

103^D CONGRESS
1ST SESSION

H. R. 3075

To promote greater equity in the delivery of health care services to American women through expanded research on women's health issues and through improved access to health care services, including preventive health services.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 14, 1993

Mrs. SCHROEDER (for herself, Ms. SNOWE, Ms. SLAUGHTER, Ms. BROWN of Florida, Ms. BYRNE, Mrs. CLAYTON, Mrs. COLLINS of Illinois, Ms. DELAURO, Ms. ESHOO, Mrs. JOHNSON of Connecticut, Mrs. LLOYD, Mrs. LOWEY, Mrs. KENNELLY, Ms. MCKINNEY, Mrs. MALONEY, Mrs. MEEK, Mrs. MINK, Ms. MOLINARI, Mrs. MORELLA, Ms. PELOSI, Ms. ROYBAL-ALLARD, Ms. SCHENK, Mr. THURMAN, Mrs. UNSOELD, Ms. VELÁZQUEZ, Ms. WATERS, Ms. WOOLSEY, Mr. ABERCROMBIE, Mr. BERMAN, Mr. BROWN of California, Mr. EVANS, Mr. FRANK of Massachusetts, Mr. HOCHBRUECKNER, Mr. LANTOS, Mr. MARTINEZ, Mr. McDERMOTT, Mr. NADLER, Mr. SANDERS, Mr. WHEAT, and Mr. YATES) introduced the following bill; which was referred jointly to the Committees on Energy and Commerce, Ways and Means, Armed Services, Education and Labor, Foreign Affairs, the Judiciary, and Veterans' Affairs

A BILL

To promote greater equity in the delivery of health care services to American women through expanded research on women's health issues and through improved access to health care services, including preventive health services.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Women’s Health
3 Equity Act of 1993”.

4 **SEC. 2. TABLE OF CONTENTS.**

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- Sec. 241. Short title.
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- Sec. 246. Short title.
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- Sec. 251. Short title.
- Sec. 252. Preventive health programs regarding women and human immunodeficiency virus.
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- Sec. 256. Short title.
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- Sec. 291. Short title.
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 Sec. 299. Support for the Convention on the Elimination of All Forms of Discrimination Against Women.

1 **TITLE I—RESEARCH ON**
 2 **WOMEN’S HEALTH**
 3 **Subtitle A—NIH Women Scientists**
 4 **Employment Opportunitites Act**

5 **SEC. 101. SHORT TITLE.**

6 This subtitle may be cited as the “NIH Women Sci-
 7 entists Employment Opportunity Act”.

8 **SEC. 102. WOMEN’S SCIENTIFIC EMPLOYMENT.**

9 Subpart A of title IV of the Public Health Service
 10 Act (42 U.S.C. 281 et seq.), as amended by section 209
 11 of Public Law 103–43 (107 Stat. 149), is amended by
 12 adding at the end the following section:

1 “WOMEN’S SCIENTIFIC EMPLOYMENT

2 “SEC. 404F. (a) IN GENERAL.—The Director of
3 NIH shall—

4 “(1) establish policies for the National Insti-
5 tutes of Health on matters relating to the employ-
6 ment by the National Institutes of Health of women
7 as scientists; and

8 “(2) monitor the extent of compliance with such
9 policies and take appropriate action in cases in
10 which the Director determines that the policies have
11 been violated.

12 “(b) CERTAIN FUNCTIONS.—In carrying out sub-
13 section (a), the Director of NIH shall provide for the fol-
14 lowing:

15 “(1) Implementing the recommendations of the
16 group known as the Task Force on the Status of
17 NIH Intramural Women Scientists.

18 “(2) Determining the concerns of intramural
19 women scientists.

20 “(3) Developing a policy defining the standard
21 tenure process for employment at the National Insti-
22 tutes of Health.

23 “(4) Determining the reason for departure from
24 such Institutes by interviewing women and men sci-
25 entists as they leave.

1 “(5) Distributing yearly to all employees of
2 such Institutes the policy of such Institutes on flexi-
3 ble family leave.

4 “(6) Monitoring the number of women, includ-
5 ing minority women, included on the committees,
6 panels, and other working groups (and in meetings)
7 of such Institutes.

8 “(7) Making efforts to recruit minority women,
9 based on the small numbers of tenured minority
10 women scientists.

11 “(8) Developing additional goals related to
12 women and minority women scientists at such Insti-
13 tutes.

14 “(c) INCLUSION OF WOMEN ON INTRAMURAL AND
15 EXTRAMURAL CONFERENCES AND OTHER GROUPS.—

16 “(1) IN GENERAL.—The Director of NIH shall
17 establish a policy at the National Institutes of
18 Health of requiring inclusion of women scientists in
19 greater numbers on or in intramural and extramural
20 conferences, workshops, meetings, international con-
21 gresses, and other groups funded or sponsored by
22 such Institutes. Such policy shall provide for the in-
23 clusion of not less than one woman scientist in each
24 such group, except as provided in paragraph (2).

1 “(2) EXCLUSION; WRITTEN EXPLANATION.—

2 The policy established in paragraph (1) may provide
3 that no woman scientist will be included in a group
4 for purposes of such paragraph if the Director of
5 NIH provides a waiver of the requirement. The Di-
6 rector may grant such a waiver only if—

7 “(A) the individual with the chief respon-
8 sibility for the group involved submits to the
9 Director a written request for the waiver and
10 the request provides an explanation of the rea-
11 sons underlying the need for the waiver; and

12 “(B) the Director makes a determination
13 that extraordinary circumstances justify provid-
14 ing the waiver.

15 “(d) STUDY ON PAY EQUITY.—

16 “(1) IN GENERAL.—The Director of NIH shall
17 provide for study to identify any pay differences
18 among men and women scientists employed by the
19 National Institutes of Health, both tenured and
20 untentured. The study shall include recommendations
21 on measures to adjust any disparities or inequities,
22 and shall identify a program to communicate infor-
23 mation on salary ranges to all employees.

