-Performance Computing Act of 1991 (15 U.S.C. 5524(a)(1)) is amended by striking ''; and'' at the end of subparagraph (C) and inserting a comma, and by adding after subparagraph (C) the following:

''and may participate in or support research described in section 201(c)(1); and''.

(4) NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION.—Section 204(a)(2) of the High-Performance Computing Act of 1991 (15 U.S.C. 5524(a)(2)) is amended by inserting '', and may participate in or support research described in section 201(c)(1)'' after ''agency missions''.

(5) ENVIRONMENTAL PROTECTION AGENCY.—Section 205(a) of the High-Performance Computing Act of 1991 (15 U.S.C. 5525(a)) is amended by inserting '', and may participate in or support research described in section 201(c)(1)'' after ''dynamics models''.

(6) UNITED STATES GEOLOGICAL SURVEY.—Title II of the High-Performance Computing Act of 1991 (15 U.S.C. 5521 et seq.) is amended—

(A) by redesignating sections 207 and 208 as sections 208 and 209, respectively; and

(B) by inserting after section 206 the following new section:

''SEC. 207. UNITED STATES GEOLOGICAL SURVEY.

''The United States Geological Survey may participate in or support research described in section 201(c)(1).''.

SEC. 205. NEXT GENERATION INTERNET.

(a) IN GENERAL.—Section 103(d) of the High-Performance Computing Act of 1991 (15 U.S.C. 5513(d)) is amended—

(1) in paragraph (1)—

(A) by striking ''1999 and'' and inserting ''1999,''; and

(B) by inserting '', $15,000,000 for fiscal year 2001, and $15,000,000 for fiscal year 2002'' after ''fiscal year 2000'';

(2) in paragraph (2), by inserting '', and $25,000,000 for fiscal year 2001 and $25,000,000 for fiscal year 2002'' after ''Act of 1998'';

(3) in paragraph (4)—

(A) by striking ''1999 and'' and inserting ''1999,''; and

(B) by inserting '', $10,000,000 for fiscal year 2001, and $10,000,000 for fiscal year 2002'' after ''fiscal year 2000''; and

(4) in paragraph (5)—

(A) by striking ''1999 and'' and inserting ''1999,''; and

(B) by inserting '', $5,500,000 for fiscal year 2001, and $5,500,000 for fiscal year 2002'' after ''fiscal year 2000''.

(b) RURAL INFRASTRUCTURE.—Section 103 of the High-Performance Computing Act of 1991 (15 U.S.C. 5513) is amended by adding at the end thereof the following:

''(e) RURAL INFRASTRUCTURE.—Out of appropriated amounts authorized by subsection (d), not less than 10 percent of the total amounts shall be made available to fund research grants for making high-speed connectivity more accessible to users in geographically remote areas. The research shall include investigations of wireless, hybrid, and satellite technologies. In awarding grants under this subsection, the administering agency shall give priority to qualified, post-secondary educational institutions that participate in the Experimental Program to Stimulate Competitive Research.''.

(c) MINORITY AND SMALL COLLEGE INTERNET ACCESS.—Section 103 of the High-Performance Computing Act of 1991 (15 U.S.C. 5513), as amended by subsection (b), is further amended by adding at the end thereof the following:

''(f) MINORITY AND SMALL COLLEGE INTERNET ACCESS.—Not less than 5 percent of the amounts made available for research under subsection (d) shall be used for grants to institutions of higher education that are Hispanic-serving, Native American, Native Hawaiian, Native Alaskan, Historically Black, or small colleges and universities.''.

(d) DIGITAL DIVIDE STUDY.—

(1) IN GENERAL.—The National Academy of Sciences shall conduct a study to determine the extent to which the Internet backbone and network infrastructure contribute to the uneven ability to access to Internet-related technologies and services by rural and low-income Americans. The study shall include—

(A) an assessment of the existing geographical penalty (as defined in section 7(a)(1) of the Next Generation Internet Research Act of 1998 (15 U.S.C. 5501 nt.)) and its impact on all users and their ability to obtain secure and reliable Internet access;

(B) a review of all current federally funded research to decrease the inequity of Internet access to rural and low-income users; and

(C) an estimate of the potential impact of Next Generation Internet research institutions acting as aggregators and mentors for nearby smaller or disadvantaged institutions.

(2) REPORT.—The National Academy of Sciences shall transmit a report containing the results of the study and recommendations required by paragraph (1) to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Science within 1 year after the date of enactment of this Act.

(3) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the National Academy of Sciences such sums as may be necessary to carry out this subsection.

SEC. 206. REPORTING REQUIREMENTS.

Section 101 of the High-Performance Computing Act of 1991 (15 U.S.C. 5511) is amended—

(1) in subsection (b)—

(A) by redesignating paragraphs (1) through (5) as subparagraphs (A) through (E), respectively;

(B) by inserting ''(1)'' after ''ADVISORY COMMITTEE.—''; and

(C) by adding at the end the following new paragraph:

''(2) In addition to the duties outlined in paragraph (1), the advisory committee shall conduct periodic evaluations of the funding, management, implementation, and activities of the Program, the Next Generation Internet program, and the Networking and Information Technology Research and Development program, and shall report not less frequently than once every 2 fiscal years to the Committee on Science of the House of Representatives and the Committee on Commerce, Science, and Transportation of the Senate on its findings and recommendations. The first report shall be due within 1 year after the date of the enactment of the Federal Research Investment Act.''; and

(2) in subsection (c) (1)(A) and (2), by inserting '', including the Next Generation Internet program and the Networking and Information Technology Research and Development program'' after ''Program'' each place it appears.

SEC. 207. REPORT TO CONGRESS.

Section 103 of the High-Performance Computing Act of 1991 (15 U.S.C. 5513), as amended by section 205 of this title, is further amended by redesignating subsections (b), (c), and (d) as subsections (c), (d), and (e), respectively, and by inserting after subsection (a) the following new subsection:

''(b) REPORT TO CONGRESS.—

''(1) REQUIREMENT.—The Director of the National Science Foundation shall conduct a study of the issues described in paragraph (3), and not later than 1 year after the date of the enactment of the Federal Research Investment Act, shall transmit to the Congress a report including recommendations to address those issues. Such report shall be updated annually for 6 additional years.

''(2) CONSULTATION.—In preparing the reports under paragraph (1), the Director of the National Science Foundation shall consult with the National Aeronautics and Space Administration, the National Institute of Standards and Technology, and such other Federal agencies and educational entities as the Director of the National Science Foundation considers appropriate.

''(3) ISSUES.—The reports shall—

''(A) identify the current status of high-speed, large bandwidth capacity access to all public elementary and secondary schools and libraries in the United States;

''(B) identify how high-speed, large bandwidth capacity access to the Internet to such schools and libraries can be effectively utilized within each school and library;

''(C) consider the effect that specific or regional circumstances may have on the ability of such institutions to acquire high-speed, large bandwidth capacity access to achieve universal connectivity as an effective tool in the education process; and

''(D) include options and recommendations for the various entities responsible for elementary and secondary education to address the challenges and issues identified in the reports.''.

SEC. 208. STUDY OF ACCESSIBILITY TO INFORMATION TECHNOLOGY.

Section 201 of the High-Performance Computing Act of 1991 (15 U.S.C. 5524), as amended by sections 3(a) and 4(a) of this Act, is amended further by inserting after subsection (g) the following new subsection:

''(h) STUDY OF ACCESSIBILITY TO INFORMATION TECHNOLOGY.—

''(1) STUDY.—Not later than 90 days after the date of the enactment of the Federal Research Investment Act, the Director of the National Science Foundation, in consultation with the National Institute on Disability and Rehabilitation Research, shall enter into an arrangement with the National Research Council of the National Academy of Sciences for that Council to conduct a study of accessibility to information technologies by individuals who are elderly, individuals who are elderly with a disability, and individuals with disabilities.

''(2) SUBJECTS.—The study shall address—

''(A) current barriers to access to information technologies by individuals who are elderly, individuals who are elderly with a disability, and individuals with disabilities;

''(B) research and development needed to remove those barriers;

''(C) Federal legislative, policy, or regulatory changes needed to remove those barriers; and

''(D) other matters that the National Research Council determines to be relevant to access to information technologies by individuals who are elderly, individuals who are elderly with a disability, and individuals with disabilities.

''(3) TRANSMITTAL TO CONGRESS.—The Director of the National Science Foundation shall transmit to the Congress within 2 years of the date of the enactment of the Federal Research Investment Act a report setting forth the findings, conclusions, and recommendations of the National Research Council.

''(4) FEDERAL AGENCY COOPERATION.—Federal agencies shall cooperate fully with the National Research Council in its activities in carrying out the study under this subsection.

''(5) AVAILABILITY OF FUNDS.—Funding for the study described in this subsection shall be available, in the amount of $700,000, from amounts described in subsection (c)(1).''.

SEC. 209. COMPTROLLER GENERAL STUDY.

Not later than 1 year after the date of the enactment of this Act, the Comptroller General shall transmit to the Congress a report on the results of a detailed study analyzing the effects of this Act, and the amendments made by this Act, on lower income families, minorities, and women.

CHILDREN'S HEALTH ACT OF 2000

Mr. LOTT. I ask unanimous consent that the health committee be discharged from further consideration of H.R. 4365 and the Senate then proceed to its immediate consideration.

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

The assistant legislative clerk read as follows:

A bill (H.R. 4365) to amend the Public Health Service Act with respect to children's health.

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

AMENDMENT NO. 4181

Mr. LOTT. Senator FRIST has an amendment at the desk and I ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Mississippi [Mr. LOTT], for Mr. FRIST, proposes an amendment numbered 4181.

Mr. LOTT. Mr. President, I ask unanimous consent reading of the amendment be dispensed with.

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

(The text of the amendment is printed in today's RECORD under ''Amendments Submitted.'')

Mr. FRIST. Mr. President, I am pleased that the Senate has passed today, H.R. 4365, the Children's Health Act of 2000, a comprehensive of several important children's health bills on which I and the rest of the Senate have spent a great amount of time over the past year and a half. These bills address a wide variety of critical children's health issues, including day care safety, maternal and infant health, pediatric public health promotion, pediatric research, and efforts to fight youth drug abuse and provide mental health services. Collectively, this comprehensive bill will form the backbone of efforts that will improve the health and safety of America's children well into the coming years.

The bill which passed the Senate today includes two divisions, with Division A addressing issues regarding children's health, while Division B addresses youth drug abuse.

Perhaps the most critical section in Division A of this bill are provisions relating to day care health and safety, which were included in S. 2263, the ''Children's Day Care Health and Safety Improvement Act,'' which I introduced with Senator DODD on March 9, 2000. These provisions recognize that while more than 13 million children under the age of six spend some part of their day in day care, including 254,000 children in Tennessee alone, evidence suggests a need to make these settings safer and improve the health of children in child care settings.

The danger in child care settings has recently become evident in Tennessee. Tragically, within the span of 2 years, there have been 4 deaths in child care settings in Memphis, and 1 in 5 child-care programs in the Nashville area were found to have potentially put the health and safety of children at risk during 1999. But this isn't just a Tennessee concern. It affects parents nationwide.

For example, according to a Consumer Product Safety Commission Study, in 1997, 31,000 children ages four and younger were treated in hospital emergency rooms for injuries sustained in child care or school settings. Since 1990, more than 60 children have died in child care settings. This is unacceptable. The thousands of parents leaving their children in the hands of child care providers each day deserve reassurance that their children are safe.

Further evidence of day care health and safety concerns were made clear in a recent study by the American Academy of Pediatrics which showed a disturbing trend among infants and Sudden Infant Death Syndrome (SIDS) in day care. The study examined 1,916 SIDS cases from 1995 to 1997 in 11 states, and found that about 20 percent, 391 deaths, occurred in day care settings. Most troubling was the fact that in over half of the cases where caretakers placed children on their stomach, the children were usually put to sleep on their backs by their parents.

Parents and advocates who are dedicated in helping to eliminate the incidence of SIDS have urged that child care providers be required to have SIDS risk reduction education. I agree, which is why I included provision in the bill to carry out several activities, including the use of health consultants to give health and safety advice to child care providers on important issues like SIDS prevention.

Overall the bill provides $200 million to states, including $4.2 million for my state of Tennessee, to help improve the health and safety of children in child care. The grants could be used for a number of activities, including child care provider training and education; inspections and criminal background checks for day care providers; enhancements to improve a facility's ability to serve children with disabilities; transportation safety procedures; and information for parents on choosing a safe and healthy day care setting. The funding could also be used to help child care facilities meet health and safety standards or employ health consultants to give health and safety advice to child care providers.

As a father, my highest concern is the safety of my three sons, and I understand the fears that so many parents have. Parents shouldn't be afraid to leave their children in the care of a licensed child care facility. This bill helps ensure that our child care centers will be safer.

The major portion of Division A are provisions which were included in the ''Children's Public Health Act of 2000'' which I introduced on July 13, 2000 with Senators JEFFRODS and KENNEDY. Provisions in the ''Children's Public Health Act of 2000'' address a wide range of children's health issues including maternal and infant health, pediatric health promotion, and pediatric research.

Unintentional injuries are the leading cause of death for every age group between 1 and 19 years of age, comprising 26 deaths per 100,000 children aged 1–14 and 62 deaths per 100,000 children aged 15–19. More than 1.5 million American children suffer a brain injury each year. Therefore, the bill reauthorizes and strengthens the Traumatic Brain Injury programs at the Centers for Disease Control and Prevention

(CDC), the National Institutes of Health (NIH) and the Health Resources and Services Administration (HRSA).

Because birth defects are the leading cause of infant mortality and are responsible for about 30 percent of all pediatric hospital admissions, the bill also focuses on maternal and infant health. This legislation establishes a National Center for Birth Defects and Developmental Disabilities at the CDC to collect, analyze, and distribute data on birth defects. In addition, the bill authorizes the Healthy Start program to reduce the rate of infant mortality and improve perinatal outcomes by providing grants to areas with a high incidence of infant mortality and low birth weight.

Furthermore, over 3,000 women experience serious complications due to pregnancy. Two out of three will die from complications in their pregnancy. Therefore, the bill develops a national monitoring and surveillance program to better understand maternal complications and mortality, and to decrease the disparities among populations at risk of death and complications from pregnancy.

The bill also combats some of the most common childhood diseases and conditions. For instance, it provides comprehensive asthma services and coordinates the wide range of asthma prevention programs in the federal government to address the most common chronic childhood disease, asthma, which affects nearly 5 million children.

We also focus on childhood obesity, which has doubled in just the past 15 years, and produced 4.7 million seriously overweight children and adolescents ages 6–19 years. To address this epidemic, the bill supports state and community-based programs to promote good nutrition and increased physical activity among American youth.

In examining the problems affecting children across the nation and in Tennessee, I was very concerned to learn that in Memphis, over 12 percent of children under the age of 6 may have lead poisoning. Such poisoning can cause a variety of debilitating health problems, including seizure, and coma, and even death. Even at lower levels, lead can contribute to learning disabilities, loss of intelligence, hyperactivity, and behavioral problems. This bill includes physician education and training programs on current lead screening policies, tracks the percentage of children in the Health Centers program who are screened for lead poisoning, and conducts outreach and education for families at risk of lead poisoning,

The May 2000 Surgeon General's report noted that oral health is inseparable from overall health, and that while a majority of the population has experienced great improvements in oral health, disparities affecting poor children and those who live in underserved areas represent 80 percent of all dental cavities in 20 percent of children. This bill encourages pediatric oral health by supporting community-based research and training to improve the understanding of etiology, pathogenesis, diagnoses, prevention, and treatment of pediatric oral, dental, and craniofacial diseases.

Finally, the bill strengthens pediatric research efforts by establishing a Pediatric Research Initiative within the NIH to enhance collaborative efforts, provide increased support for pediatric biomedical research, and ensure that opportunities for advancement in scientific investigations and care for children are realized.

I also want to highlight the critical issue of childhood research protections. Included in this bill are provisions to address safety issues in children's research by requiring the Secretary of HHS to review the current federal regulations for the protection of children participating in research, which address such issues as determining acceptable levels of risk and obtaining parental permission, and to report to Congress on how to ensure the highest standards of safety. Also, the provision requires that all HHS-funded and regulated research comply with these additional protections for children. During this year, the Senate Subcommittee on Public Health, which I chair, held two important hearings relating to gene therapy trials and human subject protections. The Subcommittee discovered that there was a lapse of protection for individuals participating as subjects in clinical trial research. Next Congress, I intend to make the further review and updating of human subject protections a major priority of the Subcommittee.

Division B of the bill contains provisions which address the scourge upon children of drug abuse. The 1999 National Household Survey on Drug Abuse, conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), reported that 10.9 percent of youths age 12–17 currently use illicit drugs. It further estimated that nearly 11.3 percent of 12–17 year-old boys and 10.5 percent of 12–17 year-old girls used drugs in the past month. But just as important is the growth in alcohol abuse among our youth, as SAMHSA reports that 10.4 million current drinkers are younger than the legal drinking age of 21 and that more than 6.8 million engaged in binge drinking. Tragically, all of these numbers among youth substance abuse have risen since 1992.

To address the tragedy of drug use by our children, the bill incorporates the ''Youth Drug and Mental Health Services Act,'' which I introduced with Senator KENNEDY last spring and was first passed the Senate on November 3, 1999.

The ''Youth Drug'' bill addresses the problem of youth substance abuse by reauthorizing and improving SAMHSA through a renewed focus on youth and adolescent substance abuse and mental health services, in conjunction with greater flexibility and new accountability for States for the use of federal funds.

Created in 1992 to assist States in reducing the incidence of substance abuse and mental illness through prevention and treatment programs, SAMHSA provides funds to States for alcohol and drug abuse prevention and treatment programs and activities, as well as mental health services, with its block grants accounting for 40 percent and 15 percent respectively of all substance abuse and community mental health services funding in the States. In my own State of Tennessee, SAMHSA provides more than 70 percent of overall funding for the Tennessee Department of Health's Bureau of Alcohol and Drug Abuse Services.

This bill accomplishes six critical goals: (1) promotes State flexibility by easing outdated or unneeded requirements governing the expenditure of Federal block grants; (2) ensures State accountability by moving away from the present system's inefficiencies to a performance based system; (3) provides substance abuse treatment services and early intervention substance abuse services for children and adolescents; (4) helps local communities treat violent youth and minimize outbreaks of youth violence through partnerships among schools, law enforcement and mental health services; (5) ensures Federal funding for substance abuse or mental health emergencies; and (6) supports and expands programs providing mental health and substance abuse treatment services to homeless individuals.

The bill also includes a number of other important provisions, including those to address how to treat individuals with co-occurring mental health and substance abuse disorders the proper and safe use of restraints and seclusions in mental health facilities, and important ''charitable choice'' provision that permits Federal assistance for religious organizations providing substance abuse services. We know that no one approach works for everyone who needs and wants substance abuse treatment and that faith-based programs have strong records of successful rehabilitation. This provision will allow faith-based programs to continue to offer their assistance and expertise.

The ''Youth Drug and Mental Health Services Act'' provides Tennessee and other states needed funds for community based programs helping individuals with substance abuse and mental health disorders, dramatically increasing State flexibility and ensuring that each State is able to address its unique needs. The bill provides a much needed focus on the troubling issue of drug use by our youth and helps local communities deal with the issue of children and violence.

I would also like to highlight the ''Methamphetamine Anti-Proliferation Act of 1999,'' which is sponsored by Senator ASHCROFT and included in this comprehensive bill. This bill address the plague of methamphetamine which has severely impacted Tennessee, other

southern states, the Mid-West, and Rocky Mountain states. Under these provisions, criminal penalties are increased for individuals who manufacture methamphetamine. The provisions also increase funding for law enforcement training and target high intensity methamphetamine trafficking areas.

Finally the bill also tackles another devastating drug which has shown signs of increased use in our youth, the drug known as ''Ecstasy.'' In short, the bill directs the Sentencing Commission to review and amend the Ecstasy guidelines to provide for increased penalties to reflect the seriousness of the offenses of trafficking in and importing Ecstasy and related drugs.

Mr. President, this legislation which has passed the Senate today is a comprehensive, multifaceted attack on the numerous threats to our children's health. I am thankful for all my colleagues for their support and willingness to help the children of this nation. I would especially like to thank Senators JEFFORDS and KENNEDY and Representatives TOM BLILEY, MICHAEL BILIRAKIS, JOHN DINGELL and SHERROD BROWN, and their excellent staffs for all the hard work and dedication which has gone into this bill. I would also like to thank Mr. Bill Baird and Ms. Daphne Edwards, of the Office of Senate Legislative Counsel, for their tireless work and for their great expertise in drafting this comprehensive bill. I would also like to personally thank Mr. Joseph Faha, Director of Legislation and External Affairs of the Substance Abuse and Mental Health Service Administration as well as other member of the Department of Health of Human Services. Finally, I would like to thank my Staff Director, of the Public Health Subcommittees, Anne Phelps and my Health Policy Advisor, Dave Larson. Finally, I would like to thank the may groups advocating on behalf of children and parents and families who have worked so hard to bring this bill to fruition. I look forward to swift action in the House on this measure and it's enactment into law.

Mr. KENNEDY. Mr. President, this legislation will help millions of children in the years ahead. It takes needed action to improve children's health by expanding pediatric research and taking specific steps to deal with a wide range of childhood illnesses, disorders, and injuries. It also reauthorizes the Substance Abuse and Mental Health Services Adminstration, which has an important role in reducing substance abuse and maintaining and improving the mental health of the nation's children and adolescents. Coordinated efforts in these areas can lead to significant benefits for all children.

Senator FRIST and I have worked closely with many of our Democratic and Republican colleagues on this important legislation. We have talked with experts and advocates in the children's health community and in the mental health and substance abuse treatment communities. This legislation will lead to significant progress in addressing many of today's most pressing pediatric public health problems.

The legislation includes a variety of new and reauthorized children's health provisions. It represents a compromise with our colleagues in the House and addresses a wide range of pediatric public health issues raised by experts in the field and championed by numerous members from both sides of the aisle in both chambers.

Division A of the bill focuses on general children's health. It includes programs to improve the health of pregnant women and prenatal outcomes, including prevention of birth defects and low birth weight. It establishes a new Center for Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention, in order to focus the nation's activities more effectively in these important areas. It also directs the Secretary of the Department of Health and Human Services to expand public education efforts on folic acid consumption in order to decrease neural tube birth defects.

The bill also deals with traumatic brain injury which is the leading cause of death and disability in young Americans. The Centers for Disease Control and Prevention has estimated that 5.3 million Americans are living with long-term, severe disability as a result of brain injuries, and each year 50,000 people die as a result of such injuries. The Children's Public Health Act revises and extends the authorization for a series of important programs that were enacted in 1996 to deal with these injuries. This reauthorization will assure continued progress toward understanding, treating and preventing them.

In addition, the bill includes the long overdue reauthorization of the CDC's Injury Prevention and Control Programs. There are steps we should take to modernize this authority and increase the authorization levels, but it is welcome progress at last to renew its authorization.

Improving and protecting the safety of child care facilities is also a high priority for Congress. This legislation creates a new program to improve the safety of children in child care settings, and to encourage child care providers to take steps to prevent illness and injuries and protect the health of the children they serve.

It is said that the 21st century will be the century of life sciences. Our national health policy will have the benefit of brilliant new scientific discoveries that have already begun to change how we diagnose, treat and prevent countless conditions. The legislation creates a new grant program that focuses on inherited disorders. Based on legislation introduced last year that has the strong support of a broad-based coalition of both the genetics and public health communities, our bill provides funds for state or local public health departments to expand existing programs or initiate new programs that provide screening, counseling or health services to infants and children who have genetic conditions or are at risk for such conditions. It also establishes an Advisory Committee to assist the Secretary on these issues.

The bill also takes a number of steps to address other prevalent childhood conditions. Asthma is the most common chronic childhood illness, affecting more than seven percent of all American children. The death rate for children with asthma increased by 78 percent between 1980 and 1993, and asthma-related costs total nearly $2 billion annually in direct health care for children. The nation is handicapped by a lack of basic information on where and how asthma strikes, what triggers it, and how effectively the health care system is responding to those who suffer from this chronic disease. Our bill will provide greater asthma services to children, including mobile clinics and patient and family education, and it will help to reduce allergens in housing and public facilities.

Poor nutrition and lack of physical activity are also hurting many American children and contributing to lifelong health problems. The nation spends $39 billion a year—equal to six percent of overall U.S. health care expenditures—on direct health care related to obesity. Twenty percent of American children—one in five—are overweight. Unhealthy eating habits and physical inactivity in childhood can lead to heart disease, cancer and other serious illnesses decades later. Children and adolescents who suffer from eating disorders, such as anorexia nervosa and bulimia, can have wide-ranging physical and mental health impairments. Our legislation establishes new grant programs to reduce childhood obesity and eating disorders, promote better nutritional habits among children, and encourage an appropriate level of physical activity for children and adolescents.