24 “(2) REPORT.—Not later than 240 days after
25 the date of the enactment of the NIH Women Sci-

1 entist Employment Opportunity Act, the Director of
2 NIH shall complete the study required in paragraph
3 (1) and submit to the Committee on Energy and
4 Commerce of the House of Representatives, and to
5 the Committee on Labor and Human Resources of
6 the Senate, a report describing the findings made as
7 a result of the study.

8 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
9 purpose of carrying out this section, there are authorized
10 to be appropriated such sums as may be necessary for
11 each of the fiscal years 1994 through 1996.”.

12 **Subtitle B—Women and AIDS Re-**
13 **search Initiative Amendments**
14 **of 1993**

15 **SEC. 106. SHORT TITLE.**

16 This subtitle may be cited as the “Women and AIDS
17 Research Initiative Amendments of 1993”.

18 **SEC. 107. ESTABLISHMENT OF GENERAL PROGRAM OF RE-**
19 **SEARCH REGARDING WOMEN AND ACQUIRED**
20 **IMMUNE DEFICIENCY SYNDROME.**

21 Part B of title XXIII of the Public Health Service
22 Act (42 U.S.C. 300cc–11 et seq.) is amended by adding
23 at the end the following section:

1 **“SEC. 2321. RESEARCH REGARDING WOMEN.**

2 “(a) IN GENERAL.—With respect to cases of infec-
3 tion with the human immunodeficiency virus, the Sec-
4 retary shall establish a program for the purpose of con-
5 ducting biomedical and behavioral research on such cases
6 in women, including research on the prevention of such
7 cases. The Secretary may conduct such research directly,
8 and may make grants to public and nonprofit private enti-
9 ties for the conduct of the research.

10 “(b) CERTAIN FORMS OF RESEARCH.—In carrying
11 out subsection (a), the Secretary shall provide for research
12 on—

13 “(1) the manner in which the human
14 immunodeficiency virus is transmitted to women, in-
15 cluding the relationship between cases of infection
16 with such virus and other cases of sexually transmit-
17 ted diseases, including clinical trials which examine
18 the question of how much human immunodeficiency
19 virus infection can be prevented by finding and
20 treating sexually transmitted diseases in women;

21 “(2) measures for the prevention of exposure to
22 and the transmission of such virus, including re-
23 search on—

24 “(A) the prevention of any sexually trans-
25 mitted disease that may facilitate the trans-
26 mission of the virus;

1 “(B) rapid, inexpensive, easy-to-use sexu-
2 ally transmitted disease diagnostic tests for
3 women;

4 “(C) inexpensive single dose therapy for
5 treatable sexually transmitted diseases;

6 “(D) the development of methods of pre-
7 vention for use by women; and

8 “(E) the development and dissemination of
9 prevention programs and materials whose pur-
10 pose is to reduce the incidence of substance
11 abuse among women;

12 “(3) the development and progression of symp-
13 toms resulting from infection with such virus, in-
14 cluding research regarding gynecological infections
15 as well as breast changes, hormonal changes, and
16 menses and menopause changes, whose occurrence
17 becomes probable as a result of the deterioration of
18 the immune system;

19 “(4) the treatment of cases of such infection,
20 including clinical research; and

21 “(5) behavioral research on the prevention of
22 such cases and research on model educational pro-
23 grams for such prevention.

24 “(c) CLINICAL TRIALS.—

1 “(1) GYNECOLOGICAL EVALUATIONS.—In clini-
2 cal trials regarding the human immunodeficiency
3 virus in which women participate as subjects, the
4 Secretary shall ensure that—

5 “(A) each female subject who is infected
6 with the human immunodeficiency virus—

7 “(i) undergoes a gynecological exam-
8 ination as part of the evaluation of the
9 medical status of the woman prior to par-
10 ticipation in the trial; and

11 “(ii) receives appropriate follow-up
12 services regarding such examination; and

13 “(B) the results of the gynecological ex-
14 aminations are analyzed to determine the rela-
15 tionship between gynecological conditions and
16 the infection with such virus.

17 “(2) STANDARD TREATMENTS FOR GYNECO-
18 LOGICAL CONDITIONS.—The Secretary shall conduct
19 or support clinical trials under subsection (a) to de-
20 termine whether standard methods of treating gynecological
21 conditions are effective in the case of such
22 conditions that arise as a result of infection with the
23 human immunodeficiency virus.

24 “(3) EFFECTIVENESS OF CERTAIN TREATMENT
25 PROTOCOLS.—With respect to cases of infection with

1 the human immunodeficiency virus, the Secretary
2 shall conduct or support clinical trials under sub-
3 section (a) to determine whether treatment protocols
4 approved for men with such cases are effective for
5 women with such cases.

6 “(4) SUPPORT SERVICES.—

7 “(A) In conducting or supporting clinical
8 trials regarding the human immunodeficiency
9 virus in which women participate as subjects,
10 the Secretary shall provide the women with
11 such transportation, child care, and other sup-
12 port services (including medical and mental
13 health services, treatment for drug abuse, and
14 social services, including services addressing do-
15 mestic violence) as may be necessary to enable
16 the women to participate as such subjects.

17 “(B) Services under subparagraph (A)
18 shall include services designed to respond to the
19 particular needs of women with respect to par-
20 ticipation in the clinical trials involved, includ-
21 ing, as appropriate, training of the individuals
22 who conduct the trials.

23 “(d) PREVENTION PROGRAMS.—

24 “(1) SEXUAL TRANSMISSION.—

1 “(A) With respect to preventing the sexual
2 transmission of the human immunodeficiency
3 virus, the Secretary shall conduct or support re-
4 search under subsection (a) on barrier methods
5 for prevention of sexually transmitted diseases,
6 including human immunodeficiency virus dis-
7 ease, that women can use without their sexual
8 partner’s cooperation or knowledge.

9 “(B) In carrying out subparagraph (A),
10 the Secretary shall give priority to identified re-
11 search needs and opportunities identified at the
12 National Institutes of Health sponsored meet-
13 ing on Development of Topical Microbicides
14 held in May 1993, including research on—

15 “(i) the early steps in infectious proc-
16 esses;

17 “(ii) identification, formulation, and
18 preclinical evaluation of new preparations;

19 “(iii) clinical testing for safety and ef-
20 ficacy; and

21 “(iv) studies on acceptability and com-
22 pliance of safe, effective microbicides.

23 “(2) EPIDEMIOLOGICAL RESEARCH.—The Sec-
24 retary shall conduct or support epidemiological re-
25 search under subsection (a) to determine the factors

1 of risk regarding infection with the human
2 immunodeficiency virus that are particular to
3 women, including research regarding—

4 “(A) the use of various contraceptive meth-
5 ods;

6 “(B) the use of tampons;

7 “(C) the relationship between such infec-
8 tion and other sexually transmitted diseases;

9 “(D) the relationship between such infec-
10 tion and various forms of substance abuse (in-
11 cluding use of the form of cocaine commonly
12 known as crack); and

13 “(E) the relationship between such infec-
14 tion and noncoital forms of sexual activity.

15 “(e) INTERAGENCY STUDY.—With respect to the
16 study (known as the Women’s Interagency HIV Study)
17 that, as of June 1993, is being carried out by the Sec-
18 retary through various agencies of the Public Health Serv-
19 ice for the purpose of monitoring the progression in
20 women of infection with the human immunodeficiency
21 virus, and determining whether such progression is dif-
22 ferent in women than in men, the following applies:

23 “(1) The Secretary shall ensure that not less
24 than 5,000 women with such infection are included
25 in the study.

1 “(2) The Secretary shall provide for an increase
2 in the number of sites at which the study is to be
3 conducted.

4 “(3) The Secretary shall ensure that the study
5 period is for a minimum of 8 years.

6 “(4) With respect to markers of human
7 immunodeficiency virus disease progression and viral
8 activity, including the cells commonly known as CD4
9 cells, the Secretary shall ensure that the study ade-
10 quately addresses the relationship between such
11 markers and the development of serious illnesses in
12 such women, including the relationship between the
13 number of such cells and the development of such
14 illnesses. For purposes of the preceding sentence,
15 the study shall address gynecological conditions, and
16 other conditions particular to women, that are not
17 currently included in the list of conditions arising
18 from such infection that, for surveillance purposes,
19 is maintained by the Director of the Centers for Dis-
20 ease Control and Prevention.

21 “(f) DEFINITIONS.—For purposes of this section, the
22 term ‘human immunodeficiency virus’ means the etiologic
23 agent for acquired immune deficiency syndrome.

24 “(g) AUTHORIZATIONS OF APPROPRIATIONS.—

25 “(1) CLINICAL TRIALS.—

1 “(A) For the purpose of carrying out sub-
2 section (c)(1), there are authorized to be appro-
3 priated \$20,000,000 for fiscal year 1994, and
4 such sums as may be necessary for each of the
5 fiscal years 1995 through 1996.

6 “(B) For the purpose of carrying out sub-
7 section (c)(2), there are authorized to be appro-
8 priated \$10,000,000 for fiscal year 1994, and
9 such sums as may be necessary for each of the
10 fiscal years 1995 through 1996.

11 “(C) For the purpose of carrying out sub-
12 section (c)(3), there are authorized to be appro-
13 priated \$10,000,000 for fiscal year 1994, and
14 such sums as may be necessary for each of the
15 fiscal years 1995 through 1996.

16 “(D) For the purpose of carrying out sub-
17 section (c)(4), there are authorized to be appro-
18 priated \$15,000,000 for fiscal year 1994, and
19 such sums as may be necessary for each of the
20 fiscal years 1995 and 1996.

21 “(2) PREVENTION PROGRAMS.—

22 “(A) For the purpose of carrying out sub-
23 section (d)(1), there are authorized to be appro-
24 priated \$30,000,000 for fiscal year 1994, and

1 such sums as may be necessary for each of the
2 fiscal years 1995 through 1996.

3 “(B) For the purpose of carrying out sub-
4 section (d)(2), there are authorized to be appro-
5 priated \$10,000,000 for fiscal year 1994, and
6 such sums as may be necessary for each of the
7 fiscal years 1995 through 1996.

8 “(3) INTERAGENCY STUDY.—For the purpose
9 of carrying out subsection (e), there are authorized
10 to be appropriated \$15,000,000 for fiscal year 1994,
11 and such sums as may be necessary for each of the
12 fiscal years 1995 through 1996.”.

13 **Subtitle C—Women and Alcohol**
14 **Research Equity Act of 1993**

15 **SEC. 111. SHORT TITLE.**

16 This subtitle may be cited as the “Women and Alco-
17 hol Research Equity Act of 1993”.

18 **SEC. 112. FINDINGS.**

19 The Congress finds as follows with respect to the
20 United States:

21 (1) One of every 3 alcoholics receiving treat-
22 ment is a woman.

23 (2) In fiscal year 1992, the National Institute
24 on Alcohol Abuse and Alcoholism had a total re-
25 search budget of \$169,000,000, and only

1 \$14,200,000 of the budget (approximately 8 per-
2 cent) was available for research on alcohol abuse and
3 alcoholism among women. Research on this topic is
4 critical because alcoholism has long been known to
5 be a gender-specific disease.

6 (3) Women continue to be underrepresented in
7 treatment programs. Women make up less than 25
8 percent of all publicly funded alcohol treatment ad-
9 missions and about 30 percent of treatment admis-
10 sions for other drug dependencies although women
11 make up an estimated 50 percent of the total alcohol
12 and drug dependent population.

13 (4) Alcohol use by pregnant women is the lead-
14 ing known cause of mental retardation in newborns.
15 Fetal alcohol syndrome, which is marked by dysfunc-
16 tion of the central nervous system and by prenatal
17 and postnatal growth deficiency and facial mal-
18 formations, strikes 1 to 3 out of every 1,000
19 newborns, or 3,600 to 10,000 babies a year. The in-
20 cidence of less severe fetal alcohol effects is at least
21 3 times that of fetal alcohol syndrome. Research is
22 also needed on the male contribution to birth abnor-
23 malities related to alcohol and other drug use.