The bill also requires the Secretary to study issues related to effective treatment for metabolic disorders, including PKU, and access to such treatments, in order to prevent worsening of these conditions. It is my hope that this study will be useful for employers, insurers, insurance commissioners and others who provide insurance or set coverage standards.

Another major area where additional efforts are needed is dental care. Last May, the Surgeon General published a landmark report on oral health in America, emphasizing the need to consider oral health as an essential part of total health. There is no question that oral and dental health care should be included in primary care. Tooth decay is the most common childhood infectious disease, and it can lead to devastating consequences, including problems with eating, learning and speech. Twenty-five percent of children in the United States suffer 80 percent of the tooth decay, with significant racial and

age disparities. The number of dentists in the country has been declining since 1990, and is projected to continue to decline through the year 2020.

According to a 1995 report by the Inspector General, only one in five Medicaid-eligible children receive dental services annually, and the shortage of dentists exacerbates the problem of unmet needs. Yet tooth decay is largely preventable. More effective efforts to educate parents and children about the causes of tooth decay—and initiatives to prevent and treat it—can lead to lasting public health improvements. Our legislation includes a variety of approaches to deal with this silent epidemic, including a new grant program to improve the understanding of prevention, diagnosis, and treatment of pediatric oral diseases and conditions, and grants to increase community-wide fluoridation and school-based dental sealant programs. It also directs the Secretary to undertake a coordinated oral health initiative to fund innovative activities to improve the oral health of low-income children.

Research has long shown that childhood lead poisoning can have devastating effects on children, causing reduced IQ and attention span, stunted growth, behavior problems, and reading and learning disabilities. Yet too many children remain unscreened and untreated, and adequate services often are not available for children with elevated levels of lead in their blood. There is no excuse for not taking greater steps to eliminate childhood lead poisoning. Our bill includes screening for early detection and treatment, professional education and training programs, and outreach and education activities for at-risk children.

Pediatric research discoveries promote and maintain health throughout a child's life span, and also contribute significantly to new insights that aid in the prevention and treatment of illnesses among adults. A growing body of evidence shows that risk factors for conditions such as coronary artery disease and stroke begin in childhood and persist through adulthood. Congress has a strong record of promoting basic and clinical research, and the steps taken in this legislation continue that priority with a special focus on children.

The legislation establishes a pediatric research initiative, authorized at $50 million annually, that will increase support for pediatric biomedical research at the National Institutes of Health, including an increase in collaborative efforts among multidisciplinary fields in areas that are promising for children. The legislation also requires coordination with the Food and Drug Administration to increase the number of pediatric clinical trials, and to provide greater information on safer and more effective use of prescription drugs in children.

Children have unique health care needs. They are not simply small adults. Nothing is more important to the future health of America's children than maintaining a steady supply of pediatricians, pediatric specialists and pediatric-focused scientists.

Our legislation takes several important steps to improve the growth and development of a pediatric-focused medical community. It enhances support through the NIH expressly for training and career development activities of pediatric researchers, including establishing a loan repayment program for health care professionals who focus on pediatric research.

It revises and extends the authorization of a program enacted last year to support graduate medical education at independent children's hospitals. These hospitals train half of all pediatric specialists, and 30 percent of all pediatricians. However, because GME activities have historically been supported by Medicare and because these hospitals serve very few Medicare patients, they have traditionally received very little federal financial support for this important and costly activity. As a result, children's hospitals are struggling to maintain the important training, pediatric research, and primary and specialty care services that they provide. Children's hospitals should be treated like all other teaching hospitals when it comes to support for their GME activities. I have sponsored other legislation to guarantee full funding each year, without being subject to the appropriations process. That proposal has been included in the Balanced Budget Refinement Act of 2000. It is awaiting consideration in the Finance Committee, and I hope it will be enacted this year.

The bill also authorizes a new long-term study to monitor and evaluate health and development of children through adulthood. The kind of information that will be obtained by this study is long-overdue, and I look forward to its results.

The bill also takes two steps to protect children who participate in clinical trials and other research. It requires all HHS-regulated and funded research to comply with current pediatric-specific human subject protection regulations. This provision is supported by the FDA and industry alike, and it is an important step toward assuring full public confidence in life-saving research activities. In addition, it requires the Secretary to review those regulations and report on their adequacy and recommendations, if any, for changes within six months. Our committee intends to look more broadly at the issue of human subject protections next year, and this report will help inform those discussions.

Finally, this legislation also includes a variety of directives to increase activities at public health agencies on specific disorders and diseases affecting children. Children living with autism, Fragile X, diabetes, arthritis, muscular dystrophy, epilepsy, cystic fibrosis, and a number of other conditions have much to be grateful for today. We all have the highest hopes that the provisions in this bill will lead to successful efforts to combat these debilitating and often deadly conditions.

Division B of the bill will enable the Substance Abuse and Mental Health Services Administration to meet the mental health and substance abuse needs of communities through its successful existing programs and through new and innovative initiatives.

The recent National Household Survey on Drug Abuse indicates that we have made important progress in combating substance abuse, especially among the nation's youth. The goal of this legislation is to build on that progress with expanded prevention and treatment services. Several of the bill's provisions come from the Mental Health Early Intervention, Treatment, and Prevention Act, which Senator DOMENICI and I introduced in response to the Surgeon General's groundbreaking Report on Mental Health. These provisions take needed steps to give the mentally ill the services they need.

This legislation is the product of bipartisan cooperation, and I especially commend Senator FRIST for his leadership in bringing everyone together. His efforts have helped ensure that the measure we pass today is an effective response to the mental illness and substance abuse problems we face.

Over the past two decades, we have made great progress in determining the causes of mental illnesses and developing strategies to treat them. We have also begun to understand the biological basis of substance abuse. Despite these scientific advances, mental illness and substance abuse continue to be a national crisis. One in five Americans will experience some form of mental illness this year—and two-thirds of them will not seek treatment. Substance abuse costs the country an estimated $270 billion in annual economic costs, and it leads to unacceptable violence, injury, and HIV infection in our communities.

Too often, patients with mental illness are denied the state-of-the-art treatment that would be available if their illnesses were physical instead of mental. We have failed to provide them with the services they need to meet the overwhelming obstacles they face. We have not made an adequate effort to help them overcome their addictions. The bill we pass today is intended to correct these injustices.

It will provide treatment to those who desperately need it and prevention services to those at risk. Much of the bill focuses on the unique needs of youths, adolescents, and young adults. It provides services for children of substance abusers, training for teachers to recognize the symptoms of mental illness, and a suicide prevention program for children and youth. In addition, it provides a range of community services for children with serious emotional disturbances and for youth offenders. Agencies will receive funding to study

and treat post-traumatic stress disorder in children. The bill also provides funds to coordinate welfare and mental health services for children who would benefit from this approach.

For homeless individuals, the bill provides expanded mental health and substance abuse services, along with transition assistance. For residents of treatment facilities, it offers protections from the inappropriate and often harmful use of seclusion and restraints. The bill will help to divert persons with mental illness from the criminal justice system, which for too long has served as a dumping-ground, and give them the services they need. It will provide special treatment for those who suffer simultaneously from mental illness and addiction. It will also provide funds to designate facilities as emergency mental health centers, especially in underserved areas. In all the services included, there will be a special emphasis on meeting the unique needs of specific cultures and ethnic groups, and on giving states the flexibility they need to address the concerns of their individual communities.

For too long, we have blamed the mentally ill and those addicted to alcohol and other drugs for their behavior, rather than extending a helping hand. Recent scientific advances have opened new windows onto the biochemical basis of mental illness and addictive behavior. This legislation will ensure that these advances are translated into practical services for those who need them. By creating this more effective framework to deliver appropriate services, we will help many more individuals to re-enter society as productive members, and do much more to dispel the stigma of diseases that affect the mind.

This legislation deserves to be a major public health priority for the nation. Congress should send the President this legislation before the end of this session.

I ask unanimous consent that the summary of the legislation be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

THE CHILDREN'S HEALTH ACT OF 2000:
DIVISION A—CHILDREN'S HEALTH

TITLE I—AUTISM

Under this provision, the Director of NIH shall expand, intensify, and coordinate the activities of the NIH with respect to research on autism. The Director of NIH will establish not less than 5 Centers of Excellence on autism research. Each center will conduct basic and clinical research into the cause, diagnosis, early detection, prevention, control and treatment of autism, including research in the fields of developmental neurobiology, genetics and psychopharmacology. The Director shall provide for the coordination of information among centers. The Director shall provide for a program under which samples of tissues and genetic materials that are of use in research on autism are made available for this research.

The provision also establishes 3 CDC regional centers of excellence in autism and pervasive developmental disabilities, to collect and analyze information on the number, incidence, and causes of autism and related developmental disabilities. The Secretary shall also establish a program to provide information on autism to health professionals and the general public, and establish a committee to coordinate all activities within HHS concerning autism.

TITLE II—RESEARCH AND DEVELOPMENT REGARDING FRAGILE X

Instructs the National Institute of Child Health and Human Development to expand, intensify, and coordinate research on Fragile X and authorizes the development of coordinated Fragile X research centers.

TITLE III—JUVENILE ARTHRITIS AND RELATED CONDITIONS

Requires the National Institute of Arthritis and Musculoskeletal and Skin Diseases to expand and intensify research concerning juvenile arthritis. Directs HHS to evaluate whether the supply of pediatric rheumatologists is adequate to meet the health care needs of children with arthritis.

TITLE IV—REDUCING BURDEN OF DIABETES AMONG CHILDREN AND YOUTH

Directs the Secretary, acting through the CDC, to develop a sentinel system to collect incidence and prevalence data on juvenile diabetes. Requires NIH to conduct or support long-term epidemiology studies to investigate the causes and characteristics of juvenile diabetes, and to support regional clinical research centers for the prevention, detection, treatment and cure of juvenile diabetes. Provides for research and development of prevention strategies.

TITLE V—ASTHMA SERVICES FOR CHILDREN

This provision authorizes the Secretary to award grants to provide comprehensive asthma services to children, equip mobile health care clinics, conduct patient and family education on asthma management, and identify children eligible for Medicaid, the State Children's Health Insurance Program, and other children's health programs. This provision amends the Preventive Health and Health Services Block Grant program to provide for the establishment, operation, and coordination of effective and cost-efficient systems to reduce the prevalence of asthma and asthma-related illnesses, especially among children, by reducing the level of exposure to allergens through the use of integrated pest management.

This provision also requires the National Heart Lung and Blood Institute, through the National Asthma Education Prevention Program Coordinating Committee, to identify all federal programs that carry out asthma-related activities, develop a Federal plan for responding to asthma in consultation with appropriate federal agencies, professional and voluntary health organizations, and recommend ways to strengthen and improve the coordination of asthma-related Federal activities. CDC will collect and publish data on the prevalence of children suffering from asthma in each State, as well as mortality data at the national level.

TITLE VI—BIRTH DEFECTS PREVENTION ACTIVITIES

This provision expands CDC's folic acid education program to prevent birth defects. In partnership with the States and local, public, and private entities, CDC shall expand an education and public awareness campaign; conduct research to identify effective strategies for increasing folic acid consumption by women of reproductive capacity; evaluate the effectiveness of these strategies; and conduct research to increase our understanding of the effects of folic acid in preventing birth defects.

This provision elevates the Division of Birth Defects and Developmental Disabilities to a National Center for Birth Defects and Developmental Disabilities within CDC. The purpose of this Center would be to collect, analyze, and distribute data on birth defects and developmental disabilities including information on causes, incidence, and prevalence; conduct applied epidemiological research on the prevention of such defects and disabilities; and provide information to the public on proven prevention activities.

TITLE VII—EARLY DETECTION, DIAGNOSIS AND TREATMENT REGARDING HEARING LOSS IN INFANTS

Authorizes grants or cooperative agreements to develop statewide newborn and infant hearing screening, evaluation and intervention programs and systems, and provide technical assistance to State agencies. Directs the NIH to continue a program of research and development on the efficacy of new screening techniques and technology. Provides for federal coordination with State and local agencies, consumer groups, national medical, health, and education organizations. Coordinated activities shall include policy recommendations and development of a data collection system.

TITLE VIII—CHILDREN AND EPILEPSY

Authorizes the agencies of HHS to expand current epilepsy surveillance activities; implement public and professional education activities; enhance research initiatives; and strengthen partnerships with government agencies and organizations that have experience addressing the health needs of people with disabilities. Authorizes demonstration projects in medically underserved areas, to improve access to health services regarding seizures, to encourage early detection and treatment in children.

TITLE IX—SAFE MOTHERHOOD AND INFANT HEALTH PROMOTION

The provision authorizes the Secretary of HHS to develop a national surveillance program to better understand the burden of maternal complications and mortality and to decrease the disparities among populations at risk of death and complications from pregnancy. The provision allows the Secretary to expand the Pregnancy Risk Assessment Monitoring System to provide surveillance and data collection in each State. Furthermore, the provision would expand research concerning risk factors, prevention strategies, and the roles of the family, health care providers, and the community in safe motherhood. The provision also authorizes public education campaigns on healthy pregnancy, education programs for health care providers, and activities to promote community support services for pregnant women. Finally, the provision authorizes grant funding for research initiatives and programs to prevent drug, alcohol, and tobacco use among pregnant women.

TITLE X—PEDIATRIC RESEARCH INITIATIVE

This provision establishes a Pediatric Research Initiative within the National Institutes of Health to enhance collaborative efforts, provide increased support for pediatric biomedical research, and ensure that expanding opportunities for advancement in scientific investigations and care for children are realized.

The Secretary of HHS will make available enhanced support for activities relating to the training and career development of pediatric researchers, including general authority for loan repayment of a portion of education loans.

This provision also requires that all HHS-funded and regulated research comply with current pediatric-specific human subject protection regulations. (Currently FDA-regulated research is not required to comply).

National Institute of Child Health and Human Development is authorized to convene and direct a consortium of federal agencies, including CDC and EPA, to develop and implement a prospective cohort study to evaluate the effects of both chronic and intermittent external influences on human development, and to investigate basic mechanisms of developmental disorders and environmental factors, both risk and protective, that influence growth and developmental processes. The study will incorporate behavioral, emotional, educational, and contextual consequences to enable a complete assessment of the physical, chemical, biological and psychosocial environmental influences on children's well-being. The study shall gather data on environmental influences and outcomes until at least age 21, shall include diverse populations, and shall consider health disparities.

TITLE XI—CHILDHOOD MALIGNANCIES

Directs the Secretary of HHS, through CDC and NIH, to study risk factors that affect or cause childhood cancers and carry out projects to improve outcomes for children with cancer and resultant secondary conditions. Provides for the expansion of current data collection and support for CDC's National Limb Loss Information Center.

TITLE XII—ADOPTION AWARENESS

This title authorizes the Secretary of HHS to make grants to adoption organizations to train the staff of eligible health centers in providing adoption information and referrals based on guidelines developed by the adoption community. The Secretary, through the Health Resources and Services Administration and the Agency for Healthcare Research and Qaulity, shall evaluate the effectiveness of the training program as well as the extent to which such training complies with federal requirements which may apply to eligible health centers, to provide adoption information and referrals on an equal basis with all other courses of action included in nondirective pregnancy options counseling.

The Secretary shall carry out a national campaign to provide information to the public about adoption of children with special needs. Additionally, the Secretary shall make grants to provide assistance to adoption support groups and carry out studies to identify components that lead to favorable long-term outcomes for families that adopt children with special needs.

TITLE XIII—TRAUMATIC BRAIN INJURY

This provision reauthorizes the Traumatic Brain Injury Act of 1996 to extend the authority for CDC to support research into strategies for the prevention of TBI and to implement public information and education programs for the prevention of traumatic brain injuries. CDC will support additional data collection and development of State TBI registries. NIH research is expanded to include cognitive disorders and neurobehavioral consequences arising from TBI. The bill authorizes HRSA to make grants for new and expanded community support services. Grants may be used to educate consumers and families, train professionals, improve case management, develop best practices in the areas of family support, return to work, and housing for people with traumatic brain injury. HRSA shall also make grants to protection and advocacy systems, to provide services to individuals with traumatic brain injury. This title also reauthorizes CDC's injury prevention and control programs to 2005.

TITLE XIV—CHILD CARE SAFETY AND HEALTH GRANTS

To address the need for increased safety of child care facilities, the Secretary of HHS shall provide grants to States to carry out activities related to the improvement of the health and safety of children in child care settings. Grants may be used for two or more of the following activities: train and educate child care providers to prevent injuries and illnesses and to promote health-related practices; strengthen and enforce child care provider licensing, regulation, and registration; rehabilitate child care facilities to meet health and safety standards; provide health consultants to give health and safety advice to child care providers; enhance child care providers' ability to serve children with disabilities; conduct criminal background checks on child care providers; provide information to parents on choosing a safe and healthy setting for their children; or improve the safety of transportation of children in child care.

TITLE XV—HEALTHY START INITIATIVE

Healthy Start, which was created as a demonstration project in 1991, is authorized in this bill for the first time. The Healthy Start program is designed to reduce the rate of infant mortality and improve perinatal outcomes by providing grants to areas with a high rate of infant mortality and low birth weight infants. This provision also authorizes a new grant program to conduct and support research and provide additional services to enhance access to health care for pregnant women and infants.

TITLE XVI—ORAL HEALTH

This provision requires HHS to support community-based research to identify interventions that reduce the burden and transmission of oral, dental and craniofacial diseases in high risk populations, and develop clinical approaches for pediatric assessment. HHS is authorized to fund innovative oral health activities to decrease the incidence of baby bottle and early childhood tooth decay, and to increase utilization of pediatric dental services in children under 6.

The Secretary of HHS is authorized to provide grants to States to increase community water fluoridation and to provide school-based dental sealant services to children in low income areas. This provision also authorizes HHS to provide for the development of school-based dental sealant programs to improve the access of children to sealants. Finally, HHS shall make grants to dental training institutions and community-based programs, as well as those operated by the Indian Health Service, to develop oral health promotion programs and to increase utilization of dental services by children eligible for such services under a federal health program.

TITLE XVII—VACCINE-RELATED PROGRAMS

Modifies the Vaccine Injury Compensation Program, to allow compensation for those who suffer an adverse reaction to the rota virus. This provision provides compensation if a vaccine causes an injury that requires hospitalization and surgical intervention. Additionally, the preventive health services childhood immunization program is reauthorized to 2005.

TITLE XVIII—HEPATITIS C

Authorizes HHS to implement a national system to determine the incidence of hepatitis C virus infection, and to assist the States in determining the prevalence of HCV infection. Also authorizes HHS to identify, counsel and offer testing to individuals who are at risk of HCV infection, and to develop public and professional education programs for the detection and control of HCV infection. Provides for improvements in clinical laboratory procedures regarding Hepatitis C.

TITLE XIX—NIH INITIATIVE ON AUTOIMMUNE DISEASES

The Director of NIH shall expand, intensify, and coordinate the activities of NIH with respect to autoimmune diseases.

TITLE XX—GRADUATE MEDICAL EDUCATION PROGRAMS IN CHILDREN'S HOSPITALS

This provision makes technical corrections to the pediatric GME program, which supports training activities in freestanding children's hospitals, and extends its authorization through fiscal year 2005.

TITLE XXI—SPECIAL NEEDS OF CHILDREN REGARDING ORGAN TRANSPLANTATION

Requires HHS to implement organ donation policies that recognize the unique needs of children. HHS shall carry out studies and demonstration projects to improve rates of organ donation and determine the unique needs of children. HHS shall conduct a study to determine the costs of immunosupressive drugs for children who have received transplants and the extent to which public and private health insurance plans cover these costs.

TITLE XXII—MUSCULAR DYSTROPHY RESEARCH

NIH will expand and increase coordination in activities with respect to research on muscular dystrophies.

TITLE XXIII—CHILDREN AND TOURETTE SYNDROME AWARENESS

HHS will implement public and professional education programs on Tourette Syndrome, with a particular emphasis on children.

TITLE XXIV—CHILDHOOD OBESITY PREVENTION

This provision authorizes the CDC to support the development, implementation, and evaluation of state and community-based programs to promote good nutrition and increased physical activity. States would be required to develop comprehensive, interagency school- and community-based approaches to encourage and promote nutrition and physical activity in local communities, with technical support from CDC.

The CDC will coordinate and conduct research to improve our understanding of the relationship between physical activity, diet, health, and other factors that contribute to obesity. Research will also focus on developing and evaluating effective strategies for the prevention and treatment of obesity and eating disorders, as well as study the prevalence and cost of childhood obesity and its effects into adulthood.

The CDC in collaboration with State and local health, nutrition, and physical activity experts, will develop a nationwide public education campaign regarding the health risks associated with poor nutrition and physical inactivity, and will promote effective ways to incorporate good eating habits and regular physical activity into daily living.

The CDC, in collaboration with HRSA, will develop and carry out a program to train health professionals in effective strategies to better identify, assess, and counsel (or refer) patients with obesity, an eating disorder, or who are at risk of becoming obese or developing an eating disorder. They will also develop and carry out a program to train educators and child care professionals in effective strategies to teach children and their families about ways to improve dietary habits and levels of physical activity.

TITLE XXV—EARLY DETECTION AND TREATMENT REGARDING CHILDHOOD LEAD POISONING

This provision requires HRSA to report annually to the Congress on the percentage of children in the Health Centers program who are screened for lead poisoning, and requires HRSA to work with the CDC and HCFA to conduct physician education and training programs on current lead screening policies. CDC will issue recommendations and establish requirements for its grantees to ensure

uniform reporting of blood lead levels from laboratories to State and local health departments and to improve data linkages between health departments and federally funded benefit programs.

This provision authorizes new funding through the Maternal and Child Health Block Grant to states with a demonstrated need to conduct outreach and education for families at risk of lead poisoning, provide individual family education designed to reduce exposures to children with elevated blood lead levels, implement community environmental interventions, and ensure continuous quality measurement and improvement plans for communities committed to comprehensive lead poisoning prevention.

TITLE XXVI—SCREENING FOR HERITABLE DISORDERS

Amends the Public Health Service Act to enhance, improve or expand the ability of State and local public health agencies to provide screening, counseling or health care services to newborns and children having or at risk for heritable disorders. This provision also creates an advisory committee to provide advice and recommendations to the Secretary for the development of grant administration policies and priorities, and to enhance the ability of the Secretary to reduce mortality or morbidity from heritable disorders.

TITLE XXVII—PEDIATRIC RESEARCH PROTECTIONS

This provision addresses critical safety issues in children's research by requiring the Secretary of HHS to review the current federal regulations for the protection of children participating in research, which address such issues as determining acceptable levels of risk and obtaining parental permission, and to report to Congress on how to update them to ensure the highest standards of safety.

TITLE XXVIII—MISCELLANEOUS PROVISIONS

This provision would require the NIH Director to report to Congress within 180 days of enactment on activities conducted and supported by the NIH during FY 2000 with respect to rare diseases in children and the activities that are planned to be conducted and supported by the NIH with respect to such diseases during the FY 2001–2005. This provision also requires HHS to study issues related to access to effective treatment for metabolic disorders, including PKU. Results of the study shall be made available to public health agencies, Medicaid, insurance commissioners, and other interested parties.

DIVISION B—YOUTH DRUG AND MENTAL HEALTH SERVICES

This division reauthorizes programs within the Substance Abuse and Mental Health Services Administration (SAMHSA) to improve mental health and substance abuse services for children and adolescents, implement proposals giving States more flexibility in the use of block grant funds with accountability based on performance, and consolidate discretionary grant authorities to give the Secretary more flexibility to respond to the needs of those who need mental health and substance abuse services. It also provides a waiver from the requirements of the Narcotic Addict Treatment Act that would permit qualified physicians to dispense or prescribe schedule III, IV, or V narcotic drugs or combinations of such drugs approved by FDA for the treatment of heroin addiction. It also provides a comprehensive strategy to combat Methamphetamine use.

TITLE XXXI—PROVISIONS RELATING TO SERVICES FOR CHILDREN AND ADOLESCENTS

SECTION 3101—CHILDREN AND VIOLENCE

Authorizes $100 million for the Secretary to make grants to public entities in consultation with the Attorney General and the Secretary of Education to assist local communities in developing ways to assist children in dealing with violence. Four different types of grants are permitted under the authority: grants to provide financial support to enable the communities to implement the programs; to provide technical assistance to local communities; to provide technical assistance in the development of policies; and to assist in the creation of community partnerships among the schools, law enforcement and mental health services. Grantees would have to ensure that they will carry out six activities which include: security of the school; educational reform to deal with violence; review and updating of school policies to deal with violence; alcohol and drug abuse prevention and early intervention; mental health prevention and treatment services; and early childhood development and psychosocial services. However, Federal funding is available for prevention, early intervention, and treatment services.