1 (5) Most treatment programs do not provide
2 child care or adequate alternatives for women enter-
3 ing treatment.

4 (6) The death rate of female alcoholics is 50 to
5 100 percent higher than for male alcoholics.

6 (7) More alcoholic women die of cirrhosis of the
7 liver than do alcoholic men.

8 (8) Combined effects of estrogen and alcohol
9 augment liver damage.

10 (9) Women experience greater physiological
11 damage from consumption of alcohol than do their
12 male counterparts. The interval between the onset of
13 drinking and entry into treatment appears to be
14 shorter for women than men.

15 (10) Negative effects of drinking show up ear-
16 lier in women than men, even when they consume
17 less alcohol than men. This disease process is “tele-
18 scoped” or accelerated in women.

19 (11) Women become intoxicated faster than
20 men. This is due to a different enzyme activity than
21 men and hormonal fluctuations in women.

22 (12) Chronic, heavy drinking contributes to
23 menstrual disorders, fertility problems, and pre-
24 mature menopause.

1 (13) Alcohol use may be associated with an in-
2 creased risk of breast cancer. Research indicates
3 that the incidence of breast cancer increases when a
4 woman consumes 1 ounce or more of absolute alco-
5 hol daily.

6 (14) The National Institute on Alcohol Abuse
7 and Alcoholism has identified areas for future re-
8 search on alcohol abuse and alcoholism among
9 women. These areas were identified by the Institute
10 more than a decade ago, yet a sufficient number of
11 research projects regarding such areas has yet to be
12 conducted.

13 **SEC. 113. PROVISIONS REGARDING INCREASE IN AMOUNT**
14 **OF FUNDS EXPENDED FOR RESEARCH ON AL-**
15 **COHOL ABUSE AND ALCOHOLISM AMONG**
16 **WOMEN.**

17 Section 464H(d)(1) of the Public Health Service Act
18 (42 U.S.C. 285n(d)(1)), as added by section 122 of Public
19 Law 102-321 (106 Stat. 358), is amended by adding at
20 the end the following new sentence: "For fiscal year 1994,
21 of the first \$131,606,000 appropriated under the preced-
22 ing sentence, the Director of the Institute shall obligate
23 not less than \$14,200,000 for the purpose of carrying out
24 under this subpart projects of research on alcohol abuse
25 and alcoholism among women, and of the amounts appro-

1 priated under such sentence in excess of \$131,606,000,
2 the Director shall obligate for such purpose not less than
3 \$23,250,000.”.

4 **Subtitle D—National Breast Cancer**
5 **Strategy Act of 1993**

6 **SEC. 116. SHORT TITLE.**

7 This subtitle may be cited as the “National Breast
8 Cancer Strategy Act of 1993”.

9 **PART I—ESTABLISHMENT OF OFFICE OF BREAST**
10 **CANCER AND NATIONAL BREAST CANCER**
11 **COMMISSION**

12 **SEC. 117. OFFICE OF BREAST CANCER.**

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

16 **“SEC. 1709. ESTABLISHMENT OF OFFICE OF BREAST CAN-**
17 **CER.**

18 “(a) IN GENERAL.—There is established an Office of
19 Breast Cancer within the Office of the Assistant Secretary
20 for Health. The Office shall have a Director who shall be
21 appointed by the Secretary. The Secretary, acting through
22 the Director, shall carry out this section.

23 “(b) DUTIES.—The Secretary shall coordinate, in
24 conjunction with the Director of the National Cancer In-
25 stitute, the activities of the Institute relating to breast

1 cancer with similar activities of other agencies of the Fed-
2 eral Government, including the other agencies of the Na-
3 tional Institutes of Health, and with similar activities of
4 other public entities and of private entities.”.

5 **SEC. 118. ESTABLISHMENT OF NATIONAL BREAST CANCER**
6 **COMMISSION.**

7 Title XVII of the Public Health Service Act (42
8 U.S.C. 300uu et seq.), as amended by section 117, is
9 amended by adding at the end the following new section:

10 **“SEC. 1710. NATIONAL BREAST CANCER COMMISSION.**

11 “(a) ESTABLISHMENT.—There is established a com-
12 mission to be known as the ‘National Breast Cancer Com-
13 mission’ (in this section referred to as the ‘Commission’).

14 “(b) STUDY.—The Commission shall conduct a study
15 on current efforts in both the public and private sectors
16 relating to the prevention, early detection, treatment, edu-
17 cation, and research relating to breast cancer.

18 “(c) REPORT.—Not later than 1 year after the date
19 on which the initial appointments of the members have
20 been completed under subsection (d), the Commission
21 shall submit to the President and the Congress a report
22 containing—

23 “(1) the results of the study conducted under
24 subsection (b); and

25 “(2) recommendations relating to such study.

1 “(d) NUMBER AND APPOINTMENT.—

2 “(1) APPOINTMENT.—The Commission shall be
3 composed of 15 members as follows:

4 “(A) 5 members shall be appointed by the
5 President—

6 “(i) 3 of whom shall be—

7 “(I) the Secretary of Health and
8 Human Services;

9 “(II) the Secretary of Veterans
10 Affairs; and

11 “(III) the Secretary of Defense;
12 who shall be nonvoting members, except
13 that, in the case of a tie vote by the Com-
14 mission, the Secretary of Health and
15 Human Services shall be a voting member;
16 and

17 “(ii) 2 of whom shall be selected from
18 the general public on the basis of such in-
19 dividuals being specially qualified to serve
20 on the Commission by reason of their edu-
21 cation, training, or experience.

22 “(B) 5 members shall be appointed by the
23 Speaker of the House of Representatives on the
24 joint recommendation of the Majority and Mi-
25 nority Leaders of the House of Representatives.

1 “(C) 5 members shall be appointed by the
2 President pro tempore of the Senate on the
3 joint recommendation of the Majority and Mi-
4 nority Leaders of the Senate.

5 “(2) CONGRESSIONAL COMMITTEE REC-
6 COMMENDATIONS.—In making appointments under
7 subparagraphs (B) and (C) of paragraph (1), the
8 Majority and Minority leaders of the House of Rep-
9 resentatives and the Senate shall duly consider the
10 recommendations of the Chairmen and Ranking Mi-
11 nority Members of committees with jurisdiction over
12 laws contained in chapter 17 of title 38, United
13 States Code (relating to veterans’ health care), title
14 XIX of the Social Security Act (42 U.S.C. 1901 et
15 seq.) (relating to Medicaid), and the Public Health
16 Service Act (42 U.S.C. 201 et seq.) (relating to the
17 Public Health Service).

18 “(3) REQUIREMENTS OF APPOINTMENTS.—The
19 Majority and Minority leaders of the Senate and the
20 House of Representatives shall—

21 “(A) select individuals who are specially
22 qualified to serve on the Commission by reason
23 of their education, training, or experience; and

24 “(B) engage in consultations for the pur-
25 pose of ensuring that the expertise of the 10

1 members appointed by the Speaker of the
2 House of Representatives and the President pro
3 tempore of the Senate shall provide as much of
4 a balance as possible and, to the greatest extent
5 possible, cover the fields of medicine, science,
6 law, ethics, health-care and social services.

7 “(4) TERM OF MEMBERS.—Members of the
8 Commission (other than members appointed under
9 paragraph (1)(A)(i)) shall serve for the life of the
10 Commission.

11 “(5) VACANCY.—A vacancy on the Commission
12 shall be filled in the manner in which the original
13 appointment was made.

14 “(e) CHAIRMAN.—Not later than 15 days after the
15 members of the Commission are appointed, such members
16 shall select a Chairman from among the members of the
17 Commission.

18 “(f) QUORUM.—7 members of the Commission shall
19 constitute a quorum, but a lesser number may be author-
20 ized by the Commission to conduct hearings.

21 “(g) MEETINGS.—The Commission shall hold its 1st
22 meeting on a date specified by the Chairman. After the
23 initial meeting, the Commission shall meet at the call of
24 the Chairman or a majority of its members, but shall meet

1 at least 3 times each year during the life of the Commis-
2 sion.

3 “(h) PAY.—Members of the Commission who are offi-
4 cers or employees or elected officials of a government en-
5 tity shall receive no additional compensation by reason of
6 their service on the Commission.

7 “(i) PER DIEM.—While away from their homes or
8 regular places of business in the performance of duties for
9 the Commission, members of the Commission shall be al-
10 lowed travel expenses, including per diem in lieu of sub-
11 sistence, at rates authorized for employees of agencies
12 under sections 5702 and 5703 of title 5, United States
13 Code.

14 “(j) DEADLINE FOR APPOINTMENT.—The members
15 of the Commission shall be appointed not later than 60
16 days after the date of the enactment of this section.

17 “(k) TERMINATION.—The Commission shall cease to
18 exist 60 days after the date on which its final report is
19 submitted under subsection (c).”.

1 **PART II—DUTIES OF DIRECTOR OF THE NA-**
2 **TIONAL CANCER INSTITUTE RELATING TO**
3 **BREAST CANCER**

4 **SEC. 119. PROVISIONS FOR FULL FUNDING FOR NATIONAL**
5 **CANCER INSTITUTE WITH RESPECT TO RE-**
6 **SEARCH ON BREAST CANCER.**

7 Section 408(a)(1) of the Public Health Service Act
8 (42 U.S.C. 284c(a)(1)) is amended by adding at the end
9 the following subparagraph:

10 “(C) For the purpose of conducting and sup-
11 porting research on breast cancer through the Na-
12 tional Cancer Institute, there is authorized to be ap-
13 propriated for fiscal year 1994 an amount equal to
14 the sum of \$300,000,000 and the amount obligated
15 by such Institute for such research for fiscal year
16 1993. For such purpose, there are authorized to be
17 appropriated such sums as may be necessary for
18 each of the fiscal years 1995 and 1996.”.

19 **SEC. 120. DUTIES OF DIRECTOR.**

20 Subpart 1 of part C of title IV of the Public Health
21 Service Act (42 U.S.C. 285 et seq.) is amended by adding
22 at the end the following new section:

23 **“SEC. 417. DUTIES OF DIRECTOR OF THE INSTITUTE RELAT-**
24 **ING TO BREAST CANCER RESEARCH.**

25 “(a) The Director of the Institute shall conduct and
26 support biomedical and behavioral research and research

1 training, the dissemination of health information, and
2 other programs with respect to breast cancer.

3 “(b) In carrying out subsection (a), the Director of
4 the Institute shall conduct or support multidisciplinary
5 clinical research on breast cancer, including research on
6 assisting individuals with such cancers (and the families
7 of such individuals) and with responding to psychological
8 and social problems that arise as the result of the cancer.

9 “(c)(1) The Director of the Institute shall establish
10 the Rose Kushner Scholarship Program for the purpose
11 of entering into contracts with individuals under which—

12 “(A) the Director of the Institute agrees to pro-
13 vide to the individuals scholarships for attendance at
14 accredited health professions schools; and

15 “(B) the individuals agree—

16 “(i) to complete the programs of education
17 for which the scholarships are provided;

18 “(ii) to complete a program of post-
19 graduate clinical training in oncology; and

20 “(iii) after completing a program of such
21 training, to serve as employees of the National
22 Institutes of Health, for the period described in
23 paragraph (2), in positions that are needed by
24 such Institutes in carrying out programs with
25 respect to breast cancer.

1 “(2)(A) For purposes of paragraph (1)(B)(iii), the
2 period of service for which an individual is obligated to
3 serve as an employee of the National Institutes of Health
4 is 12 months for each academic year for which the scholar-
5 ship under such subsection is provided.

6 “(B) The Director of the Institute may defer the obli-
7 gation of an individual to provide a period of service under
8 paragraph (1)(B)(iii), if the Director determines that such
9 a deferral is appropriate.