Authorizes $50 million for the Secretary to develop knowledge with regard to evidence-based practices for treating psychiatric disorders resulting from witnessing or experiencing domestic, school and community violence and terrorism. Establishes centers of excellence to provide technical assistance to communities in dealing with the emotional burden of domestic, school and community violence and terrorism if and when they occur.

SECTION 3102—EMERGENCY RESPONSE

Permits the Secretary to use up to 2.5% of the funds appropriated for discretionary grants for responding to emergencies. The authority would permit an objective review instead of peer review. This would permit an expedited process for making awards. The Secretary is required to define an emergency in the Federal Register subject to public comment.

The section also includes language that provides additional confidentiality protection for the information collected from individuals who participate in national surveys conducted by the Substance Abuse and Mental Health Services Administration.

SECTION 3103—HIGH RISK YOUTH REAUTHORIZATION

Reauthorizes the High Risk Youth Program, which provides funds to public and non-profit private entities to establish programs for the prevention of drug abuse among high risk youth.

SECTION 3104—SUBSTANCE ABUSE TREATMENT SERVICES FOR CHILDREN AND ADOLESCENTS

Authorizes $40 million for the Secretary to make grants, contracts or cooperative agreement to public and non-profit private entities including American Indian tribes and tribal organizations for the purpose of providing substance abuse treatment services for children and adolescents. Priority is given to applicants who can apply evidenced based and cost effective methods, coordinate services with other social service agencies, provide a continuum of care dependent on the needs of the individual, provide treatment that is gender specific and culturally appropriate, involve and work with families of those in treatment, and provide aftercare.

Authorizes $20 million for the Secretary to make grants, contracts or cooperative agreements to public and non-profit private entities including local educational agencies for the purposes of providing early intervention substance abuse services for children and adolescents. Under the provision, priority is given to applicants who demonstrate an ability to screen for and assess the level of involvement of children in substance abuse, make appropriate referrals, provide counseling and ancillary services, and who develop a network with other social agencies. Requires the Secretary to ensure geographical distribution of awards.

Authorizes $4 million to create centers of excellence to assist States and local jurisdictions in providing appropriate care for adolescents who are involved with the juvenile justice system and have a serious emotional disturbance.

Authorizes $10 million for the Secretary to make grants, contracts, or cooperative agreements to carry out school based as well as community based programs to prevent the use of methamphetamine and inhalants.

SECTION 3105—COMPREHENSIVE COMMUNITY SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE

This program was begun in 1994 to provide seed money to local communities to develop systems of care for children with serious emotional disturbances thus improving the quality of care and increasing the likelihood that these children would remain in local communities rather than being sent to residential facilities. This section reauthorizes this program through fiscal year 2002 and provides an authority for the Secretary to waive certain requirements for territories and American Indian tribes.

This section also would extend some grants under this program to 6 years. The intent of the program is to provide seed funding for comprehensive systems of care. Unfortunately, many successful programs have had a difficult time ensuring their continuation without Federal support. This provision would give them an additional year to secure that support.

SECTION 3106—SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS

Improves coordination by transferring this program from Health Resources and Services Administration (HRSA) to SAMHSA and authorizes the Secretary to make grants to public and non-profit private entities to provide the following services to children of substance abusers: periodic evaluations, primary pediatric care, other health and mental health services, therapeutic interventions, preventive counseling, counseling related to witnessing of chronic violence, referrals for and assistance in establishing eligibility for services under other programs, and other developmental services. Grantees would also provide services to families where one or both of the parents are substance abusers. The program requires that grantees match Federal funds with funds from other sources.

The program is authorized at $50 million through fiscal year 2002 and the authority is updated to include changes that have occurred since fiscal year 1992 when it was first authorized: e.g. developing connection to the Temporary Assistance for Needy Families (TANF) and the Children's Health Insurance Program (CHIP) programs.

SECTION 3107—SERVICES FOR YOUTH OFFENDERS

Authorizes $40 million for the Secretary to make grants, contracts or cooperative agreements to State and local juvenile justice agencies to help such agencies provide aftercare services for youth offenders who have or are at risk of a serious emotional disturbance and who have been discharged from juvenile justice facilities. The funds may be used for planning, coordinating and implementing these services.

SECTION 3108—GRANTS FOR STRENGTHENING FAMILIES THROUGH COMMUNITY PARTNERSHIPS

Provides for grants to develop and implement model substance abuse prevention programs and substance abuse prevention services for individuals in high risk families.

SECTION 3109—UNDERAGE DRINKING

Authorizes $25 million for the Secretary to make awards of grants, cooperative agreements or contracts to public and nonprofit private entities, including Indian tribes and tribal organizations to enable such entities to develop plans for and to carry out school based and community based programs for the prevention of alcoholic beverages consumption by individuals who have not attained the legal drinking age.

SECTION 3110—SERVICES FOR INDIVIDUALS WITH FETAL ALCOHOL SYNDROME

Authorizes $25 million for the Secretary to make grants, cooperative agreement or contracts with public or nonprofit private entities including Indian tribes and tribal organizations to provide services to individuals diagnosed with fetal alcohol syndrome or alcohol related birth defects. The funds can be used for screening and testing; mental health, health or substance abuse services; vocational services; housing assistance; and parenting skills.

Authorizes $5 million for the Secretary to make grants, cooperative agreements or contracts to public or nonprofit private entities for the purposes of establishing not more than 4 centers of excellence to study techniques for the prevention of fetal alcohol syndrome and alcohol related birth defects and adaptations of innovative clinical interventions and service delivery improvements.

SECTION 3111—SUICIDE PREVENTION

The provision authorizes $75 million for the Secretary to make grants, contracts or cooperative agreement to public and nonprofit private entities to establish programs to reduce suicide deaths in the United States among children and adolescents. The provision requires collaboration among various agencies with the Department of Health and Human Services. Findings from the programs are then to be disseminated to public and private entities.

SECTION 3112—GENERAL PROVISIONS

This provision amends the sections that establish the responsibilities of the Centers for Substance Abuse Treatment, Substance Abuse Prevention and the Mental Health Services to include an emphasis on children. In the case of the Center for Mental Health Services it would require the Director to collaborate with the Attorney General and the Secretary of Education on programs that assist local communities in developing programs to address violence among children in schools.

TITLE XXXII—PROVISIONS RELATING TO MENTAL HEALTH

SECTION 3201—PRIORITY MENTAL HEALTH NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE

In 1996, the appropriation committees started a practice which they have continued through fiscal year 1999 of appropriating funds to SAMHSA's general authority (Section 501) instead of specific programs. This section codifies what the appropriations committees have done by repealing several specific authorities related to mental health services in favor of a broad authority that gives the Secretary more flexibility in responding to individuals in need of mental health services. It would authorize four types of grants: (1) knowledge development and application grants which are used to develop more information on how best to serve those in need; (2) training grants to disseminate the information that the agency garners through its knowledge development; (3) targeted capacity response which enables the agency to respond to service needs in local communities; and (4) systems change grants and grants to support family and consumer networks in States. Repealed in this section are sections 303, 520A and 520B of the Public Health Service Act and section 612 of the Stewart B. McKinney Act.

This section includes a provision that would permit $6,000,000 of the first $100,000,000 appropriated to the program and 10 percent of all funds above $100,000,000 to be given competitively to States to assist them in developing data infrastructures for collecting and reporting on performance measures.

This section also addresses the importance of the interface between mental health services and primary care.

SECTION 3202—GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS

The section reauthorizes the Grants for the Benefit of Homeless Individuals program which provides grants to develop and expand mental health and substance abuse treatment services to homeless individuals. Preference is maintained for organizations that provide integrated primary health care, substance abuse and mental health services to homeless individuals, programs that demonstrate effectiveness in serving homeless individuals, and programs that have experience in providing housing for individuals who are homeless.

SECTION 3203—PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

This section reauthorizes the PATH program which provides funds to States under a formula for the provision of mental health services to homeless individuals. Preference is maintained for organizations with demonstrated effectiveness in serving homeless veterans. The section also provides an authority for the Secretary to waive certain requirements for territories.

SECTION 3204—COMMUNITY MENTAL HEALTH SERVICES (CMHS) PERFORMANCE PARTNERSHIP PROGRAM

The Community Mental Health Services Block Grant is a formula program under which funds are distributed to States for the provision of community based mental health services for adults with a serious mental illness and children with a serious emotional disturbance. This program and the Substance Abuse Prevention and Treatment Block Grant provide funds to States to provide services. State accountability under these programs is built on State expenditure of funds.

Provisions in this section and other sections of this bill provide for the first steps in increasing State flexibility in the use of funds while establishing an accountability system based on performance. In this section, the number of elements that States must include in their plan for use of CMHS Block Grant funds are reduced from 12 to 5, thus providing additional flexibility for the States and reduced administrative costs.

This section also expands the responsibilities of the already existing State Planning Councils. Under current law, these councils are required to review and comment on State plans for use of CMHS Block Grant funds. Under this provision they would also be required to review and comment on State reports on the outcomes of their activities.

One provision within current law requires States to maintain their financial support for providing community based mental health services at an average of what they spent over the past two years. This requirement discourages States from adding one time infusions of funds into community mental health services since it would increase the States' maintenance of effort requirement. This provision would indicate that an infusion of funds of a non-recurring nature for a singular purpose may be exempt from the calculation of the maintenance of effort requirement.

Current law allows for the Secretary to set a date for the submission of grant applications. Applications must include a plan on how the State intends to use the funds and a report on how funds were spent the previous year. A provision in this section would establish that State plans for use of funds must be submitted by September 1 of the fiscal year prior to the fiscal year for which the State is seeking funds and the reports by the following December 1.

The section also makes changes to the current waiver authority for territories.

SECTION 3205—DETERMINATION OF ALLOTMENT

There are three elements to determine the allocation of funding for SAMHSA block grants: (1) the population of individuals needing services; (2) the cost of providing services; and (3) the state income level. In August of 1997, SAMHSA changed the data on determining the cost of providing services from the use of manufacturing wages to non-manufacturing wages, which was determined to be the most appropriate method to reflect cost differences among states. This action would have caused a decline of funding in several states. To address this problem, this section makes permanent provisions enacted in Public Law 105–277 on the formula for distribution of funds under the Community Mental Health Services Block Grant (CMHS). The CMHS Block Grant formula includes a ''hold harmless'' provision which guarantees that no State will receive less funding than it did in fiscal year 1998.

SECTION 3206—PROTECTION AND ADVOCACY FOR MENTALLY ILL INDIVIDUALS ACT OF 1986

This section makes technical changes to the formula for distribution of funds under this program to correct a provision that would have inappropriately reduced minimum State allotments. It also provides for the renaming of the Act to conform with changes made in previous laws, makes a technical change to the provision on territories and reauthorizes the program through fiscal year 2002.

The bill would also permit an American Indian Consortia to receive direct funding after the appropriation exceeds $25 million. It would also extend the responsibilities of the Protection and Advocacy program to individuals living in the communities when the appropriation exceeds $30 million.

SECTION 3207—REQUIREMENT RELATING TO THE RIGHTS OF RESIDENTS OF CERTAIN FACILITIES

This measure would require facilities that are both within the purview of the Protection and Advocacy program and which receive appropriated funding from the Federal government to protect and promote the rights of individuals with regard to the appropriate use of seclusions and restraints. Such covered facilities are required to inform the Secretary of each death that occurs while a patient is restrained or in seclusion, or each death that occurs within 24 hours after a patient is restrained or in seclusion, or where it is reasonable to assume that a patient's death is a result of seclusion or restraint. The Secretary is required to issue regulations within one year of enactment on appropriate staff levels, appropriate training for staff on the use of restraints and seclusions.

Requires any such facility that is supported in whole or in part with funds appropriated under the Public Health Service Act to protect and promote the rights of each resident of the facility, including the right to be free from physical or mental abuse, corporal punishment, and any restraints or involuntary seclusion imposed for purposes of discipline or convenience; sets standards for when restraints or seclusion may be imposed; requires each such facility to notify

the appropriate State licensing or regulatory agency of each death that occurs in the facility and of the use of seclusion or restraint in accordance with regulations promulgated by the Secretary. Failure to comply with these requirements including the failure to appropriately train staff makes such facility ineligible for participation in any program supported in whole or in part by funds appropriated under this Act.

SECTION 3208—REQUIREMENTS RELATING TO THE RIGHTS OF RESIDENTS OF CERTAIN NON-MEDICAL COMMUNITY-BASED FACILITIES FOR CHILDREN AND YOUTH

Ensures that appropriately-trained supervisory personnel are present whenever a physical restraint is required of a resident of a non-medical community-based treatment facility. The use of mechanical or chemical restraints in such facilities is prohibited and physical restraint must be used only in emergency situations. The section also authorizes the Secretary to develop guidelines for licensing rules regarding training use of restraints.

SECTION 3209—GRANTS FOR EMERGENCY MENTAL HEALTH CENTERS

This provision authorizes $25 million for the Secretary to make grants to States, political subdivisions of States, Indian tribes and tribal organizations to support the designation of hospitals and health centers as Emergency Mental Health Centers which will serve as a central receiving point in the community for individuals who may be in need of emergency mental health services.

SECTION 3210—GRANTS FOR JAIL DIVERSION PROGRAMS

Authorizes $10 million for the Secretary to make grants to States, political subdivisions of States, Indian tribes and tribal organizations to develop and implement programs to divert individuals with a mental illness from the criminal justice system to community-based services.

SECTION 3211—GRANTS FOR IMPROVING OUTCOMES FOR CHILDREN AND ADOLESCENTS THROUGH SERVICES INTEGRATION BETWEEN CHILD WELFARE AND MENTAL HEALTH SERVICES

The provision authorizes $10 million for the Secretary to make grants to States, political subdivisions of States, Indian tribes and tribal organizations to provide integrated child welfare and mental health services for children and adolescents under 19 years of age in the child welfare system or at risk for becoming part of the system, and parents or caregivers with a mental illness or a mental illness and a co-occurring substance abuse disorder.

SECTION 3212—GRANTS FOR THE INTEGRATED TREATMENT OF SERIOUS MENTAL ILLNESS AND CO-OCCURRING SUBSTANCE ABUSE

Authorizes $40 million for the Secretary to make grants, contracts or cooperative agreements with States, political subdivisions of States, Indian tribes and tribal organizations for the development or expansion of programs to provide integrated treatment services for individuals with a serious mental illness and a co-occurring substance abuse disorder.

SECTION 3213—TRAINING GRANTS

The prevision authorizes $25 million for the Secretary to award grants States, political subdivisions of States, Indian tribes and tribal organizations or non-profit private entities to train teachers and other relevant school personnel to recognize symptoms of childhood and adolescent mental disorders and to refer family members to the appropriate mental health services if necessary; to train emergency services personnel to identify and appropriately respond to persons with a mental illness; and to provide education to such teachers and emergency personnel regarding resources that are available in the community for individuals with a mental illness.

TITLE XXXIII—PROVISIONS RELATING TO SUBSTANCE ABUSE

SECTION 3301—PRIORITY SUBSTANCE ABUSE TREATMENT NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE

As explained in section 3201, this section codifies what the appropriations committees have done by repealing several specific authorities related to substance abuse treatment services that gives the Secretary more flexibility in responding to the needs of people in need of substance abuse treatment. It would authorize three types of grants: (1) knowledge development and application grants, which are used to develop more information on how best to serve those in need; (2) training grants to disseminate the information that the agency garners through its knowledge development; and (3) targeted capacity response, which enables the agency to respond to services needs in local communities. Repealed in this section are sections 508, 509, 510, 511, 512, 571 and 1971 of the Public Health Service Act.

This section also addresses the importance of the interface between substance abuse treatment services and primary care.

SECTION 3302—PRIORITY SUBSTANCE ABUSE PREVENTION NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE

This section implements in authorization for substance abuse prevention what the appropriations committees did in fiscal year 1996. It authorizes the same type of grants as described in the previous section except that they pertain to substance abuse prevention. Repeals sections 516 and 518 of the Public Health Service Act.

This section also addresses the importance of the interface between substance abuse prevention services and primary care.

SECTION 3303—SUBSTANCE ABUSE PREVENTION AND TREATMENT PERFORMANCE PARTNERSHIP BLOCK GRANT

This program provides funds to States for their use in providing substance abuse prevention and treatment services. While there is considerable flexibility in State use of funds, there are a number of requirements which are directly related to public health issues. This provision would begin the process of giving States greater flexibility in their use of funds and accountability based on performance instead of expenditures.

Greater flexibility is enhanced by the repeal of a requirement that States spend 35 percent of their allotment on drug related activities and 35 percent on alcohol related activities. A provision requiring States to maintain a $100,000 revolving fund to support homes for persons recovering from substance abuse would be made optional thus permitting States to continue such efforts or to use those funds for other services as they deem necessary.

This section also creates authority for the Secretary to waive certain requirements for States who meet established criteria. Those criteria would be established in regulation after consultation with the States, providers and consumers.

One provision within current law requires the State to maintain its financial support for substance abuse prevention and treatment services at the average of what it spent over the past two years. While States support this requirement, it discourages States from adding one time infusions of funds into substance abuse services since it would increase the calculation of the State's maintenance of effort requirement. This section includes a provision that would exempt from maintenance of effort requirements any one time infusion of funds which are for a singular purpose.

Current law allows the Secretary to set a date for the submission of grant applications. Applications include a plan on how funds will be used and a report on how funds were spent the previous year. A provision in this section would establish that State applications are due on October 1 of the fiscal year prior to the fiscal year for which they are seeking funds.

This section also simplifies the waiver for territories and reauthorizes the program through fiscal year 2002.

SECTION 3304—DETERMINATION OF ALLOTMENT

There are three elements to determine the allocation of funding for SAMHSA block grants: (1) the population of individuals needing services; (2) the cost of providing services; and (3) the state income level. In August of 1997, SAMHSA changed the data on determining the cost of providing services from the use of manufacturing wages to non-manufacturing wages, which was determined to be the most appropriate method to reflect cost differences among states. This action would have caused a decline of funding in several states. To address this problem, this section makes permanent provisions in Public Law 105-277 on the formula for distribution of funds under the Substance Abuse Prevention and Treatment Block Grant (SAPT).

The SAPT Block Grant formula includes Minimum Growth and Small State Minimum Rules needed to complete the phase-in of the new formula. Also, the provision includes a Proportional Scale Down Rule if appropriations decline in future years.

SECTION 3305—NONDISCRIMINATION AND INSTITUTIONAL SAFEGUARDS FOR RELIGIOUS PROVIDERS

This section would permit religious organizations which provide substance abuse services to receive Federal assistance either through the Substance Abuse Prevention and Treatment Block Grant or discretionary grants through the Substance Abuse and Mental Health Services Administration while maintaining their religious character and their ability to hire individuals of the same faith. Such programs may not discriminate against anyone interested in treatment at the facility. If a person who is referred for services needs or would prefer to be served in a different facility, the program will refer that person to an appropriate treatment program.

The provision further stipulates that Federal funds received under a block or discretionary grant for substance abuse services by a religious organization will be maintained in a separate account and only the Federal funds used by such providers shall be subject to Federal audit requirements.

A religious organization that believes that it has been discriminated against based on the fact that it is a faith based program may bring an action for injunctive relief against the appropriate government agency or entity that has allegedly committed the violation.

Federal funds may not be used for sectarian worship, instruction or proselytization.

If a State or local government chooses to co-mingle their funds with Federal funds, then the State and or local government funds are subject to the provisions of this section.

SECTION 3306—ALCOHOL AND DRUG PREVENTION AND TREATMENT SERVICES FOR INDIANS AND NATIVE ALASKANS

Authorizes $15 million for the Secretary to make grants, contracts or cooperative agreements with public and private non-profit private entities including American Indian

tribes and tribal organizations and Native Alaskans for the purpose of providing alcohol and drug prevention or treatment services for Indians and Native Alaskans. Priority is given to those entities that will provide such services on reservations or tribal lands, employ culturally appropriate approaches, and have provided prevention or treatment services for at least one year prior to applying for a grant. The Secretary is required to submit a report to the Committees of jurisdiction after three years and annually thereafter describing the services that have been provided under this program.

SECTION 3307—ESTABLISHMENT OF COMMISSION

Authorizes $5 million to establish a Commission on Indian and Native Alaskan Health Care that shall carry out a comprehensive examination of the health concerns of Indians and Native Alaskans living on reservations or tribal lands. The Commission will consist of the Secretary as Chair and 15 appointed and voting members, 10 of whom must be American Indians or Native Alaskans. The Director of the Indian Health Service and the Commissioner of Indian Affairs are non-voting members. The commission is to issue a report within three years detailing the health condition of individuals living on tribal lands, what services are currently available and if there are insufficient services detail why this situation exists, and make recommendations to the Congress on how to address these issues.

TITLE XXXIV—PROVISIONS RELATING TO FLEXIBILITY AND ACCOUNTABILITY

SECTION 3401—GENERAL AUTHORITIES AND PEER REVIEW

This section removes the requirement that there be an Associate Administrator for Alcohol Policy, and makes necessary corrections to the peer review requirements to reflect changes since 1992. The section also includes language that provides additional confidentiality protection for the information collected from individuals who participate in national surveys conducted by the Substance Abuse and Mental Health Services Administration.

SECTION 3402—ADVISORY COUNCILS

SAMHSA and each of its Centers are required under statute to have an Advisory Council. Current law requires that they meet three times a year. This section reduces the number of times the councils are required to meet to two.

SECTION 3403—GENERAL PROVISIONS FOR THE PERFORMANCE PARTNERSHIP BLOCK GRANTS

As part of the effort to change the current CMHS and SAPT Block Grants into performance-based systems, the Secretary is required to submit to Congress within two years a plan for what these performance based programs would look like and how they would operate. This plan would include how the States would receive greater flexibility, what performance measures would be used in holding States accountable, definitions for the data elements that would be collected, the funds needed to implement this system and where those funds would come from, and needed legislative changes. This would give the committees of jurisdiction one year to consider the plan and implement any necessary changes in the next reauthorization of SAMHSA in 2003.

SECTION 3404—DATA INFRASTRUCTURE PROJECTS

This section creates an authority for the Secretary to make grants to States to assist them in developing the data infrastructure necessary to implement a performance based system. States are required to match the Federal contribution.

SECTION 3405—REPEAL OF OBSOLETE ADDICT REFERRAL PROVISIONS

This section repeals certain obsolete provisions of the Narcotic Addict Rehabilitation Act of 1966.

SECTION 3406—INDIVIDUALS WITH CO-OCCURRING DISORDERS

The section requires the Secretary to report to the committees of jurisdiction on how services are currently being provided to those with a co-occurring mental health and substance abuse disorder, what improvements are needed to ensure that they receive the services they need, and a summary of best practices on how to provide those services including prevention of substance abuse among individuals who have a mental illness and treatment for those with a co-occurring disorder.

SECTION 3407—SERVICES FOR INDIVIDUALS WITH CO-OCCURRING DISORDERS

The section clarifies that both Substance Abuse Prevention and Treatment and Community Mental Health Service Block Grant funds may be used to provide services to those with a co-occurring mental health and substance abuse disorder as long as the funds are used for the purposes for which they were authorized.

TITLE XXXV—WAIVER AUTHORITY FOR PHYSICIANS WHO DISPENSE OR PRESCRIBE CERTAIN NARCOTIC DRUGS FOR MAINTENANCE TREATMENT OR DETOXIFICATION TREATMENT

SECTION 3501—SHORT TITLE

Drug Addition Treatment Act of 2000

SECTION 3502—WAIVER AUTHORITY FOR PHYSICIANS WHO DISPENSE OR PRESCRIBE CERTAIN NARCOTIC DRUGS FOR MAINTENANCE TREATMENT OR DETOXIFICATION TREATMENT

The waiver from the requirements of the Narcotic Addict Treatment Act would permit qualified physicians to dispense (including prescribe) schedule III, IV, or V narcotic drugs or combinations of such drugs approved by FDA for the treatment of heroin addiction. The physician would be required to refer the patient for appropriate counseling and limit his or her practice to 30 patients.

Physicians are qualified if they are licensed under State law and hold a subspeciality board certification in addiction psychiatry from the American Board of Medical Specialties, certification in a subspeciality from the American Osteopathic Association, certification from the American Society of Addiction Medicine, the physician has participated in a clinical trial on the narcotic drug, is approved by the State licensing board or has such other training or experience as the Secretary considers necessary. Permits the Secretary to issue regulation on criteria for using other credentialing bodies or on the limit of 30 patients. The Secretary is also required under the provision to issue practice guidelines within 120 days. States are given 3 years in which to pass legislation that would prohibit a practitioner from dispensing such drugs or combinations of such drugs if they want.

The Secretary or the Attorney General are authorized to determine whether the program is working and to stop the program with 60 days notice.

TITLE XXXVI—METHAMPHETAMINE ANTI-PROLIFERATION

SECTION 3601—SHORT TITLE

Methamphetamine Anti-Proliferation Act of 1999

SUBTITLE A—METHAMPHETAMINE PRODUCTION

PART I—CRIMINAL PENALTIES

SECTION 3611—ENHANCED PUNISHMENT OF AMPHETAMINE LABORATORY OPERATORS

Section 3602 directs the Sentencing Commission to raise the penalties for amphetamine related offenses to a level comparable to those for methamphetamine.

SECTION 3612—ENHANCE PUNISHMENT OF AMPHETAMINE AND METHAMPHETAMINE OPERATORS

This section amends the Sentencing Guidelines by increasing the base offense level for manufacturing amphetamine or methamphetamine to not less than level 27 if the offense created a substantial risk of harm to human life or to the environment and to not less than level 30 if the offense created a substantial risk of harm to the life of a minor or incompetent.

SECTION 3613—MANDATORY RESTITUTION FOR METH LAB CLEAN-UP

Section 103 makes reimbursement for the costs incurred by the U.S. or State and local governments for the cleanup associated with the manufacture of amphetamine or methamphetamine mandatory. It also provides that the restitution money will go to the Asset Forfeiture Fund instead of the treasury.

SECTION 3614—METHAMPHETAMINE PARAPHERNALIA

This section amends the anti-paraphernalia statute to include paraphernalia used in connection with methamphetamine use.

PART II—ENHANCED LAW ENFORCEMENT

SECTION 3621—ENVIRONMENTAL HAZARDS ASSOCIATED WITH ILLEGAL MANUFACTURE OF AMPHETAMINE AND METHAMPHETAMINE

This section authorizes the DEA to receive money from the Asset Forfeiture Fund to pay for clean-up costs associated with the illegal manufacture of amphetamine or methamphetamine for the purposes of federal forfeiture and disposition. It also allows for reimbursement to State and local entities for clean-up costs when they assist in a federal prosecution on amphetamine or methamphetamine related charges to the extent such costs exceed equitable sharing payments made to such State or local government in such case. The section also expressly states that funds from the Violent Crime Reduction Trust Fund can be used to pay for clean-up costs.

SECTION 3622—REDUCTION IN THRESHOLD FOR NON-SAFE HARBOR PRODUCTIONS

This section reduces the threshold for retail sales of non-safe harbor products containing pseudoephedrine or phenylpropanolamine from 24 grams to 9 grams. It also limits the package size to not more than 3 grams of pseudoephedrine or phenylpropanolamine base.

SECTION 3623—TRAINING FOR DRUG ENFORCEMENT ADMINISTRATION AND STATE AND LOCAL LAW ENFORCEMENT PERSONNEL RELATING TO CLANDESTINE LABORATORIES

Section 3613 authorizes $5.5 million in funding for DEA training programs designed to (1) train State and local law enforcement in techniques used in meth investigations (2) provide a certification program for State and local law enforcement enabling them to meet requirements with respect to the handling of wastes created by meth labs; (3) create a certification program that enables certain State and local law enforcement to recertify other law enforcement in their regions; and (4) staff mobile training teams which provide State and local law enforcement with advanced training in conducting clan lab investigations and with training that enables them to recertify other law enforcement personnel. The training programs are authorized for 3 years after which the States, either alone or in consultation/combination with other States, will be responsible for training their own personnel. The

States will be required to submit a report detailing what measures they are taking to ensure that they have programs in place to take over the responsibility after the three year federal program expires.

SEC. 3624—COMBATING METHAMPHETAMINE IN HIGH INTENSITY DRUG TRAFFICKING AREAS

This section authorizes $15 million a year for fiscal years 2000-2004 to be appropriated to ONDCP to combat trafficking of methamphetamine in designated HIDTA's by hiring new federal, State, and local law enforcement personnel, including agents, investigators, prosecutors, lab technicians and chemists. It provides that the funds shall be apportioned among the HIDTA's based on the following factors: (1) number of Meth labs discovered in the previous year; (2) number of Meth prosecutions in the previous year; (3) number of Meth arrests in the previous year; (4) the amounts of Meth seized in the previous year; and (5) intelligence and predictive data from the DEA and HHS showing patterns and trends in abuse, trafficking and transportation patterns in methamphetamine, amphetamine and listed chemicals. Before apportioning any funds, the Director must certify that the law enforcement entities responsible for clan lab seizures are providing lab seizure data to the national clandestine laboratory database at the El Paso Intelligence Center. It also provides that not more than five percent of the appropriated amount may be used for administrative costs.

SECTION 3625—COMBATING AMPHETAMINE AND METHAMPHETAMINE MANUFACTURING AND TRAFFICKING

This section authorizes $6.5 million to be appropriated for the hiring of new agents to (1) assist State and local law enforcement in small and mid-sized communities in all phases of drug investigations, including assistance with foreign-language interpretation; (2) staff additional regional enforcement and mobile enforcement teams; (3) establish additional resident offices and posts of duty to assist State and local law enforcement in rural areas; and (4) provide the Special Operations Division with additional agents for intelligence and investigative operations.

It also authorizes $3 million to enhance the investigative and related functions of the Chemical Control Program to implement further the provisions of the Comprehensive Methamphetamine Control Act of 1996. The funds shall be used to account accurately for the import and export of List I chemicals and coordinate investigations surrounding the diversion of these chemicals; to develop a computer infrastructure sufficient to process and analyze time sensitive enforcement information from suspicious orders reported to DEA field offices and other law enforcement; and to establish an education, training, and communications process to alert industry of current trends and emerging patterns of illicit manufacturing activities.

PART III—ABUSE PREVENTION AND TREATMENT

SECTION 3631—EXPANSION OF METHAMPHETAMINE RESEARCH

This section allows the Director of the National Institute on Drug Abuse (NIDA) to make grants and enter into cooperative agreements to expand the National Drug Abuse Treatment Clinical Trials Network and current and on-going research and clinical trials with treatment centers relating to methamphetamine abuse and addiction and other biomedical, behavioral and social issues related to methamphetamine abuse and addiction. It authorizes to be appropriated such sums as may be necessary and such sums are to supplement and not supplant any other amounts appropriated for research on methamphetamine abuse and addiction.

SECTION 3632—METHAMPHETAMINE AND AMPHETAMINE ADDICTION TREATMENT

This section authorizes $10 million in grants to States that have a high rate, or have had a rapid increase, in methamphetamine or amphetamine abuse or addiction, for treatment of methamphetamine and amphetamine addiction.

SECTION 3633—STUDY OF METHAMPHETAMINE TREATMENT

This section requires the Secretary of HHS, in consultation with the Institute of Medicine of the National Academy of Sciences, to conduct a study on the development of medications for the treatment of addiction to amphetamine and methamphetamine and to report the findings to the Judiciary Committees of the Senate and House of Representatives.

PART IV—ABUSE PREVENTION AND TREATMENT

SECTION 3641—REPORT ON CONSUMPTION OF METHAMPHETAMINE AND OTHER ILLICIT DRUGS IN RURAL AREAS, METROPOLITAN AREAS, AND CONSOLIDATED METROPOLITAN AREAS

This section requires HHS to include in its annual National Household Survey on Drug Abuse prevalence data on the consumption of methamphetamine and other illicit drugs in rural, metropolitan, and consolidated metropolitan areas.

SECTION 3642—REPORT ON DIVERSION OF ORDINARY, OVER-THE-COUNTER PSEUDOEPHEDRINE AND PHENYLPROPANOLAMINE PRODUCTS

This section requires the Attorney General to conduct a study on the use of ordinary over-the-counter pseudoephedrine and phenylpropanolamine products in the clandestine production of illicit drugs. The report is to be submitted to Congress and shall include the AG's findings and recommendations on the need for additional measures, including thresholds, to prevent diversion of blister pack products.

SUBTITLE B—CONTROLLED SUBSTANCE GENERALLY

SECTION 3651—ENHANCED PUNISHMENT OF TRAFFICKING IN LIST I CHEMICALS

This section directs the Sentencing Commission to increase the penalties for violations involving ephedrine, pseudoephedrine, and phenylpropanolamine so that the penalties correspond to the quantity of controlled substance that could reasonably have been manufactured from these chemicals. The Sentencing Commission is also directed to establish a conversion table to determine the quantity of controlled substances that can be manufactured from these chemicals. The Sentencing Commission also shall review and amend its guidelines concerning list I chemicals other than those above, to provide for increased penalties to reflect the dangerous nature of such offenses and the dangers associated with manufacturing methamphetamine.

SECTION 3652—MAIL ORDER REQUIREMENTS

This section represents changes to the reporting requirements of 21 U.S.C. 830(b)(3) worked out between the DEA and industry. Reporting will no longer be required for valid prescriptions, limited distributions of sample packages, distributions by retail distributors if consistent with authorized activities, distributions to long term care facilities, and any product which has been exempted by the AG. It also allows the AG to revoke an exemption if he finds the drug product being distributed is being used in violation of the Controlled Substances Act.

SECTION 3653—THEFT AND TRANSPORTATION OF ANHYDROUS AMMONIA FOR PURPOSES OF ILLICIT PRODUCTION OF CONTROLLED SUBSTANCES

This section makes it unlawful for a person to steal anhydrous ammonia or to transport stolen anhydrous ammonia across State lines knowing, intending, or having reasonable cause to believe that such anhydrous ammonia will be used to manufacture a controlled substance. Also provides funding to Iowa State University to permit it to continue and expand its current research into the development of inert agents that will eliminate the usefulness of anhydrous ammonia as an ingredient in the production of methamphetamine.

SUBTITLE C—ECSTASY ANTI-PROLIFERATION ACT OF 2000

SECTION 3661—3665

Directs the Sentencing Commission to review and amend the Ecstasy guidelines to provide for increased penalties such that those penalties reflect the seriousness of the offenses of trafficking in and importing Ecstasy and related drugs. Section 3665 authorizes $10 million in grants for prevention efforts concerning Ecstasy and other ''club drugs.''

SUBTITLE D—MISCELLANEOUS

SECTION 3671—ANTI-DRUG MESSAGES ON FEDERAL GOVERNMENT INTERNET WEBSITES

This section requires all federal departments and agencies, in consultation with ONDCP, to place anti-drug messages on their Internet websites and an electronic hyperlink to ONDCP's website. Numerous government agencies have children's websites, including the Social Security Administration.

SECTION 3672—REIMBURSEMENT BY DRUG ENFORCEMENT ADMINISTRATION OF EXPENSES INCURRED TO REMEDIATE METHAMPHETAMINE LABORATORIES

Authorizes $20 million to be appropriated in FY 2001 for the DEA to reimburse States, units of local government, Indian tribal governments, and other public entities for expenses incurred to clean-up and safely dispose of substances associated with clandestine methamphetamine laboratories which may present a danger to public health or the environment.

SECTION 3673—SEVERABILITY SECTION

Any provision held to be invalid or unenforceable by its terms, or as applied to any person or circumstance, is to be given the maximum effect permitted by law, or if it is held to be invalid or unenforceable, such provision shall be severed from this Act.

Ms. COLLINS. Mr. President, I commend my colleagues, the chair and ranking member of the Public Health Subcommittee of the Health, Education, Labor, and Pensions Committee, for all of their efforts in bringing the Children's Health Act of 2000 to the Senate floor. This omnibus bill is the result of months of bipartisan collaboration and discussion between Members of both the House and the Senate in an effort to address important children's health issues in this Congress.

As the co-chair of the Senate Diabetes Caucus, I am particularly pleased that the Pediatric Diabetes Research and Prevention Act, which I introduced earlier this year with Senators BREAUX, ABRAHAM, CRAIG, and BUNNING, has been included in this bill. Our legislation—which was also cosponsored by Senators GRASSLEY,

BINGAMAN, CHAFEE, ROTH, HOLLINGS, and SCHUMER—will help us to reduce the tremendous toll that diabetes takes on our nation's children and young people, and I want to thank my colleagues for including it in the omnibus bill.

As noted in the recent cover story in Newsweek, diabetes is a devastating, lifelong condition that affects people of every age, race, and nationality. Sixteen million Americans suffer from diabetes and about 800,000 new cases are diagnosed each year. It is one of our nation's most costly diseases in both human and economic terms. Diabetes is the leading cause of kidney failure, blindness in adults, and amputations not related to injury. It is a major risk factor for heart disease and stroke and shortens life expectancy up to 15 years. Moreover, diabetes costs our nation more than $105 billion a year in health-related expenditures. More than one out of every ten health care dollars and about one out of four Medicare dollars are spent on people with diabetes.

Unfortunately, there currently is no method to prevent or cure diabetes and available treatments have only limited success in controlling its devastating consequences. The burden of diabetes is particularly heavy for children and young adults with type I, also known as juvenile diabetes. Juvenile diabetes is the second most common chronic disease affecting children. Moreover, it is one that they never outgrow.

As the founder of the Senate Diabetes Caucus, I have met many children with diabetes who face a daily struggle to keep their blood glucose levels under control: kids like nine-year-old Nathan Reynolds, an active young boy from North Yarmouth, who was Maine's delegate to the Juvenile Diabetes Foundation's Children's Congress last year. Nathan was diagnosed with diabetes in December of 1997, which forced him to change both his life and his family's life. He has learned how to take his blood—something his four-year-old brother reminds him to do before every meal—check his blood sugar level, and give himself an insulin shot on his own, sometimes with the help of his parents or his school nurse. Nathan told me that his greatest wish was that, just once, he could take a ''day off'' from his diabetes.

The sad fact is that children like Nathan with diabetes can never take a day off from their disease. There is no holiday from dealing with their diabetes. They face a lifetime of multiple daily finger pricks to check their blood sugar levels and daily insulin shots. Moreover, insulin is not a cure for diabetes, and it does not prevent the onset of serious complications. As a consequence, children like Nathan also face the possibility of lifelong disabling complications, such as kidney failure and blindness.

Reducing the health and human burden of diabetes and its enormous economic impact depends upon identifying the factors responsible for the disease and developing new methods for prevention, better treatment, and ultimately a cure. The provisions of the Pediatric Diabetes Research and Prevention Act that have been included in the Children's Health Act of 2000 will do just that.

One of the most important actions we can take is to establish a type I diabetes monitoring system. Currently there is no way to track the incidence of type I diabetes across the country. As a consequence, the estimates for the number of people with type I diabetes from the American Diabetes Association, the Juvenile Diabetes Foundation, the Centers for Disease Control and Prevention, and the National Institutes of Health vary enormously from 123,000 to over 1.5 million, a 13-fold variation. One of the best ways to define the prevalence and incidence of a disease, as well as to characterize and study populations, is to establish a national database specific to that disease, which our legislation would do.

Obesity and inadequate physical activity—both major problems in the United States today—are important risk factors for type 2, or non-insulin dependent diabetes. Unfortunately, obesity is a significant and growing problem among children in the United States, which has led to a disturbing increase in the incidence of type 2 diabetes among young people. This is particularly alarming since type 2 diabetes has long been considered an ''adult'' disease. Nearly all of the documented cases of type 2 diabetes in young people have occurred in obese children, who are also at increased risk for the complications associated with the disease. Moreover, these complications will likely develop at an earlier age than if these children had developed type 2 diabetes as adults. Our legislation therefore calls for the implemention of a national public health effort to address the increasing incidence of type 2 diabetes in children and young people.

In addition, the legislation calls for long-term studies of persons with type 1 diabetes at the National Institutes of Health where these individuals will be followed for 10 years or more. This long-term analysis of type 1 diabetes will provide an invaluable basis for the investigation and identification of the causes and characteristics of diabetes and its complications and it will also help to identify a potential study population for clinical trials. The legislation also directs the Secretary of Health and Human Services to support regional clinical research centers for the prevention, detection, treatment and cure of type 1 diabetes. And finally, the legislation directs the Secretary of HHS to provide for a national program to prevent type 1 diabetes, including efforts to develop a vaccine.

Mr. President, these provisions will help us to better understand and ultimately conquer diabetes, which has had such a devastating impact on millions of American children and their families. It is therefore most appropriate that they be included in the Children's Health Act of 2000, and I urge all of my colleagues to join me in supporting it.

Mr. REED. Mr. President, I rise to add my voice to the chorus of support for this legislation, which will have a strong positive impact on the youth of this nation.

The first element of this initiative that I would like to highlight are the provisions regarding children's public health. This effort will greatly enhance health promotion and disease prevention directed towards youth, improve access to certain health care services for needy children and bolster resources for pediatric-specific medical research. Children are our most precious resource, and we should do all we can to enable our children to reach their full potential both physically and intellectually. The Children's Public Health Act takes an important step toward achieving this goal by creating an environment where children are able to grow and develop unhindered by the burden of disease.

Medical science has made incredible strides in reducing and preventing devastating childhood diseases that were prevalent only a generation ago. Yet, despite these advances in our ability to stem the spread of deadly infectious diseases, there has been an increase in the incidence of chronic and debilitating disorders that afflict children. Specifically, over the past decade, we have seen a rise in the number of children suffering from asthma, autism, and other diseases attributed to poor diet and lack of physical activity, such as diabetes, high cholesterol and hypertension in young children. This legislation sets forth a balanced, creative approach to these troubling pediatric conditions by augmenting pediatric clinical research, while also expanding and intensifying screening, education, outreach, monitoring and training efforts led by State and local public health agencies and other health care providers.

There are two specific initiatives that I am especially proud of in this legislation. The first seeks to address an entirely preventable problem that continues to plague far too many children in this nation—lead poisoning. While tremendous strides have been made over the last 20 years in reducing lead exposure among our citizens, it is estimated that nearly one million preschoolers nationwide still have excessive levels of lead in their blood—making lead poisoning the leading childhood environmental disease.

Lead is most harmful to children under age six because lead is easily absorbed into their growing bodies, and interferes with the developing brain and nervous system. The effect of lead poisoning on a child ranges from mild to severe. Most often in the U.S., children are poisoned through chronic, low-level exposure to lead-based paint, which can cause reduced IQ and attention span, hyperactivity, impaired

growth, reading and learning disabilities. Children with high blood lead levels can suffer from brain damage, behavior and learning problems, slowed growth, and hearing loss, among other maladies.

Timely childhood lead screening and appropriate follow-up care for children most at-risk of lead exposure is critical to mitigating the long-term health and developmental effects of lead. Regrettably, our current system is not adequately protecting children, particularly low-income children, from this hazard. It is estimated that two-thirds of at-risk children have never been screened and, consequently, remain untreated.

This legislation takes some of the critical steps necessary to begin to address this problem. Specifically, the bill strengthens the lead program at the Centers for Disease Control and Prevention by providing new resources to conduct extensive outreach and education in coordination with other state programs that serve families with children at-risk of lead poisoning, such as WIC and Head Start. The bill also authorizes the implementation of community-based interventions to mitigate lead hazards and establishes guidelines for the reporting and tracking of blood lead screening tests so that we may have more accurate data on the number of lead-exposed children nationwide. The legislation also designates resources for health care provider education and training on current lead screening practices.

The second element of this bill that I believe will have a major impact on improving the overall health of children relates to the problem of childhood obesity. Over the past fifteen years, the number of overweight children in this country has doubled. It is estimated that an alarming five million youth 6–19 years of age are overweight, while another six million children are overweight to the point that their health is endangered.

Contributing to this alarming trend has been the rise in fast food consumption, coupled with an increasingly sedentary lifestyle where time engaged in physical activity has been replaced by hours playing computer games and watching television. The New York Times recently noted that the average child between the ages of 6 and 11 watches 25 hours of television a week—and this does not include time spent playing video games or on a computer.

Another reason for the lack of physical activity in children is the reduction in daily participation in physical education classes. Fewer and fewer States require school districts to offer physical education, despite the fact that children who engage in regular physical activity often perform better in school. We are raising a generation of inactive children that will likely become inactive, chronically ill adults. By not ensuring kids take time to participate in regular physical activity, we, as a society, are doing them a great disservice in the long run.

Already, we are seeing younger and younger Americans with the signs of heart disease and diabetes, among other obesity-linked illnesses. The Centers for Disease Control and Prevention reports that 60 percent of overweight 5–10 year old children already have at least one risk factor for heart disease, such as hypertension, while the number of children diagnosed with Type II diabetes has skyrocketed. If we continue on this trajectory, obesity-related illnesses will soon rival smoking as a leading cause of preventable death, costing hundreds of thousands of American lives and billions of dollars in health care costs and lost productivity. Clearly, action needs to be taken.

This legislation acknowledges this trend and attempts to reverse it through a multi-faceted approach. First, the bill authorizes a new competitive grant program through the Centers for Disease Control and Prevention to assist states and localities to develop and implement comprehensive school- and community-based approaches to promoting good nutrition and physical activity among children. The bill also calls for greater applied research to improve our understanding of the multiple factors that contribute to obesity and eating disorders and emphasizes the need for a nationwide public education campaign to educate families about the importance of good eating habits and regular physical activity. Lastly, the bill provides for health professional education and training to aid in the identification and treatment of overweight children, children suffering from an eating disorder or children at risk of these conditions.

The other major component of this bill is based on S. 976, the Youth Drug and Mental Health Services Act, which originated in the Senate Health, Education, Labor, and Pensions Committee, and passed the full Senate last year. This legislation reauthorizes programs administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), and also provides many enhancements that will specifically benefit children and adolescents suffering from substance abuse or mental health problems, children who have witnessed violence, and children from families needing substance abuse or mental health treatment and other support services.

I am pleased that this legislation includes a provision that I worked on to address the severe shortage of transitional services for youth who are leaving the juvenile justice system. Specifically, the bill addresses this shortage by authorizing grants to local juvenile justice agencies to provide comprehensive community-based services such as mental health and substance abuse treatment, job training, vocational services, and mentoring programs to juvenile offenders.

Studies have found that the juvenile population has a special need for these types of services, mental health and substance abuse treatment, in particular. It is estimated that the rate of mental disorder is two to three times higher among the juvenile offender population than among youth in the general population. According to a 1994 Department of Justice study, 73 percent of the juveniles surveyed reported mental health problems, and 57 percent reported past treatment. Also, it is estimated that 60 percent of youth in the juvenile justice system have substance abuse disorders, compared to 22 percent in the general population.

Unfortunately, there currently exists little, if any, support for youth who are leaving the juvenile justice system. Many services, such as mental health and substance abuse treatment, provided while the youngster was detained or incarcerated, are discontinued upon their release. Given this breakdown in the continuity of services, it is hardly surprising that of the 4 million youngsters arrested each year, 30 percent are likely to recidivate within the year of arrest.

In the handful of places where transitional services have been provided, the results have been outstanding. For instance, in Rhode Island we have a successful program called ''Project Reach.'' Yale University, in its evaluation of Project Reach, found that children receiving transitional services improved dramatically: 80 percent had significant increases in their grades in school; school attendance increased from 50 to 75 percent; and there was a 60 percent reduction in youth encounters with police after enrolling in the program. In addition, there was a 50 percent decrease in out-of-home placement for these children. In other words, children who once had problems so severe that they had to be removed from their homes are now able to remain with their families in their communities.

Adequate transitional and aftercare services to prevent recidivism are essential to reducing the societal costs associated with juvenile delinquency, promoting teen health, and fostering safe communities. These provisions recognize the serious gap in services for youth offenders and takes important steps to address this serious deficiency. I am grateful for the inclusion of this critical language in the bill.

As I have noted, there are many positive aspects to this legislation. However, I have deep reservations about a particular provision that was retained in the SAMHSA bill that allows all religious institutions, including pervasively religious organizations, such as churches and other houses of worship, to use taxpayer dollars to advance their religious mission. I oppose this ''charitable choice'' language and offered an amendment to modify it when the original legislation was considered in Committee last year.

Although charitable choice has already become law as a part of welfare reform and the Community Services Block Grant, CSBG, section of the Human Services Reauthorization Act,

the inclusion of charitable choice in this legislation is particularly disturbing since, unlike its application to the intermittent services provided under Welfare Reform and CSBG, SAMHSA funds are used to provide substance abuse treatment which is ongoing, involves direct counseling of beneficiaries and is often clinical in nature. In the context of these programs it would be difficult if not impossible to segregate religious indoctrination from the social service.