10 “(C) For any period in which an individual provides
11 service as an employee of the National Institutes of Health
12 in satisfaction of the obligation of the individual under
13 paragraph (1)(B)(iii), the individual may be appointed as
14 such an employee without regard to the provisions of title
15 5, United States Code, relating to appointment and com-
16 pensation.

17 “(3)(A) The Director of the Institute may not provide
18 a scholarship under paragraph (1) for an academic year
19 unless—

20 “(i) the individual applying for the scholarship
21 has submitted to the Director a proposed academic
22 program for the year and the Director has approved
23 the program; and

24 “(ii) the individual agrees that the program will
25 not be altered without the approval of the Director.

1 “(B) The Director of the Institute may not provide
2 a scholarship under paragraph (1) for an academic year
3 unless the individual applying for the scholarship agrees
4 to maintain an acceptable level of academic standing, as
5 determined by the educational institution involved in ac-
6 cordance with regulations issued by the Secretary.

7 “(4)(A) The Director of the Institute may not provide
8 a scholarship under paragraph (1) for an academic year
9 in an amount exceeding \$10,000.

10 “(B) A scholarship provided under paragraph (1)
11 may be expended only for tuition expenses, other reason-
12 able educational expenses, and reasonable living expenses
13 incurred while attending the health professions school in-
14 volved.

15 “(C) In the case of a health professions school with
16 respect to which a scholarship under paragraph (1) is pro-
17 vided, the Director of the Institute may enter into a con-
18 tract with the school under which the amounts provided
19 in the scholarship for tuition and other educational ex-
20 penses are paid directly to the school. Payments to the
21 school under the contract may be made without regard
22 to section 3324 of title 31, United States Code.

23 “(5) The provisions of section 338E shall apply to
24 the program established in paragraph (1) to the same ex-
25 tent and in the same manner as such provisions apply to

1 the National Health Service Corps Loan Repayment Pro-
2 gram established in section 338B.

3 “(6) The Director of the Institute may not provide
4 a scholarship under paragraph (1) unless an application
5 for the scholarship is submitted to the Director and the
6 application is in such form, is made in such manner, and
7 contains such agreements, assurances, and information as
8 the Director determines to be necessary to carry out this
9 section.

10 “(d)(1) The Director of the Institute shall, subject
11 to paragraph (2), carry out a program of entering into
12 contracts with appropriately qualified health professionals
13 under which the professionals agree to carry out activities
14 with respect to breast cancer as employees of the National
15 Institutes of Health in consideration of the Federal Gov-
16 ernment agreeing to pay, for each year of such service,
17 not more than \$20,000 of the principal and interest of
18 the educational loans of the professionals.

19 “(2) The Director of the Institute may not enter into
20 a contract with a health professional pursuant to para-
21 graph (1) unless the professional has a substantial amount
22 of educational loans relative to income.

23 “(3) Except to the extent inconsistent with this sec-
24 tion, 338E shall apply to the program established in para-
25 graph (1) to the same extent and in the same manner as

1 such section applies to the National Health Service Corps
2 Loan Repayment Program established in section 338B.”.

3 **SEC. 121. SPECIALIZED PROGRAMS OF RESEARCH EXCEL-**
4 **LENCE WITH RESPECT TO BREAST, LUNG,**
5 **AND PROSTATE CANCER.**

6 Section 408(a)(1) of the Public Health Service Act,
7 as amended by section 119, is amended by adding at the
8 end the following subparagraph:

9 “(D)(i) For the purpose of carrying out not less
10 than 10 programs for research on breast cancer,
11 lung cancer, or prostate cancer under the programs
12 designated by the Director of the National Cancer
13 Institute as the Specialized Programs of Research
14 Excellence, there is authorized to be appropriated
15 such sums as may be necessary for each of the fiscal
16 years 1994 through 1996.

17 “(ii) With respect to the purpose described in
18 clause (i), the authorizations of appropriations es-
19 tablished in such clause may not be construed as
20 terminating the availability for such purpose of any
21 other authorization of appropriations (including the
22 authorization established in subparagraph (A)).”.

1 **Subtitle E—Lupus Research**
2 **Amendments of 1993**

3 **SEC. 126. SHORT TITLE.**

4 This subtitle may be cited as the “Lupus Research
5 Amendments of 1993”.

6 **SEC. 127. FINDINGS.**

7 The Congress finds that—

8 (1) lupus is a serious, complex, inflammatory,
9 autoimmune disease of particular concern to women;

10 (2) lupus affects women 9 times more often
11 than men;

12 (3) there are 3 main types of lupus: systemic
13 lupus, a serious form of the disease that affects
14 many parts of the body; discoid lupus, a form of the
15 disease that affects mainly the skin; and drug-in-
16 duced lupus caused by certain medications;

17 (4) lupus can be fatal if not detected and
18 treated early;

19 (5) the disease can simultaneously affect var-
20 ious areas of the body, such as the skin, joints, kid-
21 neys, and brain, and can be difficult to diagnose be-
22 cause the symptoms of lupus are similar to those of
23 many other diseases;

24 (6) lupus disproportionately affects African-
25 American women, as the prevalence of the disease

1 among such women is 3 times the prevalence among
2 white women, and an estimated 1 in 250 African-
3 American women between the ages of 15 and 65 de-
4 velops the disease;

5 (7) it has been estimated that over 500,000
6 Americans have been diagnosed with the disease,
7 and that many more have undiagnosed cases;

8 (8) current treatments for the disease can be
9 effective, but may lead to damaging side effects; and

10 (9) many victims of the disease suffer debilitat-
11 ing pain and fatigue, making it difficult to maintain
12 employment and lead normal lives.

13 **SEC. 128. EXPANSION AND INTENSIFICATION OF ACTIVI-**
14 **TIES REGARDING LUPUS.**

15 Subpart 4 of part C of title IV of the Public Health
16 Service Act (42 U.S.C. 285d et seq.) is amended by insert-
17 ing after section 441 the following section:

18 “LUPUS

19 “SEC. 441A. (a) IN GENERAL.—The Director of the
20 Institute shall expand and intensify research and related
21 activities of the Institute with respect to lupus.