Faith-based organizations do have an important and necessary role to play in combating many of our nation's social ills, including youth violence, homelessness, and substance abuse. In fact, I have seen first-hand the impact that faith-based organizations such as Catholic Charities have on delivering certain services to people in need in my own state. By enabling faith-based organizations to join in the battle against substance abuse, we add another powerful tool in our ongoing efforts to help people move from dependence to independence.

While there are many benefits that come with allowing religious organizations to provide social services with federal funds, I am concerned that without proper safeguards, well-intentioned proposals to help religious organizations aid needy populations, might actually harm the First Amendment's principle of separation of church and state. The charitable choice provision creates a disturbing new avenue for employment discrimination and proselytization in programs funded by SAMHSA. Under current law, many religiously-affiliated nonprofit organizations already provide government-funded social services without employment discrimination and proselytization. However, the legislation extends Title VII's religious exemption to cover the hiring practices of organizations participating in SAMHSA programs.

As I already mentioned, during markup, I offered an amendment that would have addressed this issue by including important safeguards and protections for beneficiaries and employees of SAMHSA funded programs. Specifically, the amendment would have removed the provision that allows religious organizations to require employees hired for SAMHSA funded programs to subscribe to the organization's religious tenets and teachings. Since the bill prohibits religious organizations from proselytizing in conjunction with the dissemination of social services under SAMHSA programs, it seems contradictory to permit religious organizations to require their employees to subscribe to the organization's tenets and teachings when it has no bearing on the provision of services. Second, the amendment would have eliminated the extension of Title VII's religious exemption to cover the hiring practices of organizations participating in SAMHSA funded programs.

Ultimately, my proposal would not have reduced the ability of religious groups to hire co-religionists or more actively participate in SAMHSA funded programs. It merely would have eliminated the explicit ability to discriminate in taxpayer-funded employment and left to the courts the decision of whether employees who work on, or are paid through, government grants or contracts are exempt from the prohibition on religious employment discrimination.

For the last 30 years, federal civil rights laws have expanded employment opportunities and sought to counter discrimination in the workplace. I recognize that we need the assistance of religious organizations in the battle against substance abuse. However, partnerships with faith-based organizations should augment—not replace—government programs. These partnerships should respect First Amendment protections and not allow taxpayer dollars to be used to proselytize or to support discrimination. I believe we need a far more robust and informed debate before we allow any expansion of current exemptions to Title VII.

Nevertheless, this combined legislation has many meaningful provisions that will go a long way towards improving the health and well-being of our children. This legislation not only strengthens pediatric medical research, it also includes important enhancements in maternal and prenatal health as well as several other health promotion and disease prevention initiatives that will greatly enhance the quality of life for children. Similarly, the bill contains elements that will greatly improve mental health and substance abuse services for children and adolescents.

I am pleased to have worked on this legislation and look forward to its expeditious passage this year.

Mr. DOMENICI. Mr. President, I rise today to briefly speak about the passage of the children's health bill and the Substance Abuse and Mental Health Services Administration reauthorization bill.

I would like to begin by congratulating Senators FRIST and KENNEDY for their work on this important piece of legislation and to tell them how pleased I am the package contains a number of provisions from the Mental Health Early Intervention, Treatment, and Prevention Act of 2000, S. 2639.

Today we do not even question whether mental illness is treatable. But, today we recoil in shock and disbelief at the consequences of individuals not being diagnosed or following their treatment plans. The results are tragedies we would have prevented.

Just look at the tragic incidents at the Baptist Church in Dallas/Fort Worth, the Jewish Day Care Center in Los Angeles, and the United States Capitol to see the common link: a severe mental illness. Or the fact that there are 30,000 suicides every year, including 2,000 children and adolescents.

It was not too long ago that our Nation decided we did not want to keep people with a mental illness institutionalized. Simply put, it was inhumane to simply lock these individuals up without even using science to consider other alternatives.

Make no mistake, our Nation still has these same individuals with mental illness, we just do not have a very good way to deal with these individuals. Many of these individuals formerly locked up are now our neighbors taking the proper medication to manage their illness.

However, our Nation simply does not have an understanding of what happens when individuals stop taking their medications because sadly many of these highly publicized incidents of mass violence all too often involve an individual with a mental illness.

When these incidents occur, my wife and I watch with horror on television and we often turn to each other and say that person was a schizophrenic or that individual was a manic depressive.

Some of you may have seen the recent 4 part series of articles in the New York Times reviewing the cases of 100 rampage killers. Most notably the review found that 48 killers had some kind of formal diagnosis for a mental illness, often schizophrenia.

Twenty-five of the killers had received a diagnosis of mental illness before committing their crimes. Fourteen of 24 individuals prescribed psychiatric drugs had stopped taking their medication prior to committing their crimes.

With this in mind I am especially pleased that with the passage of this package we are taking a very positive step forward to address the problem I have mentioned. The provisions adopted from the Mental Health Early Intervention, Treatment, and Prevention Act of 2000 will serve to give more people the ability to identify when someone might be suffering from mental illness and pose a threat to themselves or others.

I think it's important that we begin to find ways to get these people help before we find them involved in a violent tragedy and I would like to briefly touch upon several of those provisions I believe will take us a long way towards that goal:

A grant program will provide training to teachers and emergency services personnel to identify and respond to individuals with mental illness, and to raise awareness about available mental health resources. Another grant program creates Emergency Mental Health Centers that will serve as a specific site in communities for individuals in need of emergency mental health services, and will also provide mobile crisis intervention teams.

The Jail Diversion Demonstration will create 125 programs to divert individuals with mental illness from the criminal justice system to community-based services. And finally, the Mental Illness Treatment Grant will provide integrated treatment for individuals with a serious mental illness and a co-

occurring substance abuse disorder with an emphasis placed on individuals with a history of involvement with law enforcement or a history of unsuccessful treatment.

In closing, I really believe we have a historic opportunity to become preventers of serious, serious acts of violence before they happen and I look forward to working with my colleagues in the future to continue addressing this important issue.

Mr. WELLSTONE. Mr. President, I rise today in support of the passage of the Children's Health Act of 2000, an extraordinary bipartisan bill that includes so many outstanding provisions to improve the health and mental health of the children of our country. The bill includes the reauthorization of the Substance Abuse and Mental Health Services Administration, a long-overdue reauthorization and revitalization of an agency that provides most of the public funding of mental health and addiction services to our communities. SAMHSA has many dedicated staff who have worked so hard to develop and manage remarkable programs over the last several years. I am proud to have played a role in the development of this comprehensive bill, and to join my colleagues in encouraging its quick passage into law.

The Children's Health Act of 2000 takes a major step forward in supporting research, services, treatment, and professional training to begin to address some of the most significant health problems affecting children of all ages. This legislation clearly states that children's health, including their mental health and addiction treatment needs, must be a priority for our country. It is not enough to deal with our children's health needs only after they have become crises. Many of the programs outlined in this bill recognize this problem by focusing on prevention and education programs, and by supporting programs to train researchers and health care providers who specialize in children's health.

Many of the health areas included in this comprehensive bill were identified by the Department of Health and Human Services as among the top 10 leading health indicators for children in its major public health initiative ''Healthy People 2010,'' launched in January 2000. Several were of particular importance to me as I worked on this bill, especially programs supporting treatment of mental illness and addiction; increased access to health care, especially for our mentally ill youth in correctional facilities; and overall improvements in fitness and oral health for all our children, including low-income children and children living in rural areas.

Dr. David Satcher, the United States Surgeon General, has released several groundbreaking reports in recent years which highlight the scope and the specific health needs of our children. These reports included ''Mental Health: A Report of the Surgeon General''; ''The Surgeon General's Call to Action to Prevent Suicide''; and the first ever ''Oral Health In America: A Report of the Surgeon General,'' which each begins to address these severe health crises in these areas for so many of our children. The problems identified by Dr. Satcher touch on both the national problems across our country, and also highlight the significant health care disparities for different groups. I am pleased to have contributed to many new legislative and funding efforts to support improvements in these areas of health care.

In the Surgeon General's 2000 report on oral health, the strong link between oral health and overall health was highlighted, and this bill helps to address the problems identified in the report. Dr. Satcher emphasized the devastating consequences of untreated oral disease and how it can affect children's health and well-being, leading to serious pain and suffering, time lost from school, loss of permanent teeth, damage to self-esteem, and co-existing medical conditions. So much of what we need to do is already known. We need to identify the unmet need and improve access to care for those who need it most. This bill includes funding for school-based and other innovative oral health care programs to improve the overall health of our children. The oral health programs included in this bill are an important step forward.

Healthy People 2010 goals also identified obesity as a major problem for children, particularly because of the decline in physical activity among our children. One-fourth of our children aged 6–17 are overweight, and the percentage of children who are seriously overweight has doubled in the last thirty years. This is not a minor issue for the health of our children: obesity as a chronic illness is related to other serious chronic conditions in children, including type II diabetes, hypertension, and asthma. Research has also shown that 60% of overweight children 5–10 years old already have at least one risk factor for heart disease. Adult obesity is associated with many of the leading causes of death and disability, including heart disease, diabetes, arthritis, and cancer. The public health efforts in this bill that focus on this serious national problem, including improvements in physical education funding, public health education, and nutrition education, are ones I enthusiastically support. In the future we must do even more to again make physical education a high priority for our country and establish a national foundation to promote physical activity for all ages.

I am particularly proud of the section of this bill that supports local suicide prevention programs focusing on our young people. Youth suicide must be recognized for the national crisis that it is. In my own state of Minnesota, suicide is the second leading cause of death among our youth, as it is in half of the states in our country. Overall, in the United States, it is the third leading cause of death among our children, taking more lives than homicide. We know from the outstanding research supported by the National Institute of Mental Health that 90% of all completed suicides are linked to untreated or inadequately treated mental illness or addiction. More than 500,000 Americans attempt to take their own lives every year. In this bill, $75 million will be authorized to support local prevention programs focusing on our children who are at risk of taking their own lives. More than 50 groups supported our efforts to improve funding for suicide prevention programs this year, including local programs, like the Minnesota group, Suicide Awareness/Voices of Education (SA/VE), as well as national groups, such as Suicide Prevention and Advocation Network (SPAN), the National Hope Line Network, and the National Mental Health Association.

We can no longer afford to turn our eyes away from the horrible reality that many of our citizens, even our children, may want to die. We continue to treat mental illness and severe drug addiction as somehow less important than other illnesses. We blame the sick for their disease, and the result can be death and tragedy. Today, we begin to acknowledge that this kind of discrimination is against many of our own children.

I am also pleased to have worked to include an additional $4 million to support resource centers for those who work with our mentally ill youth in correctional facilities. Our children need help in many areas: education, child care, juvenile justice, and health care. Many are experiencing severe drug addiction, mental illness, and lack of access to health care coverage. The Director of the Office of National Drug Control Policy (ONDCP) has recognized that the number one priority for the nation's National Drug Control Strategy is to educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco. And yet 80 percent of adolescents needing treatment are unable to access services because of the severe lack of coverage for addiction treatment or the unavailability of treatment programs or trained health care providers in their community. Many of these children end up in the juvenile justice system as a result.

The reauthorization of SAMHSA within this bill, with its state block grant funding for mental health and addiction treatment, is a good beginning. But so much more must be done to stop treating our children as second class citizens, and to stop treating mental illness and addiction as second class illnesses. We must continue to fight for fairness and parity in health care coverage for our children, indeed for all of our citizens, who suffer from mental illness and addiction. It is their future, and ours, as a country, that is at stake.

Mr. ASHCROFT. Mr. President, I am pleased to support the Children's

Health Act of 2000 that will pass the Senate today. This legislation is the result of months of dedicated work by a number of Senators and House members. I believe the final language represents a comprehensive approach to promote physical and mental health for children, and protect them from dangerous, illegal drugs. I am a cosponsor of the Senate version of this bill, a previous Senate version of the Children's Health Act (S. 2868), as well as the author of two key provisions contained in the package we are considering today.

I rise today to speak in favor of this legislation and to thank the bill's sponsor, Senator FRIST, for working with me to include two provisions that I believe are essential tools for advancing health and safety of America's children. The bill that will pass today, H.R. 4365, contains three main sections: (1) the text of S. 486, the Methamphetamine Anti-Proliferation Act, a bill I introduced last year that previously passed the Senate and has been approved by the House Judiciary Committee for consideration by the House of Representatives; (2) the Youth Drug and Mental Health Services Act, which reauthorizes programs within the jurisdiction of the Substance Abuse and Mental Health Services Administration (SAMHSA) to improve mental health and substance abuse services for children and adolescents and allows the Charitable Choice concept, which I first authored in the 104th Congress, to be applied to the programs covered by this Act and (3) the Children's Health Act, which amends the Public Health Services Act to revise, extend, and establish programs with respect to children's health research, health promotion and disease prevention activities conducted through Federal public health agencies.

Mr. President, let me touch briefly on each of these three main sections.

First, this bill includes the text of S. 486, the Methamphetamine Anti-Proliferation Act, a bill I introduced in February 25, 1999 in response to the growing problem of methamphetamine production and use in my home state of Missouri, throughout the Midwest and in many other states as well. Unfortunately, the problem of methamphetamine has only gotten worse in the past year and a half. This anti-meth measure I authored will help fight meth in Missouri and the U.S. with $55 million in new resources for enforcement, cleanup, school- and community-based prevention efforts, and rehabilitation services.

The Methamphetamine Anti-Proliferation Act will bolster the fight against meth through stiffer penalties for drug criminals; more money for law enforcement, education, and prevention; and a wider ban on meth paraphernalia. The bill directs the U.S. Sentencing Commission to raise its guidelines for sentencing meth offenders. It requires mandatory reimbursement for the costs incurred by federal, state and local governments for the cleanup associated with meth labs. It authorizes $5.5 million in funding for DEA programs to train State and local law enforcement in techniques used in meth investigations and staff mobile training teams which provide State and local law enforcement with advanced training in conducting lab investigations. It also provides $15 million in funding to combat the trafficking of meth in counties designated High Intensity Drug Trafficking Areas.

This legislation also provides for further research into the use of meth; authorizes $15 million in funds for community- and school-based anti-meth education programs; and includes an additional $10 million in resources for treatment of meth addiction. It directs HHS to include its annual National Household Survey on Drug Abuse prevalence data on the consumption of methamphetamine and other illicit drugs in rural, metropolitan, and consolidated metropolitan areas and requires the Secretary of HHS, in consultation with the Institute of Medicine, to conduct a study on the development of medications for the treatment of addiction to methamphetamine.

The nation's lead anti-drug agency, the Drug Enforcement Administration (DEA), has thrown its support behind the Methamphetamine Anti-Proliferation Act. In endorsing this bill, DEA Administrator Donnie Marshall said this bill is ''landmark methamphetamine legislation.'' Marshall stated: ''I believe this bill (the Methamphetamine Anti-Proliferation Act) will prove instrumental in the Drug Enforcement Administration's efforts to bring to a halt the continued spread of methamphetamine across our country.''

Mr. President, I am sad that Missouri is notorious as a national center of meth production and distribution. Methamphetamine, for those who are lucky enough not to have a meth problem in their areas, is a highly addictive synthetic drug that is typically made in illegal clandestine ''labs.'' Missouri and California lead the nation in seizures of such labs. In Missouri, the federal Drug Enforcement Administration and state and local law enforcement officers seized only two such labs in 1992, 14 in 1994, and a record 679 in 1998. This number jumped to 920 in 1999, setting a new record.

The second section of this bill is the Youth Drug and Mental Health Services Act, which reauthorizes the Substance Abuse and Mental Health Services Administration (SAMHSA). This section addresses the issue of drug abuse in our nation's youth which has dramatically increased this decade. It creates new programs to provide additional funding for youth-targeted treatment and early intervention services. Under this bill, states will receive more flexibility in the use of block grant funds and the Secretary of Health and Human Services will have more flexibility to respond to the needs of young people who need mental health and substance abuse services.

I am especially pleased that included in the Youth Drug and Mental Health Services Act is an expansion of the Charitable Choice provision, which will allow federally-funded substance abuse services to be open to faith-based providers. Under Charitable Choice, which was first enacted into law in 1996 as part of the welfare reform law, churches and other faith-based providers are able to compete on an equal footing with other non-governmental organizations in providing services to disadvantaged Americans.

Since its enactment, Charitable Choice has been expanded from job training and related services for welfare clients to include the Community Services Block Grant program, which is used for a variety of anti-poverty activities, such as improving job and educational opportunities and providing financial management and emergency assistance. This latest expansion will apply Charitable Choice to federal drug treatment programs that will total $1.6 billion for Fiscal Year 2000. My home state of Missouri is slated to receive $24.46 million in substance abuse block grant funding for the coming fiscal year.

Charitable Choice calls our nation to its highest and best in our effort to help those in need. It meets the tests of compassion and common sense that count for so much in Missouri. When people of faith extend compassionate help to those in need, the results can be stunningly successful. Where too many traditional substance abuse treatment programs have failed to help those in need, faith-based programs have succeeded. For example, Teen Challenge has show that 86% of its graduates remain drug-free. San Antonio's Victory Fellowship boasts of a success rate of over 80%. This is the test of common sense: America needs to create a vibrant partnership that succeeds where other approaches have failed.

Mr. President, the bipartisan support for Charitable Choice is overwhelming in Congress. In additional, both Presidential candidates—Governor Bush and Vice President GORE—strongly support the program. It is my hope that this broad national consensus will continue to grow and that soon will be able to enact a comprehensive expansion of Charitable Choice to all federally-funded social services programs.

Third, the Children's Public Health Act has four overriding themes represented in its four titles: Injury Prevention, Maternal and Infant Health, Pediatric Health Promotion, and Pediatric Research. This legislation focuses federal research efforts in these areas and provides a comprehensive approach to children's health. For example, the bill includes authorization for research to prevent traumatic brain injuries, provides federal grants for comprehensive asthma services to children, and establishes a National Center for Birth

Defects and Development Disabilities within the CDC. The bill also includes childhood obesity prevention programs, childhood lead prevention programs, and a groundbreaking pediatric research initiative within NIH to ensure the realization of expanding opportunities for advancement in scientific investigations and care for children. This legislation also includes support for pediatric graduate medical education in children's hospitals, an issue that has been a high priority of mine for years.

I am hopeful, that with passage of this landmark legislation, we can improve the lives of America's children. By funding research for many childhood diseases and disabilities, expanding programs to assist youth with addiction and mental health problems through faith-based providers, and drastically increasing the war against meth, this bill is an important step in the right direction. I thank all those who worked on this legislation, and urge the President to sign this bill to help secure a safer and healthier future for the next generation.

Mr. LOTT. Mr. President, I ask consent that the amendment that is offered in the nature of a substitute be agreed to, the bill be read the third time and passed, as amended, the motion to reconsider be laid on the table, and that any statements related to the bill be printed in the RECORD.

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

The amendment (No. 4181) was agreed to.

The bill (H.R. 4365), as amended, was read the third time and passed.

Mr. BOND. Mr. President, I rise to speak on an issue of great importance to America's families—the health of our nation's children—and to talk about crucial legislation which the Senate has passed today called the Children's Health Act of 2000.

Whenever we talk about children's health, we should not ignore the fact that there is a lot of good news. The fact is that most children are persistently healthy. A majority of children can actually go through a year with no more serious health problems than scrapes and bruises, a stuffy nose, or an easily-treatable earache. I'm not sure how many of us can say that—I know I can't. And on a variety of indicators that measure children's health, the good news is only getting better. In the last decade, we have seen improvements in immunization rates, infant mortality, child mortality, and reduced teen birth rates.

There are of course exceptions to these healthy kids. Thousands of children are born every year with a birth defect. Too many children suffer moderate to serious accidents of all types. And an unfortunate minority face other serious or long-term health problems. Worse, children who are sick are often very sick. These exceptions to the rule are all the more tragic because our expectation is that our children will be healthy.

That is why the Children's Health Act, which the Senate has passed today, is so important. As sound as our children's overall health is, it can be better. As well as our nation is doing to protect our children's health, we can do more.

Mr. President, the Children's Health Act covers many specific health problems that afflict children—autism, arthritis, asthma, brain injuries, lead poisoning, and so on. Each of the legislative provisions that addresses these problems deserves attention, and I hope that the merits of each of these sections can be presented. Right now, I would like to focus on the sections of the Children's Health Act that I have strongly supported. Most of these provisions were included in legislation—called Healthy Kids 2000—which I introduced last year.

As both a Governor and a Senator, one of my main priorities in health care has been to try to find new ways to prevent birth defects. Because we expect our children and our babies to be healthy, birth defects can be truly devastating to a family. Yet they happen far too frequently—150,000 children are born every year with some type of birth defect.

Today alone, about 6 or 7 families in this country will have a child with one very serious type of birth defect, called a neural tube defect. Spina bifida is the most well known of these defects of the brain and spine. The complications that result from this type of birth defect range from serious, long-term health problems to death, but the real tragedy is that many of these birth defects could have been prevented.

One simple step—women of childbearing age taking 400 micrograms of folic acid every day—can help women and families significantly reduce the chance of this type of birth defect by up to 70 percent. Yet most women just don't know about folic acid. Simply making them aware of the importance of folic acid is such an easy and inexpensive way to prevent birth defects, it is simply silly not to do everything we can to make sure every woman in this country knows about the benefits of folic acid.

One provision of the Children's Health Act was taken from the Folic Acid Promotion Act, which I have introduced with Senator ABRAHAM. This section authorizes expanded effort by the Centers for Disease Control to get more women of childbearing age to use folic acid. The CDC has begun activity in this area, but the continued depth of the problem demonstrates that much more can be done.

Another easy thing we can do to bring greater focus and attention to the problem of birth defects is to simply reorganize how and where the work on birth defects is done within the Centers for Disease Control. Right now, the CDC's work on birth defects is done within one of its main branches, the National Center for Environmental Health, whose responsibilities expand significantly beyond birth defects.

I believe the seriousness of this problem—over 400 infants are born every day with some type of birth defect—and the significant amount of CDC funding spent on birth defects justify a Center within the Centers for Disease Control focused exclusively on this issue. The Children's Health Act calls for a fourth Center within the CDC—the National Center for Birth Defects and Developmental Disabilities—which will allow for consolidation, greater visibility and expansion of CDC's efforts to prevent birth defects. This builds on the comprehensive prevention program outlined in the Birth Defects Prevention Act, which I sponsored and Congress passed in 1998.

One area of children's health that has been getting worse over the last decade is the percentage of babies born with a low birth weight. Low birth-weight babies have a much higher chance of developmental and other problems as they grow up. One reason for this declining trend is the persistent levels of cigarette, alcohol, and drug use during pregnancy. Somewhere between 19 and 27 percent of pregnant women in the U.S. smoke during pregnancy, despite the fact that these smokers are at a significantly higher risk for stillbirth, premature births, low birth-weight, and birth defects.

The Children's Health Act contains another provision from my Healthy Kids 2000 legislation which establishes a grant program run by CDC to establish community-based programs designed to reduce and prevent prenatal smoking, alcohol, and drug use. We can work with women to help them understand the consequences of using these types of substances on their babies and to help them change their behavior so they can have healthier infants.

The health of a mother during her pregnancy obviously has a tremendous health impact on her child. Yet we as a nation still have a surprisingly large amount of serious complications that occur during pregnancy even before labor. 1,000 women actually die every year during pregnancy, and this figure has been increasing in the 1990s. A full 20 percent of women have serious health problems even before they go into labor.

But despite these problems, our public health system does not have a comprehensive system in place to monitor, research, and try to prevent these maternal deaths and complications. Only 15 states have a program of their own that does this. Well, if we can't look at a problem and study it, we certainly can't hope to understand the problem, much less to solve it. I believe the CDC needs to do further work with states to understand exactly why so many women are having pregnancy-related problems and to figure out what we can do about it. The Children's Health Act authorizes CDC to expand their efforts so we can prevent these problems and help women have healthy pregnancies so they can have healthy kids.

Finally, I have been a strong supporter of Senator DEWINE's Pediatric

Research Initiative within the National Institutes of Health. I am pleased to be a cosponsor of his bill, and I included the Pediatric Research Initiative in my Healthy Kids 2000 legislation. I am happy to report that the Pediatric Research Initiative has been included in the Children's Health Act.

I believe we need to encourage the NIH to focus more on children's health care research. In recent years, NIH has seen significant increases in the funding needed to support the critical research they do. This crucial work helps us better understand how various diseases work, what we can do to prevent them, and how to cure those who are afflicted. I am concerned, however, that pediatric research at NIH has not shared fully in this research expansion.

The Pediatric Research Initiative provides the NIH with additional funds that are specifically dedicated to pediatric research. This funding can be used by the NIH Director for research that shows the most promise to address successfully childhood health concerns. The Pediatric Research Initiative would not earmark funds to any specific institute or to any specific disease. This commonsense legislation simply provides extra funding to the Office of the Director with maximum flexibility to invest that money in any area of pediatric research in any of the NIH Institutes. I believe this is a reasonable, and not a very restrictive, response to concerns that the NIH shortchanges pediatric research.

Mr. President, I would like to commend and thank Senators FRIST, KENNEDY, and all of the other distinguished Senators who have worked to put this crucial bill together. I have been pleased to work with them to ensure that this bill addresses some of the most pressing health care concerns our nation's children face. I hope and expect that the House of Representatives will follow-up quickly on Senate action so we can send this bill to the President.

Last year, I introduced the Healthy Kids 2000 Act based on a simple idea—we want children to be healthy, and we want pregnant women to be healthy. Passage today of the Children's Health Act promises to bring us closer to this simple but critically important goal.

Mr. LEVIN. Mr. President, according to the experts, the number of heroin users is on the rise while the average age of first heroin use is dropping. Heroin addiction is a public health crisis of significant proportion. This legislation, the Hatch-Levin Drug Addiction Act, S. 324, will allow us to effectively utilize a new medical discovery of a substance called Buprenorphine, which has proven to be an extraordinarily effective means for combating heroin addiction by blocking the craving for heroin.

But this anti-addiction medication can help us win the war against heroin and heroin addiction only if we change our laws so that the medication can be dispensed in physician's offices instead of a centralized clinic. That is what this legislation accomplishes.

It is estimated that there are approximately one million heroin addicts in the U.S. According to the U.S. Department of Health and Human Services, many of these heroin addicts want to kick their habit, but do not wish to receive treatment in methadone clinics ''. . . because of the stigma of being in methadone treatment or their concerns about the medical effects of methadone.''

The Drug Addiction Treatment Act has now passed the House of Representatives in slightly different form than we passed in the Senate on November 19. Its adoption again by the Senate as Title XXXV, Section 3501 and Section 3502 of the substitute amendment to H.R. 4365, the Children Health Act of 2000, paves the way for physician office-based dispensing of a medication which has been the subject of extensive successful research and clinical trials in the U.S. and France. This medication, Buprenorphine, was developed under a Cooperative Research and Development Agreement between the National Institute on Drug Abuse and a private pharmaceutical manufacturer, and is expected to receive FDA approval in the weeks ahead. Buprenorphine has already been in use, in physician offices, for a number of years in France, where significant success has been achieved in getting individuals off of heroin, reducing crime and heroin-related deaths. For example, since the introduction of Buprenorphine in France, there has been an 80 percent decline in deaths by heroin overdose—from 505 in 1994 to 92 in 1998; user crime and arrests are down by 57 percent—from 17,356 in 1995 to 7,649 in 1998; and trafficking arrests have declined by 40 percent—from 3,329 in 1995 to 1,979 in 1997.

Over a year ago, I introduced the Drug Addiction Treatment Act, S. 324, along with Senator HATCH, Senator MOYNIHAN and Senator BIDEN, in order to put in place the necessary mechanisms to accommodate this revolutionary new treatment that can block the craving for heroin and dramatically restore the quality of the lives of individuals and families who have struggled to get out from under heroin addiction.

There are a number of reasons why our legislation is necessary. Under current law, the Narcotic Addict Treatment Act of 1974, the process by which individual physicians must be approved in order to prescribe narcotics in drug treatment is a cumbersome and complex regulatory process. Federal regulations and State regulations, which could, under existing law, be written to allow Buprenorphine to be utilized in physician offices will take an extensive period of time to be written and take many years to be implemented. Indeed, there is no assurance that such regulations will ever be written by both federal and state governments. In the meantime, a very effective medication is unavailable to those who are addicted to Heroin.

The Hatch-Levin legislation would allow for the utilization of Buprenorphine by qualified physicians in a physician's office. It will also assure that Buprenorphine will be made available in every state unless a state expressly opts out of the program through legislation.

The current federal regulatory process needed to be utilized before treatment of addiction in an office-based setting is allowed include: (1) Writing the regulations, which could take up to a year or more; (2) Issuance of the proposed rule which would be published in the Federal Register, including the announcement of a period of time for public comment on the proposed rule; (3) A review of the public comments, which could take a year or more; (4) The issuance of the final rule, (5) Then each State is required to affirmatively approve and implement the physician office approach which typically takes 2–4 years, in those states that do act.

Based on the experience with the introduction of LAAM for the treatment of heroin addiction—a medication similar to methadone which is effective for up to three days, as opposed to the daily dosage required by methadone—most states may never approve the physician office approach and for those that do the process could go on for as many as 4–5 years. That was the case with California and New York. According to findings reported by the U.S. Department of Health and Human Services on July 14, 1999: ''Current federal and state regulations prevent ease of entry into methadone or LAMM maintenance treatment. . . .''

So, while it is possible under current law for regulations to be written by HHS allowing for the use of Buprenorphine in the treatment of heroin addiction and to allow for it to be prescribed in physician offices,

(1) there is no certainty that they will be written;

(2) if such regulations are written, it would take years for them to take effect; and

(3) each state must explicitly opt into the program by writing regulations or adopting a law.

In each state not opting in, the treatment in a physician office would not be available as described

The result of the above cumbersome and complex process has been a treatment system consisting primarily of large methadone clinics, preventing physicians from treating patients in convenient office-based settings, thereby making treatment unavailable as a practical matter to many in need of it. Also, experts say that many heroin addicts who want treatment are often deterred because, in addition to the stigma that is associated with large centralized methadone clinics, they must travel long distances daily to receive such treatment and cannot maintain a job while doing so. Even though Buprenorphine does not possess the addictive qualities of methadone, because of the constraints in current law, it

would nonetheless have to be dispensed in this same manner—in centralized clinics—rather than in the private office of a qualified physician.

The Drug Addiction Treatment Act, S. 324 (H.R. 2634), will make it possible for medications like Buprenorphine, which have little or no likelihood of diversion or abuse, to be made available in the offices of physicians who have the training and certification and license to treat persons addicted to opiates. It is anticipated that the initial group of eligible physicians to dispense Buprenorphine will come from the 10,000 practitioners with addiction treatment certification from the American Society of Addiction Medicine, or board certification in addiction psychiatry or medical toxicology from the American Board of Medical Specialties or certification in addiction medicine from the American Osteopathic Association. The protections in the legislation against abuse are as follows: Physicians may not treat more than 30 patients in an office setting; appropriate counseling and other ancillary services are a requirement under this legislation; the Attorney General may terminate a physician's DEA registration if these conditions are violated; and the program may be discontinued altogether if the Secretary of HHS and Attorney General determine that this new type of decentralized treatment has not proven to be an effective form of treatment. Finally, states may opt out of the provision.

Recent findings of the Monitoring the Future Program, headed by Dr. Lloyd Johnson of the University of Michigan, indicates that heroin use among American teens doubled between 1991 and 1998, and represents a clear danger for a significant number of American young people. Dr. Johnson attributes this sharp increase to non-injectable use—smoking and snorting, and notes that the very high purity and low cost of heroin on the street has made these new developments possible; and that, unfortunately, a number of those users will switch over to injection.

The Drug Enforcement Administration reports that the price of heroin has steadily declined since 1980, though it is more potent. In 1980, heroin cost $3.90 per milligram and was 3.6 percent pure heroin. Today, heroin costs about $1 per milligram, yet it is 10 times more pure. This purer, cheaper heroin is available everywhere—in our inner cities, in our suburbs and in our small towns. For instance, according to the National Center on Addiction and Substance Abuse, over 32 percent of persons living in small towns, age of 12 and over, have easy access to heroin.

The need for this change in our law to make available more broadly an effective heroin blocker was expressed by experts at a May 9, 1997 Drug Forum on Anti-addiction Research, which I convened along with Senator MOYNIHAN and Senator BOB KERREY. Forum participants, including distinguished experts such as Dr. Herbert Kleber and Dr. Donald Landry of Columbia University, Dr. Charles Schuster of Wayne State University and Dr. James H.Wood of the University of Michigan told us that this dramatic new anti-addiction medication is coming in the nick of time. The untreated population of opiate addicts, and other injection drug users, is the primary means for the spread of HIV, hepatitis B and C, and tuberculosis into the general population, not to mention the families of such addicted persons. Failure to block the craving for illicit drugs along with failure to provide traditional treatment will most certainly contribute to the crime related to addiction and continue the spiral of huge health care costs—costs that will largely be borne not by the addicts, not by insurance companies—but by the American taxpayer.

The President of the Michigan Public Health Association, Dr. Stephanie Meyers Schim, has spoken out eloquently about the ''great problems'' of substance abuse. In her letter to me in support of our bill she says: ''Substance abuse affects health care costs, mortality, workers' compensation claims, reduced productivity, crime, suicide, domestic violence, child abuse, and increased costs associated with extra law enforcement, motor vehicle crashes, crime, and lost productivity.'' Dr. Schim goes on to say, ''Buprenorphine will allow drug addicted individuals to maximize everyday life activities, and participate more fully in work day and family activities while seeking the needed treatment and counseling to become drug free''.

Dr. James H. Wood, Professor of Pharmacology at the University of Michigan Medical School recently wrote: ''One of the most important aspects of your bill is the use of Buprenorphine by well-trained physicians to treat narcotic addiction from their offices, which has the potential to attract and treat effectively sizable populations of currently untreated addicts. A major byproduct of this increased treatment, of course, will be reduction in the demand for illicit narcotics in the U.S.''

Dr. Thomas Kosten, President of the American Academy of Addiction Psychiatry echoed these sentiments in recent testimony on The Drug Addiction Treatment Act before the House Commerce Committee on Health and Environment, and I quote: ''. . . I would like to support the availability of Buprenorphine for office based practice. Addiction is a brain disease and office-based practice is primarily needed for effective treatment of Buprenorphine.''

The American Society of Addiction Medicine (ASAM), and the College on Problems of Drug Dependence which is the nation's longest standing organization of scientists addressing drug dependence and drug abuse, have stated that the availability of Buprenorphine in physicians' offices adds a needed expansion of current treatment for heroin addiction. ASAM also cautioned that Buprenorphine will lose much of its utility if it is tied to the very heavily regulated structure for current treatments of heroin addiction.

There are other compelling reasons why we must expedite the delivery of anti-addiction medications. Of the juveniles who land behind bars in state institutions, more than 60 percent of them reported using drugs once a week or more, and over 40 percent reported being under the influence of drugs while committing crimes, according to a report from the Bureau of Justice Statistics. Drug-related incarcerations are up and we are building more jails and prisons to accommodate them—more than 1000 have been built over the past 20 years. According to the July 14, 1999 Office of National Drug Control Policy Update, ''Drug-related arrests are up from 1.1 million arrests in 1988 to 1.6 million arrests in 1997—steady increases every year since 1991''.

In crafting the provisions of this legislation, we consulted with the U.S. Department of Health and Human Services, including the Federal Drug Administration, and the Drug Enforcement Administration. Of critical importance is the fact that Buprenorphine is not addictive like methadone so the likelihood of diversion is small. Nothing in our bill is intended to change the rules pertaining to methadone clinics or other facilities or practitioners that conduct drug treatment services with addictive substances. I received a very supportive letter from HHS Secretary Donna Shalala in which she reports on the safety and utility of Buprenorphine, as follows:

> I am especially encouraged by the results of published clinical studies of Buprenorphine. Buprenorphine is a partial mu opiate receptor agonist, in Schedule V of the Controlled Substances Act, with unique properties which differentiate it from full agonists such as methadone or LAAM. The pharmacology of the combination tablet consisting of Buprenorphine and naloxone results in. . . .low value and low desirability for diversion on the street.
>
> Published clinical studies suggest that it has very limited euphorigenic affects, and has the ability to percipitate withdrawal in individuals who are highly dependent upon other opioids. Thus, Buprenorphine and Buprenorphine/naloxone products are expected to have low diversion potential. Buprenorphine and Buprenorphine/naloxone products are expected to reach new groups of opiate addicts—for example, those who do not have access to methadone programs, those who are reluctant to enter methadone treatment programs, and those who are unsuited to them {this would include for example, those in their first year of opiates addiction or those addicted to lower doses of opiates}.
>
> Buprenorphine and Buprenorphine/naloxone products should increase the amount of treatment capacity available and expand the range of treatment options that can be used by physicians. Buprenorphine and Buprenorphine/Naloxone would not replace methadone. Methadone and LAAM clinics would remain an important part of the treatment continuum.

In closing, I would like to include excerpts from the statement which was presented by Dr. Charles O'Brien before the Senate Caucus on International Narcotics Control, May 9, 2000. Dr. O'Brien is Professor and Vice Chair of Psychiatry at the University of Pennsylvania, Director of the Behavioral Health, Philadelphia VA Medical Center, Center for Studies of Addiction, Upenn/VAMC, and Research Director, Philadelphia VA. Mental Illness Research, Education and Clinical Center. Dr. O'Brien's remarks are as follows:

While our first goal in the treatment of heroin addiction is complete abstinence, we know that this is not realistic for a great majority of patients. Even those who do well initially in a drug free residential program have a high frequency of relapse when they return to the neighborhood where drugs are available.

Another new medication that is being successfully used in France and is currently being reviewed by the FDA for use in the U.S. is buprenorphine. Its chemical category is somewhat different from methadone in that it is a partial agonist at opiate receptors. This medication has been found to be as effective as methadone and in some cases even better. It seems to be particularly effective for adolescents with a heroin problem. Buprenorphine is very unlikely to produce overdose and in France, the death rate due to opiate overdose has dropped by about 75 percent. Not only does it not produce overdose itself, but it may even provide a measure of protection against overdose by heroin.

The safety and efficacy of buprenorphine is such that it should be made available to all physicians to treat patients with opiate problems in their offices. This would be a major benefit to patients who are unable and unwilling to come to specialized methadone programs. It would be available not just to heroin addicts, but to anyone with an opiate problem, including many citizens who would not ordinarily be associated with the term addiction. The availability of buprenorphine would enable physicians to control the opiate abuse problems of many Americans who are now being inadequately treated or not treated at all.

One important development is the combination of buprenorphine with naloxone, a full antagonist. If the combination is taken by mouth, this new medication is effective in reducing drug craving and stabilizing the person to lead a normal life. If someone tries to abuse it by injecting it, the naloxone component would then be effective in blocking the effects and preventing a ''high'' or euphoria. Thus, the diversion potential of this new medication should be minimized.

Several treatment programs have already studied buprenorphine in the treatment of adolescent heroin abusers. It has been found to detoxify, that is treat withdrawal symptoms, while the body cleanses itself of heroin, more effectively than other medications. Thus a greater proportion of young people are able to get off of heroin and receive counseling and other forms of rehabilitation. Buprenorphine is also very effective as a longer term medication that a young person can take daily, return to school or job training and after six months or more maintain a stable drug free state. Once this medication is approved by the FDA and is allowed to be used in physicians' offices, it could dramatically improve the treatment of heroin addiction in the U.S.

In summary Mr. Chairman, we are in the midst of the highest availability of relatively pure heroin in our recorded history. Fortunately we have effective treatments including new medications that are coming on line. One of them, buprenorphine, is well advanced in the FDA approval process and is being considered for use in a new approach to opiate addiction. This new approach [embodied in S. 324] in keeping with the scientific data, would allow physicians to treat heroin addiction in their offices just as we treat any other medical problem.

The success of this vital legislation would not have been possible without the leadership and support of Senator HATCH, Chairman of the Judiciary Committee. Nor would it have been possible without the strong support of Senator MOYNIHAN, Ranking Member of the Finance Committee, and Senator BIDEN, Ranking Member of the Judiciary Subcommittee on Youth Violence, both of whom possess a clear grasp of the issues surrounding illicit drug addiction and have long sought to address them.

Mr. MOYNIHAN. Mr. President, I rise to commend the Senate for again unanimously passing the Drug Addiction Treatment Act of 2000. Today it passed as an amended version of S. 324, of which I am an original cosponsor, in Title XXXV, sections 3501 and 3502, of the Senate substitute to the Children's Health Act of 2000, H.R. 4365. The Senate's action today marks a milestone in the treatment of opiate dependence. The Drug Addiction Treatment Act increases access to new medications, such as buprenorphine, to treat opiate addiction. I thank my colleagues Senator LEVIN (whose long-term vision inspired this legislation), Senator HATCH, and Senator BIDEN for their leadership and dedication in developing this Act, and I look forward to seeing the Drug Addiction Treatment Act of 2000 become law.

Determining how to deal with the problem of addiction is not a new topic. Just over a decade ago when we passed the Anti-Drug Abuse Act of 1988, I was assigned by our then-Leader, Senator ROBERT BYRD, with Senator Sam Nunn, to co-chair a working group to develop a proposal for drug control legislation. We worked together with a similar Republican task force. We agreed, at least for a while, to divide funding under our bill between demand reduction activities (60 percent) and supply reduction activities (40 percent). And we created the Director of National Drug Control Policy (section 1002); next, ''There shall be in the Office of National Drug Control Policy a Deputy Director for Demand Reduction and a Deputy Director for Supply Reduction.''

We put demand first. To think that you can ever end the problem by interdicting the supply of drugs, well, it's an illusion. There's no possibility.

I have been intimately involved with trying to eradicate the supply of drugs into this country. It fell upon me, as a member of the Nixon Cabinet, to negotiate shutting down the heroin traffic that went from central Turkey to Marseilles to New York —''the French Connection''—but we knew the minute that happened, another route would spring up. That was a given. The success was short-lived. What we needed was demand reduction, a focus on the user. And we still do.

Demand reduction requires science and it requires doctors. I see the science continues to develop, and The Drug Addiction Treatment Act of 2000 will allow doctors and patients to make use of it.

Congress and the public continue to fixate on supply interdiction and harsher sentences (without treatment) as the ''solution'' to our drug problems, and adamantly refuse to acknowledge what various experts now know and are telling us: that addiction is a chronic, relapsing disease; that is, the brain undergoes molecular, cellular, and physiological changes which may not be reversible.

What we are talking about is not simply a law enforcement problem, to cut the supply; it is a public health problem, and we need to treat it as such. We need to stop filling our jails under the misguided notion that such actions will stop the problem of drug addiction. The Drug Addiction Treatment Act of 2000 is a step in the right direction.

Mr. BIDEN. Mr. President, today the United States Senate has passed the Children's Health Act of 2000, an Act which will have a far-ranging impact on the health of America's youth. This legislation not only addresses juvenile arthritis, diabetes, asthma and other childhood diseases, but it also takes important steps to address what I would argue is a public health epidemic for both children and adults—substance abuse and addiction.

The Children's Health Act reauthorizes the Substance Abuse and Mental Health Services Administration (SAMHSA), the federal agency devoted to substance abuse prevention and treatment services as well as a wide range of mental health programs. The bill also includes three important drug bills which I have cosponsored: the Methamphetamine Anti-Proliferation Act, the Ecstasy Anti-Proliferation Act and the Drug Addiction Treatment Act. The result is a comprehensive piece of legislation which includes the law enforcement, treatment and prevention services necessary to address substance abuse in the United States today.

Mr. President, in 1996 I joined with my distinguished friend and colleague, Senator HATCH, to introduce the ''Hatch-Biden Methamphetamine Control Act'' to address the growing threat of methamphetamine use in our country before it was too late.

Our failure to foresee and prevent the crack cocaine epidemic is one of the most significant public policy mistakes in recent history. We were determined not to repeat that mistake with methamphetamine.

That 1996 Act provided crucial tools that we needed to stay ahead of the methamphetamine epidemic—increased penalties for possessing and trafficking in methamphetamine and the precursor

chemicals and equipment used to manufacture the drug; tighter reporting requirements and restrictions on the legitimate sales of products containing precursor chemicals to prevent their diversion; increased reporting requirements for firms that sell those products by mail; and enhanced prison sentences for meth manufacturers who endanger the life of any individual or endanger the environment while making this drug. We also created a national working group of law enforcement and public health officials to monitor any growth in the methamphetamine epidemic.

I have no doubt that our 1996 legislation slowed this epidemic significantly. But we are up against a powerful and highly addictive drug.

The Methamphetamine Anti-Proliferation Act—which I have cosponsored—builds on the 1996 Act. First and foremost, it closes the ''amphetamine loophole'' in current law by making the penalties for manufacturing, distributing, importing and exporting amphetamine the same as those for meth. After all, the two drugs differ by only one chemical and are sold interchangeably on the street. If users can't tell the difference between the two substances, there is no reason why the penalties should be different.

The bill also addresses the growing problem of meth labs by establishing penalties for manufacturing the drug with an enhanced penalty for those who would put a child's life at risk in the process. We provide $20 million for the Drug Enforcement Administration (DEA) to reimburse states for cleaning up toxic meth labs and $5.5 million for the DEA to certify state and local officials to handle the hazardous byproducts at the lab sites. We also provide $15 million for additional law enforcement personnel—including agents, investigators, prosecutors, lab technicians, chemists, investigative assistants and drug prevention specialists—in High Intensity Drug Trafficking Areas where meth is a problem.

Also included in the bill is $6.5 million for new agents to assist State and local law enforcement in small and mid-sized communities in all phases of drug investigations and assist state and local law enforcement in rural areas. The bill also provides $3 million to monitor List I chemicals, including those used in manufacturing methamphetamine, and prevent their diversion to illicit use.

Further, the legislation provides $10 million in prevention funds and $10 million for treating methamphetamine addiction, as well as much needed money for researching new treatment modalities, including clinical trials. It asks the Institute of Medicine to issue a report on the status of the development of pharmacotherapies for treatment of amphetamine and methamphetamine addiction, such as the good work that the scientists at the National Institute on Drug Abuse have done to isolate amino acids and develop medications to deal with meth overdose and addiction.

The Children's Health Act also includes the ''Ecstasy Anti-Proliferation Act,'' a bill which Senators GRAHAM, GRASSLEY and THOMAS and I introduced in May to address the new drug on the scene—Ecstasy, a synthetic stimulant and hallucinogen. The legislation takes the steps—both in terms of law enforcement and prevention—to address this problem in a serious way before it gets any worse.

Ecstasy belongs to a group of drugs referred to as ''club drugs'' because they are associated with all-night dance parties known as ''raves.'' There is a widespread misconception that it is not a dangerous drug—that it is ''no big deal.'' I believe that Ecstasy is a very big deal. The drug depletes the brain of serotonin, the chemical responsible for mood, thought, and memory.

If that isn't a big deal, I don't know what is.

A few months ago we got a significant warning sign that Ecstasy use is becoming a real problem. The University of Michigan's Monitoring the Future survey, a national survey measuring drug use among students, reported that while overall levels of drug use had not increased, past month use of Ecstasy among high school seniors increased more than 66 percent.

The survey showed that nearly six percent of high school seniors have used Ecstasy in the past year. This may sound like a small number, but put in perspective it is deeply alarming—it is five times the number of seniors who used heroin and it is just slightly less than the percentage of seniors who used cocaine.

And with the supply of Ecstasy increasing as rapidly as it is, the number of kids using this drug is only likely to increase. So far this year, the Customs Service has already seized 9 million Ecstasy pills—three times the total amount seized in all of 1999 and twelve times the amount seized in all of 1998.

Though New York is the East Coast hub for this drug, it is spreading quickly throughout the country. In my home state of Delaware, law enforcement officials have seized Ecstasy pills in Rehoboth Beach and are noticing the emergence of an Ecstasy problem in Newark among students at the University of Delaware.

The legislation directs the United States Sentencing Commission to increase the recommended penalties for manufacturing, importing, exporting or trafficking Ecstasy.

The legislation also authorizes a $10 million prevention campaign in schools and communities to make sure that everyone—kids, adults, parents, teachers, cops, coaches, clergy, etc.—know just how dangerous this drug really is. We need to dispel the myth that Ecstasy is not a dangerous drug because, as I stated earlier, this is a substance that can cause brain damage and can even result in death. We need to spread the message so that kids know the risk involved with taking Ecstasy, what it can do to their bodies, their brains, their futures. Adults also need to be taught about this drug—what it looks like, what someone high on Ecstasy looks like, and what to do if they discover that someone they know is using it.

Mr. President, I have come to the floor of the United States Senate on numerous occasions to state what I view as the most effective way to prevent a drug epidemic. My philosophy is simple: the best time to crack down on a drug with uncompromising enforcement pressure is before the abuse of the drug has become rampant. The advantages of doing so are clear—there are fewer pushers trafficking in the drug and, most important, fewer lives and fewer families will have suffered from the abuse of the drug.