22 “(b) COORDINATION WITH OTHER INSTITUTES.—
23 The Director of the Institute shall coordinate the activities
24 of the Director under subsection (a) with similar activities
25 conducted by the other national research institutes and
26 agencies of the National Institutes of Health to the extent

1 that such Institutes and agencies have responsibilities that
2 are related to lupus.

3 “(c) PROGRAMS FOR LUPUS.—In carrying out sub-
4 section (a), the Director of the Institute shall conduct or
5 support research to expand the understanding of the
6 causes of, and to find a cure for, lupus. Activities under
7 such subsection shall include research to determine the
8 reasons underlying the elevated prevalence of the disease
9 among African-American and other women. Activities
10 under such subsection shall provide for an expansion and
11 intensification of the conduct and support of—

12 “(1) basic research concerning the etiology and
13 causes of lupus;

14 “(2) epidemiological studies to address the fre-
15 quency and natural history of the disease and the
16 differences among the sexes and among racial and
17 ethnic groups with respect to the disease;

18 “(3) the development of improved screening
19 techniques;

20 “(4) clinical research for the development and
21 evaluation of new treatments, including new biologi-
22 cal agents; and

23 “(5) information and education programs for
24 health care professionals and the public.

1 “(1) the process by which the functioning of the
2 ovaries diminishes or ceases completely (in this sec-
3 tion referred to as ‘menopause’); and

4 “(2) conditions arising from the diminished or
5 complete cessation of the functioning of the ovaries,
6 whether occurring naturally or otherwise (in this
7 section referred to as ‘menopausal health condi-
8 tions’).

9 “(b) Each center assisted under this section shall—

10 “(1)(A) use the facilities of a single institution
11 or a consortium of cooperating institutions; and

12 “(B) meet such qualifications as may be pre-
13 scribed by the Secretary;

14 “(2) conduct basic and clinical research into the
15 natural history of menopause in order to improve
16 the state of medical knowledge or methods regarding
17 the cause, diagnosis, early detection, prevention, con-
18 trol, and treatment of menopausal health conditions;

19 “(3) develop multidisciplinary models of health
20 care regarding menopause and menopausal health
21 conditions;

22 “(4) conduct educational and training programs
23 on menopause and menopausal health conditions for
24 physicians, scientists, and other health and allied
25 health professionals;

1 “(5) conduct information and continuing edu-
2 cation programs for physicians and other health and
3 allied health professionals who provide care for pa-
4 tients with such conditions; and

5 “(6) conduct programs for the dissemination to
6 the general public of information on menopause and
7 menopausal health conditions.

8 “(c) In carrying out subsection (b)(2), the Director
9 of the Institute shall ensure that centers assisted under
10 this section—

11 “(1) conduct research on hormonal treatments
12 for menopausal health conditions, research on
13 nonhormonal treatments of symptoms arising from
14 such conditions, and research on the relationship be-
15 tween such conditions and cardiovascular disease,
16 osteoporosis, bone fractures, bladder conditions,
17 breast and uterine cancers, and other conditions that
18 research indicates may be relevant; and

19 “(2) conduct research to determine whether and
20 to what extent differences may exist, with respect to
21 menopause and menopausal health conditions,
22 among various socioeconomic groups, ethnic groups,
23 and racial groups.

24 “(d) In carrying out subsection (a), the Director of
25 the Institute, in consultation with the Director of NIH

1 and the Administrator for Health Care Policy and Re-
2 search, shall establish a program to develop protocols for
3 the prevention and treatment of menopausal health condi-
4 tions and other conditions regarding women's midlife
5 health.

6 “(e) A center may use funds provided under sub-
7 section (a) to provide stipends for health professionals en-
8 rolled in educational or training programs described in
9 subsection (b)(4).

10 “(f) The Director shall ensure that the activities of
11 centers assisted under this section are coordinated among
12 the centers.

13 “(g) The Director of the Institute shall, to the extent
14 practicable, provide for an equitable geographical distribu-
15 tion of centers assisted under this section.

16 “(h) Support of a center under this section may be
17 for a period of not to exceed five years. Such period may
18 be extended by the Director of the Institute for one or
19 more additional periods of not more than five years if the
20 operations of such center have been reviewed by an appro-
21 priate technical and scientific peer review group estab-
22 lished by the Director and if such group has recommended
23 to the Director that such period should be extended.”.

1 **Subtitle G—Osteoporosis and Re-**
2 **lated Bone Disorders Research**
3 **Education, and Health Services**
4 **Act of 1993**

5 **SEC. 136. SHORT TITLE.**

6 This subtitle may be cited as the “Osteoporosis and
7 Related Bone Disorders Research, Education, and Health
8 Services Act of 1993”.

9 **SEC. 137. FINDINGS.**

10 The Congress finds that—

11 (1) osteoporosis, or porous bone, is a condition
12 characterized by an excessive loss of bone tissue and
13 an increased susceptibility to fractures of the hip,
14 spine, and wrist;

15 (2) an estimated 25,000,000 Americans have
16 osteoporosis, with many cases undiagnosed because
17 the condition develops without symptoms until a
18 strain, bump, or fall causes a fracture;

19 (3) between 3 and 4 million Americans have
20 Paget’s disease, Osteogenesis Imperfecta, and other
21 related metabolic bone disorders;

22 (4) osteoporosis is responsible for 1,300,000
23 bone fractures annually, including more than
24 250,000 hip fractures, 500,000 vertebral fractures,

1 200,000 fractures of the wrist, and the remaining
2 fractures at other limb sites;

3 (5) osteoporosis affects one-third to one-half of
4 all postmenopausal women and nearly half of all
5 people over age 75;

6 (6) direct medical costs of osteoporosis reached
7 an estimated \$10,000,000,000 in 1988 for the Unit-
8 ed States, not including the costs of family care and
9 lost work for caregivers;