It is clear that Ecstasy use is on the rise and I am pleased that the Senate has acted today to address the escalating problem of this drug before it gets any worse.

In addition to stopping the proliferation of new drugs, we also need to invest in treating those who are already addicted. More than ten years ago, in December 1989, I released a Senate Judiciary Committee Report entitled ''Pharmacotherapy: A Strategy for the 1990s.'' In this report I argued that there was scientific promise for medicines that might lessen an addict's craving for cocaine and heroin, as well as to reduce their enjoyment of those drugs.

This report asked the question: ''If drug abuse is an epidemic, are we doing enough to find a medical 'cure'?''

At the time, despite the efforts of myself and other members of Congress, the answer to that question was as clear as it was distressing: the nation was doing far too little to find medicines that treat the disease of drug addiction.

To address this shortfall, I authored, along with Senator KENNEDY, the Pharmacotherapy Development Act—which passed into law in 1992. The cornerstone of this Act was its call for a ten year, $1 billion effort to research and develop anti-addiction medications.

I cannot think of a more worthwhile investment. There is no other disease that effects so many, directly and indirectly. We have 14 million drug users in this country, four million of whom are hard-core addicts. We all have a family member, neighbor, colleague or friend who has become addicted. We are all impacted by the undeniable correlation between drugs and crime—an overwhelming 80 percent of the men and women behind bars today have a history of drug and alcohol abuse or addiction or were arrested for a drug-related crime. It only makes sense to unleash the full powers of medical science to find a ''cure'' for this social and human ill.

Ten years ago, the question was: ''Are we doing enough to find a 'cure'?''

Unfortunately that question is still with us. But today we also have another question: ''Are we doing enough to get the 'cures' we have to those who need them?'' We have an enormous ''treatment gap'' in this country. Only two million of the estimated 4.4 to 5.3 million people who need drug treatment are receiving it.

That is why I have worked with Senators HATCH, LEVIN and MOYNIHAN and Representative BILEY to craft the ''Drug Addiction Treatment Act,'' a bill which creates a new system for delivering anti-addiction medications to patients who need them. Under the bill qualified doctors can be granted a waiver to prescribe certain Schedule III, IV and V medications from their offices. This is a significant step toward bridging the treatment gap.

Right now we have some highly effective pharmacotherapies to treat heroin addiction and we are still working on developing similar medications for cocaine addiction. Access to currently available medications such as methadone and LAAM (Levo-Alpha Acetylmethadol) has been strangled by layers of bureaucracy and regulation. As a result, only 22 percent of opiate addicts are now receiving pharmacotherapy treatment. General McCaffrey and Secretary Shalala are leading the charge to fix that problem and I applaud their efforts.

Under the legislation passed today, patients will be able to get new medications such a buprenorphine and a buprenorphine-naloxone combination product—which are now under review by the Food and Drug Administration—much like they can get other medications: a doctor prescribes them and the patient can get the medication from the local pharmacy. This new system helps to move drug treatment into the mainstream of medicine.

The difficulties of distributing treatment medications to addicts not only hurts those who are not getting the treatment they need, but it also stifles private research. I have often bemoaned the fact that private industry has not aggressively developed pharmacotherapies. As we increase access to these drugs, we increase incentives for private investment in this valuable research.

I am proud that the Senate has acted today to pass ''The Drug Addiction Treatment Act'' because it helps get new, promising anti-addiction medications get to those who need them. By allowing certain doctors to dispense Schedule III, IV and V drugs from their offices, the bill expands treatment flexibility and access and encourages others to develop similar medications.

Mr. President, in passing the Children's Health Act today, the Senate has taken an important step to addressing the problem of substance abuse and all of the social ills that go along with it. I congratulate all of my colleagues who have worked on this legislation which will make an important contribution to public health and public safety in this country.

Mr. DEWINE. Mr. President, I rise today as a co-author of the ''Children's Health Act of 2000.'' This bill is essential in enabling us to build a health care system that is responsive to the unique needs of children. The ''Children's Health Act of 2000'' is a big step in the right direction, and I commend my colleagues, Senators FRIST, JEFFORDS, and KENNEDY for their efforts to construct a bill that can really make a positive difference in the health and the lives of children.

Mr. President, I am especially pleased that the ''Children's Health Act'' contains several important initiatives that my colleagues and I had introduced already as separate bills. One such initiative—the Pediatric Research Initiative—would help ensure that more of the increased research funding at the National Institutes of Health (NIH) is invested specifically in children's health research.

While children represent close to 30 percent of the population of this country, NIH devotes only about 12 percent of its budget to children, and, in recent years, that proportion has been declining even further. We must reverse this disturbing trend. It simply makes no sense to conduct health research for adults and hope that those findings also will apply to children. A ''one size fits all'' research approach just doesn't work. The fact is that children have medical conditions and health care needs that differ significantly from adults. Children's health deserves more attention from the research community. That's why the Pediatric Research Initiative is such an important part of the ''Children's Health Act.'' It would provide the federal support for pediatric research that is so vital to ensuring that children receive the appropriate and best health care possible.

The Pediatric Research Initiative would authorize at least $50 million for each of the next five years for the Office of the Director of the National Institute of Health (NIH) to conduct, coordinate, support, develop, and recognize pediatric research. In doing so, we will be able to ensure researchers target and study child-specific diseases. With more than 20 Institutes and Centers and Offices within NIH that conduct, support, or develop pediatric research in some way, this investment would promote greater coordination and focus in children's health research, and hopefully encourage new initiatives and areas of research.

The ''Children's Health Act'' also would authorize the Secretary of HHS to establish a pediatric research loan repayment program for qualified health professionals who conduct pediatric research. Trained researchers are essential if we are to make significant advances in the study of pediatric health care, especially in light of the new and improved Food and Drug Administration (FDA) policies that encourage the testing of medications for use by children.

Additionally, the ''Children's Health Act'' includes the ''Children's Asthma Relief Act,'' which Senator DURBIN and I introduced last year. The sad reality for children is that asthma is becoming a far too common and chronic childhood illness. From 1979 to 1992, the hospitalization rates among children due to asthma increased 74 percent. Today, estimates show that more than seven percent of children now suffer from asthma. Nationwide, the most substantial prevalence rate increase for asthma occurred among children aged four and younger. Those four and younger also were hospitalized at the highest rate among all individuals with asthma.

According to 1998 data from the Centers for Disease Control (CDC), my home state of Ohio ranks about 17th in the estimated prevalence rates for asthma. Based on a 1994 CDC National Health Interview Survey, an estimated 197,226 children under 18 years of age in Ohio suffer from asthma. We need to address this problem adequately. The ''Children's Health Act'' would help do that by ensuring that children with asthma receive the care they need to lead healthy lives. The bill would authorize funding for fiscal years 2001 through 2005 for the Secretary of Health and Human Services (HHS) to establish state and local community grants to be used for asthma detection, treatment, and education services; require coordination with current children's health programs to identify children who are asthmatic and may otherwise remain undetected and untreated; require NIH to direct more resources to its National Asthma Education Prevention Program to develop a federal plan for responding to asthma; and require the Center for Disease Control to conduct local asthma surveillance activities to collect data on the prevalence and severity of asthma. This surveillance data will help us better detect asthmatic conditions, so that we can treat more children and ensure that we are targeting our resources in an effective and efficient way to reverse the disturbing trend in the hospitalization and death rates of asthmatic children.

Since research shows that children living in urban areas suffer from asthma at such alarming rates and that allergens, such as cockroach waste, contribute to the onset of asthma, this bill also adds urban cockroach management to the current preventive health services block grant, which currently can be used for rodent control.

The ''Children's Health Act'' also includes a bill I introduced separately with Senator DODD. This section would require that the Secretary of HHS ensure that all research that is conducted, supported, or regulated by HHS complies with regulations governing the protection of children involved in research. Children who participate in clinical trials are medical pioneers. It is just common sense that we update and apply the strongest federal guidelines to ensure the safety of these young people as they participate in clinical trials that will ensure that

medicines will be safe and appropriate for use in all children.

Finally, Mr. President, the ''Children's Health Act'' includes language that I strongly support to re-authorize funding for children's hospitals' Graduate Medical Education (GME) programs for four additional years. Last year, as part of the ''Health Care Research and Quality Act,'' which was signed into law, we authorized funding for two years for children's hospitals' GME programs. The teaching mission of these hospitals is essential. Children's hospitals comprise less than one percent of all hospitals, yet they train five percent of all physicians, nearly 30 percent of all pediatricians, and almost 50 percent of all pediatric specialists. By providing our nation with highly qualified pediatricians, children's hospitals can offer children the best possible care and offer parents peace of mind. They serve as the health care safety net for low-income children in their respective communities and are often the sole regional providers of many critical pediatric services. These institutions also serve as centers of excellence for very sick children across the nation. Federal funding for GME in children's hospitals is a sound investment in children's health and provides stability for the future of the pediatric workforce.

Mr. President, as the father of eight children and the grandfather of five, I firmly believe that we must move forward to protect the interests—and especially the health—of all children. The ''Children's Health Act of 2000'' makes crucial investments in our country's future—investments that will yield great returns. If we focus on improving health care for all children today, we will have a generation of healthy adults tomorrow.

TO AMEND THE ALASKA NATIVE CLAIMS SETTLEMENT ACT

Mr. LOTT. I ask unanimous consent that the Chair lay before the Senate a message from the House to accompany S. 430.

There being no objection, the Presiding Officer (Mr. DOMENICI) laid before the Senate the following message from the House of Representatives:

Resolved, That the bill from the Senate (S. 430) entitled ''An Act to amend the Alaska Native Claims Settlement Act to provide for a land exchange between the Secretary of Agriculture and the Kake Tribal Corporation, and for other purposes,'' do pass the following amendment:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Kake Tribal Corporation Land Transfer Act''.

SEC. 2. DECLARATION OF PURPOSE.

The purpose of this Act is to authorize the reallocation of lands and selection rights between the State of Alaska, Kake Tribal Corporation, and the City of Kake, Alaska, in order to provide for the protection and management of the municipal watershed.

Mr. LOTT. I ask unanimous consent that the Senate agree to the amendment of the House.

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

KENAI MOUNTAINS-TURNAGAIN ARM NATIONAL HERITAGE AREA ACT OF 2000

Mr. LOTT. Mr. President, I ask unanimous consent the Senate now proceed to the consideration of Calendar No. 667, S. 2511.

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

The assistant legislative clerk read as follows:

A bill (S. 2511) to establish the Kenai Mountains-Turnagain Arm National Heritage Area in the State of Alaska, and for other purposes.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Energy and Natural Resources, with amendments, as follows:

(Omit the parts in black brackets and insert the parts printed in italic.)

S. 2511

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Kenai Mountains-Turnagain Arm National Heritage [Corridor] Area Act of 2000''.

SEC. 2. FINDINGS AND PURPOSES.

(a) FINDINGS.—Congress finds that—

(1) the Kenai Mountains-Turnagain Arm transportation corridor is a major gateway to Alaska and includes a range of transportation routes used first by indigenous people who were followed by pioneers who settled the Nation's last frontier;

(2) the natural history and scenic splendor of the region are equally outstanding; vistas of nature's power include evidence of earthquake subsidence, recent avalanches, retreating glaciers, and tidal action along Turnagain Arm, which has the world's second greatest tidal range;

(3) the cultural landscape formed by indigenous people and then by settlement, transportation, and modern resource development in this rugged and often treacherous natural setting stands as powerful testimony to the human fortitude, perseverance, and resourcefulness that is America's proudest heritage from the people who settled the frontier;

(4) there is a national interest in recognizing, preserving, promoting, and interpreting these resources;

(5) the Kenai Mountains-Turnagain Arm region is geographically and culturally cohesive because it is defined by a corridor of historical routes-trail, water, railroad, and roadways through a distinct landscape of mountains, lakes, and fjords;

(6) national significance of separate elements of the region include, but are not limited to, the Iditarod National Historic Trail, the Seward Highway National Scenic Byway, and the Alaska Railroad National Scenic Railroad;

(7) national heritage area designation provides for the interpretation of these routes, as well as the national historic districts and numerous historic routes in the region as part of the whole picture of human history in the wider transportation corridor including early Native trade routes, connections by waterway, mining trail, and other routes;

(8) national heritage area designation also provides communities within the region with the motivation and means for ''grassroots'' regional coordination and partnerships with each other and with borough, State, and Federal agencies; and

(9) [resolution and letters of support have been received from] *national heritage area designation is supported by* the Kenai Peninsula Historical Association, the Seward Historical Commission, the Seward City Council, the Hope and Sunrise Historical Society, the Hope Chamber of Commerce, the Alaska Association for Historic Preservation, the Cooper Landing Community Club, the Alaska Wilderness Recreation and Tourism Association, Anchorage Historic Properties, the Anchorage Convention and Visitors Bureau, the Cook Inlet Historical Society, the Moose Pass Sportsman's Club, the Alaska Historical Commission, the Gridwood Board of Supervisors, the Kenai River Special Management Area Advisory Board, the Bird/Indian Community Council, the Kenai Peninsula Borough Trails Commission, the Alaska Division of Parks and Recreation, the Kenai Peninsula Borough, the Kenai Peninsula Tourism Marketing Council, and the Anchorage Municipal Assembly.

(b) PURPOSES.—The purposes of this Act are—

(1) to recognize, preserve, and interpret the historic and modern resource development and cultural landscapes of the Kenai Mountains-Turnagain Arm historic transportation corridor, and to promote and facilitate the public enjoyment of these resources; and

(2) to foster, through financial and technical assistance, the development of cooperative planning and partnerships among the communities and borough, State, and Federal Government entities.

SEC. 3. DEFINITIONS.

In this Act:

(1) HERITAGE AREA.—The term ''Heritage Area'' means the Kenai Mountains-Turnagain Arm National Heritage Area [establish] *established* by section 4(a) of this Act.

(2) MANAGEMENT ENTITY.—The term ''management entity'' means [the 11 member Board of Directors of the Kenai Mountains-Turnagain Arm National Heritage Area Commission.] *the management entity established by section 5.*

(3) MANAGEMENT PLAN.—The term ''management plan'' means the management plan for the Heritage Area.

(4) SECRETARY.—The term ''Secretary'' means the Secretary of the Interior.

SEC. 4. KENAI MOUNTAINS-TURNAGAIN ARM NATIONAL HERITAGE AREA.

(a) ESTABLISHMENT.—There is established the Kenai Mountains-Turnagain Arm National Heritage Area.

(b) BOUNDARIES.—The Heritage Area shall comprise the lands in the Kenai Mountains and upper Turnagain Arm region generally depicted on the map entitled ''Kenai Peninsula/Turnagain Arm National Heritage Corridor'', numbered ''Map #KMTA–1'', and dated ''August 1999''. The map shall be on file and available for public inspection in the offices of the Alaska Regional Office of the National Park Service and in the offices of the Alaska State Heritage Preservation Officer.

SEC. 5. MANAGEMENT ENTITY.

(a) The management entity shall consist of 7 representatives, appointed by [the Secretary from a list of recommendations submitted by] the Governor of Alaska, from the communities of Seward, Lawing, Moose Pass, Cooper Landing, Hope, Gridwood, Bird-Indian and 4 at large representatives, from such organizations as Native Associations, the Iditarod Trail Committee, historical societies, visitor associations, and private or business entities. Upon appointment, the Commission shall establish itself as a non-

profit corporation under laws of the State of Alaska.

(1) TERMS.—Members of the management entity appointed under section 5(a) shall each serve for a term of 5 years, except that of the members first appointed 3 shall serve for a term of 4 years and 2 shall serve for a term of 3 years; however, upon the expiration of his or her term, an appointed member may continue to serve until his or her successor has been appointed.

(2) VACANCIES.—Any vacancy in the Commission shall be filled in the same manner in which the original appointment was made, and any member appointed to fill a vacancy shall serve for the remainder of that term for which his or her predecessor was appointed.

[(b) Non-voting ex-officio representatives, invited by the nonprofit corporation from such organizations as the State Division of Parks and Outdoor Recreation, State Division Mining, Land and Water, Forest Service, State Historic Preservation Office, Kenai Peninsula Borough, Municipality of Anchorage, Alaska Railroad, Alaska Department of Transportation, and the National Park Service.]

(b) Representatives of other organizations shall be invited and encouraged to participate with the management entity and in the development and implementation of the management plan, including but not limited to: the State Division of Parks and Outdoor Recreation; the State Division of Mining, Land and Water; the Forest Service; the State Historic Preservation Office; the Kenai Peninsula Borough; the Municipality of Anchorage; the Alaska Railroad; the Alaska Department of Transportation, and the National Park Service.

(c) Representation of ex-officio members in the non-profit corporation shall be established under the by-laws of the management entity.

SEC. 6. AUTHORITIES AND DUTIES OF MANAGEMENT ENTITY.

(a) MANAGEMENT PLAN.—

(1) IN GENERAL.—Not later than 3 years after the Secretary enters into a cooperative agreement with the management entity, the management entity shall develop a management plan for the Heritage Area, taking into consideration existing Federal, State, borough, and local plans.

(2) CONTENTS.—The management plan shall include, but not be limited to—

(A) comprehensive recommendations for conservation, funding, management, and development of the Heritage Area;

(B) a description of agreements on actions to be carried out by Government and private organizations to protect the resources of the Heritage Area;

(C) a list of specific and potential sources of funding to protect, manage, and develop the Heritage Area;

(D) an inventory of resources contained in the Heritage Area; and

(E) a description of the role and participation of other Federal, State and local agencies that have jurisdiction on lands within the Heritage Area.

(b) PRIORITIES.—The management entity shall give priority to the implementation of actions, goals, and policies set forth in the cooperative agreement with the Secretary and the heritage plan, including assisting communities within the region in—

(1) carrying out programs which recognize important resource values in the heritage [corridor] *area*;

(2) encouraging economic viability in the affected communities;

(3) establishing and maintaining interpretive exhibits in the Heritage Area;

(4) improving and interpreting heritage trails;

(5) increasing public awareness and appreciation for the natural, historical, and cultural resources and modern resource development of the Heritage Area;

(6) restoring historic buildings and structures that are located within the boundaries of the heritage corridor; and

(7) ensuring that clear, consistent, and appropriate signs identifying public access points and sites of interest are placed throughout the Heritage Area.

[(c) CONSIDERATION OF INTEREST OF LOCAL GROUPS.—Projects incorporated in the heritage plan by the management entity shall be initiated by local groups and developed with the participation and support of the affected local communities. Other organizations may submit projects or proposals to the local groups for consideration.]

[(d)] *(c)* PUBLIC MEETINGS.—The management entity shall conduct 2 or more public meetings each year regarding the initiation and implementation of the management plan for the Heritage Area. The management entity shall place a notice of each such meeting in a newspaper of general circulation in the Heritage Area and shall make the minutes of the meeting available to the public.

SEC. 7. DUTIES OF THE SECRETARY.

(a) The Secretary, in consultation with the Governor of Alaska, or his designee, is authorized to enter into a cooperative agreement with the management entity. The cooperative agreement shall be prepared with public participation.

(b) In accordance with the terms and conditions of the cooperative agreement and upon the request of the management entity, [subject] *and subject* to the availability of funds, the Secretary [shall] *may* provide administrative, technical, financial, design, development, and operations assistance to carry out the purposes of this Act.

SEC. 8. SAVINGS PROVISIONS.

(a) REGULATORY AUTHORITY.—Nothing in this Act shall be construed to grant powers of zoning or management of land use to the management entity of the Heritage Area.

(b) EFFECT ON AUTHORITY OF GOVERNMENTS.—Nothing in this Act shall be construed to modify, enlarge, or diminish any authority of the Federal, State, or local governments [to] *to manage or* regulate any use of land as provided for by law or regulation.

(c) EFFECT ON BUSINESS.—Nothing in this Act shall be construed to obstruct or limit business activity on private development or resource development activities.

SEC. 9. PROHIBITION ON THE ACQUISITION OF REAL PROPERTY.

The management entity may not use funds appropriated to carry out the purposes of this Act to acquire real property or interest in real property.

SEC. 10. AUTHORIZATION OF APPROPRIATIONS.

(a) FIRST YEAR.—For the first year $350,000 is authorized to be appropriated to carry out the purposes of this Act, and is made available upon the Secretary and the management entity completing a cooperative agreement.

(b) IN GENERAL.—There is authorized to be appropriated not more than $1,000,000 to carry out the purposes of this Act for any fiscal year after the first year. Not more than $10,000,000, in the aggregate, may be appropriated for the Heritage Area.

(c) MATCHING FUNDS.—Federal funding provided under this Act shall be matched at least 25 percent by other funds or in-kind services.

(d) SUNSET PROVISION.—The Secretary may not make any grant or provide any assistance under this Act beyond 15 years from the date that the Secretary and management entity complete a cooperative agreement.

Mr. LOTT. I ask unanimous consent the reported amendments be agreed to en bloc, with the exception of amendments numbered 4 and 5. Further, I ask unanimous consent the reported amendments numbered 4 and 5 be withdrawn.

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

AMENDMENT NO. 4182

Mr. LOTT. Mr. President, I ask unanimous consent the Senate now proceed to an amendment at the desk submitted by Senator MURKOWSKI of Alaska.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Mississippi [Mr. LOTT], for Mr. MURKOWSKI, proposes an amendment numbered 4182.

The amendment is as follows:

On page 5 of the bill as reported, strike lines 13 through 17 and insert in lieu thereof:

''(2) MANAGEMENT ENTITY.—The term ''management entity'' means the 11 member Board of Directors of the Kenai Mountains—Turnagain Arm National Heritage Corridor Communities Association.''.

Beginning on page 6 of the bill as reported, strike line 15 through line 12 on page 7 and insert in lieu thereof the following:

''(a) The Secretary shall enter into a cooperative agreement with the management entity to carry out the purposes of this Act. The cooperative agreement shall include information relating to the objectives and management of the Heritage Area, including the following:

''(1) A discussion of the goals and objectives of the Heritage Area;

''(2) An explanation of the proposed approach to conservation and interpretation of the Heritage Area;

''(3) A general outline of the protection measures, to which the management entity commits.

''(b) Nothing in this Act authorizes the management entity to assume any management authorities or responsibilities on Federal lands.''.

Mr. LOTT. I ask unanimous consent the amendment be agreed to.

The amendment (No. 4182) was agreed to.

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

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

The bill (S. 2511), as amended, was read the third time and passed.

(The bill will be printed in a future edition of the RECORD.)

MEASURE PLACED ON THE CALENDAR—S. 3095

Mr. LOTT. Mr. President, I understand there is a bill at the desk due for its second reading.

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

The assistant legislative clerk read as follows:

A bill (S. 3095) to amend the Immigration and Nationality Act to remove certain limitations on the eligibility of aliens residing in

the United States to obtain lawful permanent resident status.

Mr. LOTT. Mr. President, I object to further proceedings on this bill at this time.

The PRESIDING OFFICER. The bill will be placed on the calendar.

ORDER FOR THE RECORD REMAIN OPEN

Mr. LOTT. Mr. President, I ask unanimous consent the RECORD remain open until 1 p.m. today for Senators to submit statements.

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

SECURITY ASSISTANCE ACT OF 2000—CONFERENCE REPORT

Mr. LOTT. Mr. President, I submit a report of the committee of conference on the bill H.R. 4919 to amend the Foreign Assistance Act of 1961 and the Arms Export Control Act, and for other purposes, and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk reads as follows:

The committee on conference on the disagreeing votes of the two Houses on the amendment of the senate to the bill, H.R. 4919, having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses this report, signed by all conferees on the part of both Houses.

The PRESIDING OFFICER. The Senate will proceed to the consideration of the conference report.

(The report was printed in the House proceedings of the RECORD of September 19, 2000.)

Mr. LOTT. Mr. President, I ask consent the conference report be agreed to, the motion to reconsider be laid upon the table, and any statements relating to this conference report be printed in the RECORD.

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

CORRECTING THE ENROLLMENT OF H.R. 4919

Mr. LOTT. I now ask unanimous consent the Senate proceed to the consideration of H. Con. Res. 405, which corrects the enrollment of H.R. 4919. I ask unanimous consent the resolution be agreed to and the motion to reconsider be laid upon the table.

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

The resolution (H. Con. Res. 405) was agreed to.

ORDER FOR RECESS

Mr. LOTT. Mr. President, I ask unanimous consent when the Senate completes its business today, it stand in recess until 12 noon on Monday, and all other provisions of the previous orders be in effect.

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

PROGRAM

Mr. LOTT. For the information of all Senators, the Senate will convene on Monday at 12 noon and will be in a period of morning business until 2 p.m. Senator DURBIN will be in control of the first hour and Senator THOMAS in control of the second hour. Following morning business, the Senate will resume debate on the motion to proceed to S. 2557, the National Energy Security Act. This is all on Monday.

As a reminder, cloture was filed on the pending amendment to the H–1B visa bill, and that vote will occur on Tuesday, 1 hour after the Senate convenes.

At 3:50 p.m. on Monday, the Senate will begin closing remarks on the Water Resources Development Act of 2000, with a vote scheduled to occur at 4:50 p.m.

Let me say, the chairman of the committee, Senator BOB SMITH of New Hampshire, has done an excellent job on this piece of legislation. He worked through a number of concerns that Senators had, but he would not have been able to get that agreement without the support and cooperation of Senator DASCHLE and Senator REID. This is important legislation. Water resources are important for our country. I am glad we are going to be able to complete this bill in the way it is being done and we will have it completed by 5 o'clock next Tuesday.

ORDER FOR RECESS

Mr. LOTT. If there is no further business to come before the Senate, I now ask the Senate stand in recess, under the previous order, following the remarks of Senator BAUCUS and Senator BYRD.

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

Mr. LOTT. I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

THE PASSING OF MAUREEN MANSFIELD

Mr. BAUCUS. Mr. President, I rise to honor a great Montanan, a great American, who passed away just a few days ago, Maureen Hayes Mansfield.

These are remarks about Maureen, but it is also a love story. Maureen was born Maureen Hayes in the State of Washington at the beginning of the last century, in 1905, and spent most of her youth in Butte, MT. Butte, at that time, was a live, bustling, raucous mining city, with big copper mines. Living in Butte, she met a grade school dropout, a mucker working in the Butte mines, a profound young man named Mike—Mike Mansfield.

Mike was not only a grade school dropout but he also was an extremely wonderful person. Maureen must have recognized the strength in Mike at the time. Mike, as many of us know, served in all three branches of the armed services—age 17, 18, and 19. He had to maybe tell a little story about his age so he could get into—I think it was the Navy at the time.

Mike served, and Maureen noticed that. They became very close—they fell in love with each other, Mike living as a solitary boarder in a boarding house, Maureen living up in a nice spacious house with her large family in Butte. After they got to know each other even more, Maureen, who was a high school teacher in Butte, persuaded Mike to go back to school. She persuaded Mike to leave the mines, go back to school and get an education.

A few years later, they moved to Missoula, MT. In Missoula, Maureen quit her job. She cashed in her life insurance policy to support Mike's education so Mike could go back and get a university degree.

Mike gradually worked his way up and became a professor in history at the University of Montana. He got his master's degree at the University of Montana. And Maureen, in the year Mike got his master's in history, got hers in English, writing a thesis on Emily Bronte. Mike's thesis was on U.S.-Korea diplomatic relations.

Maureen persuaded Mike to run for Congress in 1940. It was the Western District in Montana. Mike was unsuccessful. It, ironically, is the same district that Jeannette Rankin, a very strong woman, held for a couple of terms. It is a district I once represented, and Lee Metcalf and other Montanans of great note have held.

Mike finally won in 1942. He came to Washington on a train —he did not take one of these jets; it was on a train, to Washington, DC—and set up his office. Maureen worked in his office without compensation.

They worked together; they were such a wonderful team. Mike then, after 10 years in the House, served 10 years in the Senate beginning in 1952. Years after his service in the House, he was elected majority leader of the Senate. He served 16 years, longer than any other American, as majority leader of the Senate. Then Mike, as we know, went off to serve as Ambassador to Japan under both President Carter and President Reagan.

This is a story probably about Mike Mansfield, but Maureen's death is time for us to reflect upon Maureen herself and upon the love that Mike and Maureen had for each other. They were inseparable. They were always together, always giving each other support, help, and confidence as a team.

I can remember when I met Mike. The majority leader's office at that time was a little more modest than it is today. Maureen was sitting in there, and they were talking a little bit. Right away I realized Mike and Maureen just did not have all the time

they would have liked to have had together because Mike was so busy as majority leader.

I said: You two don't get much chance to be together. I am going to leave so you can have some time together.

I did. I walked out. I could tell they liked it very much. Maureen's eyes twinkled and smiled. I say this because Maureen always smiled. She was always optimistic, always upbeat, always helping people, always a very kind person, self-effacing, a lady of few words but uncommon talent and knowledge and wisdom.

She attended St. Mary's University, a women's college which was then attached to Notre Dame in Indiana. She got her master's degree in English in 4 years, which was quite a feat for women in those years. She read constantly. She was always taking home books from the Library of Congress.

I believe if one looks throughout history, very often people who read a lot are wiser, have more confidence in themselves, and have a greater imprint upon other people in a positive way. I am thinking of people such as Harry Truman. He read a lot. Justice Blackmun read a lot, and Maureen was one of those who constantly read and was just a wonderful influence on Mike.

Let me give a couple examples to demonstrate just how much Mike believed in Maureen.

We all know that Mike never took credit for what he did. Maureen never took credit for all that she did. It was an era, a time when people did not take credit for what they did. They just did a good job. That was in the sixties, seventies, less so in this era.

Whenever somebody wanted to credit Mike for his tremendous accomplishments, Mike would always insist: No, Maureen is first. Whatever I did, Mike Mansfield, whatever honors I had is because of Maureen.

It is true. Often the people of the State of Montana would say: OK, Mike, we want to dedicate a building to you, the Mansfield Center.

Mike would say: No, it has to be the Maureen and Mike Mansfield Center, and they would agree.

The legislature in Montana wanted to create a statue honoring Mike Mansfield, one of the most famous Montanans in our State's history. ''No way,'' Mike said, ''unless it is a statue of Maureen and myself.'' Otherwise he was very much opposed. The legislature agreed.

I wish you could have seen the two of them together. They were always together. They celebrated their 68th wedding anniversary last March. They were married 68 years, solidly helping to reinforce each other. They were always together helping each other.

I asked Mike once: Mike, you have lived such a rich life. When are you going to write your memoirs?

Mike said: I am not going to.

I asked why.

He said: I was told so much in confidence, it would not be proper for me to write memoirs. Those are confidential statements.

And that is Maureen. The two of them were just like that. I am sure Maureen's influence on Mike helped make Mike the great, wonderful person he is, and it was mutually reinforcing. I also have a view that teachers tend to be more dedicated than most other professions. After all, teachers are servants in a sense. If one looks at achievers, very often one of their parents was a teacher or there was a teacher somewhere in the family.

Maureen was a teacher. She was a teacher in the public school system. Mike was a teacher at the University of Montana. The best lessons they taught us were by example: Honest as the day is long; their word is their bond; upbeat, positive, contributing, giving, thinking, searching for a better way for more people.

I believe the most noble human endeavor is service—service to community, to church, to family, to friends, to State, whatever makes the most sense for an individual. Maureen Mansfield served her husband, her State, and her country more than any other person I have had the privilege to know or to meet and with such grace, such style, and such inspiration.

I stand here today, Mr. President, in great honor of Maureen Mansfield, in awe of the wonderful love affair between Mike and Maureen. As many of Maureen's Indian friends would say: This is not goodbye; we will see you later.

I thank the Chair.

The PRESIDING OFFICER (Mr. SHELBY). The Senator from West Virginia.

Mr. BYRD. Mr. President, I again thank the distinguished majority leader for arranging for me to have this time.

THE 213TH ANNIVERSARY OF THE SIGNING OF THE U.S. CONSTITUTION—SEPTEMBER 17, 1787

Mr. BYRD. Mr. President, in commemoration of the signing of the Constitution and in recognition of the importance of active, responsible citizenship in preserving the Constitution's blessings for our Nation, the Congress, by joint resolution of August 2, 1956 (36 U.S.C. 159), requested that the President proclaim the week beginning September 17 and ending September 23 of each year as ''Constitution Week.'' That has happened each year since.

This week the United States celebrates one of its greatest achievements. Two-hundred and thirteen years ago, on September 17, 1787, the Founding Fathers placed their signatures on the newly created Constitution in Philadelphia's Independence Hall. Eleven years earlier, 6 of the 39 signers of the U.S. Constitution signed the Declaration of Independence in the same building in Philadelphia. Within the lifespan of a single generation, Americans had effectively declared their independence twice.

In many ways, the liberation claimed from Britain in 1776 was less remarkable than the historical achievement that Americans claimed by framing the Constitution in 1787. The Constitution represented a triumph of political imagination and pragmatism by recognizing that ultimate political authority resides not in the government, or in any single government official, but rather, in the people.

The Founding Fathers had used the doctrine of popular sovereignty as the rationale for their successful rebellion against English authority in 1776 when they framed the Declaration of Independence. They argued that the government's legitimacy remains dependent on the governed, who retain the inalienable right to alter or to abolish their government. The Declaration of Independence set forth their justifications for breaking with Britain, but, until September 17, 1787, they had not yet been able to work out fully how to implement principles of popular sovereignty, while, at the same time, preserving a stable government that protects the rights and liberties of all citizens. The Constitution is a mechanism for advancing the principles of the American Republic stated so eloquently in the Declaration of Independence. To paraphrase former Chief Justice Warren Burger, the Declaration is the promise, the Constitution is its fulfillment.

The new republican union created in 1776 was a truly unprecedented experiment, whose future was very much in doubt. Not only were the former British colonies unsure of whether they would be successful in their war for independence, but there was also doubt that the American colonials would be able to create a stable republican government, able to protect the rights and liberties of its citizens, without backsliding into the same authoritarian rule experienced under Britain. For this reason, it is appropriate that we take this moment, 213 years later, to reflect on a document that completed an uncertain process that was begun, from a documentary standpoint, on July 4, 1776.

I have spoken on several occasions about the taproots and the origins of the U.S. Constitution. Of course, the State constitutions, some of which had been in existence since early 1776, greatly influenced the framers. Many of the ideas in the State constitutions had already been tested under colonial experience, and as a matter of fact, under the British experience, and were later reborn in our national charter. The establishment of a national bicameral legislature finds its roots in at least 9 out of 13 State constitutions. Of course, the roots extended prior to that but in at least 9 of the 13 State constitutions we find the enlargement of the roots, the fleshing out of the roots, the nourishing of the roots.

Lessons derived from recent political experiences were arguably as likely to influence the thinking of the founding

framers as the maxims and axioms of, among others, the English philosophers John Locke, Sir William Blackstone—one of the great legal authorities of all time—John Milton—that great author of ''Paradise Lost'' and ''Paradise Regained'', Algernon Sydney, and other great works—Scottish philosopher David Hume, and French philosopher Baron de Montesquieu, all of whom were part of the intellectual Enlightenment period.

Likewise, many of the institutional practices embedded in the U.S. Constitution hark back to England and its Constitution, which, although it is largely unwritten, does contain such written documents as the Magna Carta, the Petition of Right, and the English Bill of Rights. Many of the amendments incorporated into the U.S. Bill of Rights can be found, almost word for word, in those political documents.

But, to truly understand and appreciate the U.S. Constitution and the political movement that led to its creation, one must become familiar with the first national charter that was established by the newly independent colonies—namely, the Articles of Confederation.

Many Americans have heard of the Articles of Confederation, fewer Americans probably ever read those Articles of Confederation.

The operation of government under that national charter provided the most visible examples of what republicanism meant in practice. Its failure not only drove the movement for constitutional reform—when I say ''its failure,'' I mean the failure of the Articles of Confederation—not only drove the movement for constitutional reform that brought the framers to Philadelphia in 1787, but also brought experimental evidence—ah, how important was that experimental evidence—from which the framers drew in creating a greatly improved model of republican government.

From its inception, the first national charter—the Articles of Confederation—had limited goals. The Articles provided for what was essentially a continuation of the Second Continental Congress by creating a unicameral legislature, where each State was represented with one vote. This body had the authority to declare war, to conduct diplomacy, to regulate Indian affairs, to coin money, and to issue currency, among other things. However, to limit the threat of a centralized authority, Congress could not levy taxes or regulate trade. The crucial power of the purse rested solely with the States, which were to contribute funds at the request of the Congress. The Articles further limited centralized power by providing the States with total enforcement authority so that the Congress could do no more than to recommend policies to the States. When it came to money, it could do no more than just request the funds from the States. The States, which then could accept or ignore these recommendations, most of the time failed to provide the funds. Many times the States would provide some of the funds but not all of the funds requested.

Looking back, the inherent weaknesses of the Articles seem obvious now, but all of these limitations on the Congress were designed with the specific intention of making the State legislatures the dominant force in the Government. This may seem peculiar to us today, but, at the time, loyalty to the State Governments rather than to the Nation underlaid the mentality of post-war America. We oftentimes forget that the Articles were drafted in 1777 in the midst of the Revolutionary War. At the time, delegates were more concerned about keeping up with the demands of the Continental army, and, perhaps more importantly, avoiding capture by the British army which had occupied New York City and Philadelphia in 1777 than in drafting a national charter. In fact, it was not until 1781—4 years later—that the Articles of Confederation had been ratified by the thirteen States. With the new Nation in the midst of a military crisis, Congress assumed correctly that the States would contribute funds and men to the common defense. From the Framers' perspective—the framers of the Articles of Confederation—the greatest problem in 1777 was curbing executive power. And that is still a problem today. What had driven the colonies into rebellion was an abuse of executive power by the king, his ministers, and his agents. To ensure that the executive could never again threaten the popular liberty, national government was made subservient to the States in order to preserve the sovereignty of the States.

What ultimately began to alter the American psyche can only be described as Congress' impotence in addressing incidents of unrest in the Nation. Efforts had been underway to amend the Articles even before they took effect on March 1, 1781. One week earlier, Congress had asked the States to approve an amendment authorizing it to collect a five percent tariff on imported goods. This amendment was the outgrowth of the economic condition of the country at the time. By 1781, American merchants found themselves deeply in debt after the British and French closed markets in the Caribbean to their trade, and Americans continued to import large amounts of luxury goods. At the same time, the Congress and States were printing paper money to finance their debts, which were backed only by their promise to redeem the bills with future tax receipts. By 1781, the currency had become worthless and led Americans to coin the expression, ''not worth a continental.'' The printing of paper money combined with a wartime shortage of goods led to an inflationary spiral of fewer and fewer goods costing more and more money. The goal of the amendment introduced in February 1781 was to tax imports, which would simultaneously reduce the demand for imports while forcing British and French merchants to open their Caribbean trade routes. The amendment would ultimately fail when Rhode Island refused to approve it.

Congress was faring no better in foreign diplomacy. In 1784, Spain closed New Orleans and the Mississippi river to American trade, preventing settlers living to the west of the Appalachian mountains from shipping their goods to the Gulf of Mexico, and thence to other markets. This action, coupled with the abortive separatist movements in Kentucky and Tennessee, threatened to divide the American Nation into two or three separate confederacies by forcing southwestern territories to accommodate themselves to Spain. In 1785, Congress instructed Secretary of Foreign Affairs John Jay to negotiate a treaty with Spain that would allow the southwestern States to navigate the Mississippi, and thus, ensure southwestern loyalty to the American Nation. The Spanish emissary, Don Diego de Gardoqui, however, proved to be the more formidable diplomat. He convinced Jay to sign a treaty by which the United States would relinquish all rights to the Mississippi for twenty-five years in return for Spain acknowledging U.S. territorial claims in the southwest. When the treaty became public knowledge, however, southwestern territories were outraged, further dividing the Nation. Congress attempted several times in the 1780s to give Congress greater authority to regulate both foreign and interstate commerce. The amendments, however, were never unanimously approved by the States.

In both of these matters of diplomacy and economics, Congress under the Articles of Confederation, found that its proposals would founder on the requirement of unanimous State ratification. This requirement led the supporters of a stronger national government to believe that such a policy could only be pursued through a limited, piecemeal approach. The desultory history of all of the amendments that Congress had fruitlessly considered since 1781 suggested that more radical approaches stood little chance. However, by 1786, it became clear that the states stood little chance of ever unanimously agreeing to amendments. With Congress losing what little influence it had, it soon became clear to a group of Virginians that any reform efforts would have to first come from the states.

The most important effort toward reform therefore took place in Virginia in January 1786, when the state legislature approved a resolution calling for an interstate conference to consider vesting more power in the confederation Congress to regulate commerce. The Convention was to take place in Annapolis, Maryland, and, although only five states sent delegates to attend the Annapolis convention in September 1786, the delegates did agree to a second convention in Philadelphia ''. . . to devise such further provisions

as shall appear to them necessary to render the constitution of the federal government adequate to the exigencies of the union.'' The potential radical thrust of this proposal suggests that the gradual strategy of reform had collapsed, and that many of those present had turned to a desperate maneuver after having exhausted all other measures. Among those present were Hamilton and Madison.

Yet, up until the winter of 1786–1787, when the Shays' Rebellion took place, the Founding Fathers did not suggest that the Philadelphia convention should address anything other than the conspicuous failings of the Articles.

However, events in Massachusetts in the winter of 1786–1787 cast the problems of the nation in more comprehensible terms. Shays' Rebellion began as a protest by Massachusetts farmers laboring under heavy state taxation and private debt. Led by Daniel Shays, a veteran of the Revolution, an armed mob of two thousand men marched on the federal arsenal in Springfield, Massachusetts, and closed the county courts to halt creditors from foreclosing on any more farms. The State Militia quelled the uprising, but the news of the event left the rest of the country shaken. The Massachusetts state constitution was widely considered the most balanced of the revolutionary charters. If the Massachusetts state government could not protect the property of its citizens, one of the most fundamental aims of Republican government, how could the less balanced state and national governments endure if such unrest spread?

As Minister to France in 1787, Thomas Jefferson dismissed Shays' Rebellion. ''A little rebellion now and then is a good thing,'' he wrote James Madison on January 30, 1787, ''and as necessary in the political world as storms in the physical.'' Madison was hardly inclined to agree. As he examined the ''vices of the political system of the United States'' in the early months of 1787, he became convinced that the agenda of the upcoming convention should not be limited to the failings of the Articles. The time had come to undo the damages caused by the excesses of republicanism.

But, consider for a moment the odds that were against the delegates in crafting a workable government. The record of reform was hardly encouraging. The states had taken more than three years to ratify the Articles, and in the six years since, not one amendment that Congress had proposed to the states had been approved. There was also the question of whether the Congress should endorse the Philadelphia convention. By 1787, its reputation had fallen so low that it was unclear whether its endorsement would aid or kill reform efforts. Moreover, the convention had to attract an impressive array of legal minds to lend validity to whatever document would be produced. Yet, there was little guarantee that the convention would muster such persons. Even George Washington, who among all others probably most recognized the need for the convention, was hesitant to attend for fear that his reputation would suffer if the convention should fail. He accepted the invitation reluctantly at the urging of Madison, and even then, not until the last minute. But, perhaps more importantly, the Articles never provided for such a device of amending the Confederation, which caused many in Congress to question the propriety of the convention. After all, if the conventional delegates did produce a revised document, would it be considered law if the Articles never allowed for a constitutional convention in the first place?

In the face of these obstacles, any proposal put forth by the Framers would have to be more complex than that of simply shifting the powers of taxation and regulation of commerce from the state governments to a national government. Because the state governments were already entrenched, it was unlikely that the states would agree to the creation of a powerful central government at the expense of their self-governing authority. Granting the states specific self-governing powers and rights was not only politically expedient, but also served the Framers' intent to limit the central government's authority. The sharing of power between the states and the national government was one more structural check in what was to be an elaborate governmental scheme of checks and balances. The Framers further decentralized authority through a separation of powers, which distributed the business of government among three separate branches.

This ensured against the creation of too strong a national government capable of overpowering the individual state governments.

In a seemingly paradoxical fashion, governmental powers and responsibilities were also intentionally shared among the separate branches. Congressional authority to enact laws can be checked by an executive veto, which in turn can be overridden by a two-thirds majority vote in both houses; the President serves as commander-in-chief, but only the Congress has the authority to raise and support an army, and to declare war; the President has the power to appoint ambassadors, other public ministers and consuls, judges of the Supreme Court, and all other officers of the United States, but only by and with the advice and consent of the Senate; and the Supreme Court has final authority to strike down both legislative and presidential acts as unconstitutional. This balancing of power is intended to ensure that no one branch grows too powerful and dominates the national government.

What happened in Philadelphia was then truly remarkable. Committed at first to limiting executive power by making state legislatures supreme, Americans created a constitution that provided for an independent executive branch and a balanced government. Committed at first to preserving the sovereignty of states, Americans drafted a constitution that established a national government with authority that was independent of the states.

So each of the two—the National Government and the State governments—was supreme in its own sphere and, yet, separate, in a sense, and overlapping.

Doubtful at first that a strong national republic was possible, Americans created a strong national republic that still endures.

''The real wonder,'' James Madison wrote in Federalist Number 37, ''is that so many difficulties should have been surmounted, and surmounted with a unanimity almost as unprecedented as it must have been unexpected. It is impossible for any man of candor to reflect on this circumstance without partaking of the astonishment. It is impossible for the man of pious reflection not to perceive in it a finger of that Almighty hand which has been so frequently and signally extended to our relief in the critical stages of the revolution.''

There is a story, often told, that upon exiting the Constitutional Convention Benjamin Franklin was approached by a group of citizens asking what sort of government the delegates had created. ''A republic, Madame,'' he answered, ''if you can keep it.'' Characteristic of Franklin's statements, we should not allow the brevity of his response to undervalue its essential meaning: it is not enough that democratic republics are founded on the consent of the people; they are also absolutely dependent upon the active and informed involvement of the people.

Yet, opinion polls show that Americans have either never read the Constitution or have forgotten most of what they learned about it in school. The Constitution and the Declaration of Independence are the common bonds that unite the nation because they articulate our political, moral, and spiritual values. To a degree Americans recognize the ideologies of liberty and freedom that are contained in these documents, but we should also recognize that these beliefs were shaped by the political climate in large part in which they occurred. Too often these ideals are used as catch phrases to describe the founding documents which can obscure the complex political processes that produced both the Declaration of Independence and the Constitution. The post-Revolutionary era provides Americans with perhaps the clearest examples of why the Constitution is so vital to the stability of the country and the protection of our most basic freedoms. It is critical that we reaffirm our knowledge of these events to preserve, in Madison's own words, ''. . . that veneration which time bestows on everything, and without which perhaps the wisest and freest governments

would not possess the requisite stability.''

Those words can be found in the Federalist No. 49, by James Madison.

In closing, let me refer back to something I said earlier when I said that it is not enough that democratic republics are founded on the consent of the people; they are absolutely dependent upon the active and informed involvement of the people.

In this regard, the American people will shortly be called upon to be involved. There is a national election coming. Elections will occur in every State. I think it is very appropriate, if I may, to state those words again.

It is not enough that democratic republics are founded on the consent of the people; they are also absolutely dependent upon the active and informed involvement of the people.

It is a disgrace, if we look at the record of the voter turnout in this country, the American people, it seems to me, are less and less involved when it comes to voting. Fewer and fewer of the people exercise this right—this duty. This is a foremost duty of American citizenship. Fewer people are involved.

I close with this reference to history.

In 1776, in September, George Washington asked for a volunteer to go behind the British lines and draw pictures and develop information with respect to the placement of the British guns, their breastworks, their fortifications, and to bring that information back to the American lines. A young man by the name of Nathan Hale responded to the call. He was a schoolteacher. He went behind the British lines. This was an exceedingly dangerous assignment.

Nathan Hale achieved his purpose, but on the night before he was to return to the American lines, he was discovered by the British to be an American spy. The papers, the drawings, were upon his person. The next morning, September 22, 1776—224 years ago today—he stood before the hastily built gallows. He saw just before him the crude wooden coffin in which his body would soon be laid. He asked for a Bible. The request was denied. Whether or not the British at that point had a Bible near, we don't know. But there he stood with his hands tied behind him.

The British commander, whose name was Cunningham, asked Hale if he had anything to say. His last words, which are remembered by every schoolchild in America who has had the opportunity to read American history, were these: I only regret that I have but one life to lose for my country.

The British commander said: ''String the rebel up''.

Nathan Hale gave his one life for his country.

My final question is this: If Nathan Hale was willing to give his only life—all he had—for his country, why is every American, Republican or Democrat or Independent, not willing to give his one vote for his country?

I yield the floor.

RECESS UNTIL MONDAY, SEPTEMBER 25, 2000

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 12 noon, Monday, September 25, 2000.

Thereupon, the Senate, at 1 p.m., recessed until Monday, September 25, 2000, at 12 noon.

NOMINATIONS

Executive nominations received by the Senate September 22, 2000:

DEPARTMENT OF JUSTICE

Mary Lou Leary, of Virginia, to be an Assistant Attorney General, vice Laurie O. Robinson, resigned.