10 (7) direct medical costs of osteoporosis are ex-
11 pected to increase precipitously because the propor-
12 tion of the population comprised of older persons is
13 expanding and each generation of older persons
14 tends to have a higher incidence of osteoporosis than
15 preceding generations;

16 (8) technology now exists, and new technology
17 is developing, that will permit early diagnosis and
18 prevention of osteoporosis as well as management of
19 the condition once it has developed;

20 (9) funding for research on osteoporosis and re-
21 lated bone disorders is severely constrained at key
22 research institutes, including the National Institute
23 of Arthritis and Musculoskeletal and Skin Diseases,
24 the National Institute on Aging, and the National

1 Institute of Diabetes and Digestive and Kidney Dis-
2 eases;

3 (10) further research is needed to improve med-
4 ical knowledge concerning—

5 (A) cellular mechanisms related to the
6 processes of bone resorption and bone forma-
7 tion, and the effect of different agents on bone
8 remodeling;

9 (B) risk factors for osteoporosis, including
10 newly discovered risk factors, risk factors relat-
11 ed to groups not ordinarily studied, such as
12 men and minorities, and the relationship of
13 aging processes to the development of
14 osteoporosis;

15 (C) bone mass measurement technology,
16 including techniques for making faster and
17 more precise measurements and for interpreting
18 measurements;

19 (D) calcium, including bioavailability, in-
20 take requirements, and the role of calcium in
21 building heavier and denser skeletons;

22 (E) prevention and treatment, including
23 the efficacy of current therapies, alternative
24 drug therapies for prevention and treatment,
25 and the role of exercise; and

1 (F) rehabilitation; and

2 (11) further educational efforts are needed to
3 increase public and professional knowledge of the
4 causes of, methods for avoiding, and treatment of
5 osteoporosis.

6 **SEC. 138. OSTEOPOROSIS RESEARCH.**

7 Subpart 4 of part C of title IV of the Public Health
8 Service Act (42 U.S.C. 285d et seq.) is amended—

9 (1) by inserting after the subpart designation
10 and heading the following:

11 “DIVISION A—ARTHRITIS”;

12 and

13 (2) by adding at the end the following:

14 “DIVISION B—OSTEOPOROSIS

15 **“SEC. 442A. DEFINITIONS.**

16 “As used in this division:

17 “(1) **ADVISORY PANEL.**—The term ‘Advisory
18 Panel’ means the Advisory Panel on Osteoporosis
19 and Related Disorders, established in section 442D.

20 “(2) **COUNCIL.**—The term ‘Council’ means the
21 Interagency Council on Osteoporosis and Related
22 Disorders, established in section 442C.

23 “(3) **DEPARTMENT.**—The term ‘Department’
24 means the Department of Health and Human Serv-
25 ices.

1 “(4) RELATED DISORDERS.—The term ‘related
2 bone disorders’ includes—

3 “(A) Paget’s disease, a bone disease char-
4 acterized by enlargement and loss of density
5 with bowing and deformity of the bones;

6 “(B) Osteogenesis Imperfecta, a familial
7 disease marked by extreme brittleness of the
8 long bones;

9 “(C) hyperparathyroidism, a condition
10 characterized by the presence of excess para-
11 thormone in the body resulting in disturbance
12 of calcium metabolism with loss of calcium from
13 bone and renal damage;

14 “(D) hypoparathyroidism, a condition
15 characterized by the absence of parathormone
16 resulting in disturbances of calcium metabolism;

17 “(E) renal bone disease, a disease charac-
18 terized by metabolic disturbances from dialysis,
19 renal transplants, or other renal disturbances;

20 “(F) primary or postmenopausal
21 osteoporosis and secondary osteoporosis, such
22 as that induced by corticosteroids; and

23 “(G) other general disorders of bone and
24 mineral metabolism including abnormalities of
25 vitamin D.

1 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 \$36,000,000 for the National Institute of Arthritis and
4 Musculoskeletal and Skin Diseases, \$24,000,000 for the
5 National Institute on Aging, and \$2,000,000 for the Na-
6 tional Institute of Diabetes and Digestive and Kidney Dis-
7 eases for each of the fiscal years 1994 through 1996, and
8 such sums as may be necessary for subsequent fiscal
9 years. These funds are in addition to amounts authorized
10 to be appropriated for biomedical research relating to
11 osteoporosis and related bone disorders under any other
12 provision of law.

13 **“SEC. 442C. INTERAGENCY COUNCIL ON OSTEOPOROSIS**
14 **AND RELATED BONE DISORDERS.**

15 “(a) ESTABLISHMENT.—There is established in the
16 Department an Interagency Council on Osteoporosis and
17 Related Disorders. The Council shall be composed of—

18 “(1) the Assistant Secretary for Health;

19 “(2) the Surgeon General of the United States;

20 “(3) the Assistant Secretary for Planning and
21 Evaluation of the Department;

22 “(4) the Director of the National Institute of
23 Arthritis and Musculoskeletal and Skin Diseases;

24 “(5) the Director of the National Institute on
25 Aging;

1 “(6) the Director of the National Institute of
2 Diabetes, Digestive, and Kidney Diseases;

3 “(7) the Director of the National Institute of
4 Mental Health;

5 “(8) the Director of the National Institute of
6 Child Health and Human Development;

7 “(9) the Administrator of the Health Care Fi-
8 nancing Administration;

9 “(10) the Administrator for Health Care Policy
10 and Research;

11 “(11) the Director of the Bureau of Child and
12 Maternal Health;

13 “(12) the Commissioner of Food and Drugs;

14 “(13) the Director of the National Institute of
15 Dental Research;

16 “(14) the Commissioner on Aging;

17 “(15) the Director of the Office of Disease Pre-
18 vention and Health Promotion; and

19 “(16) such additional members as the Secretary
20 considers appropriate.

21 “(b) FUNCTIONS.—The Council shall—

22 “(1) coordinate research conducted by or
23 through the Department on osteoporosis and related
24 bone disorders;

1 “(2) establish a mechanism for sharing infor-
2 mation on osteoporosis and related bone disorders
3 among all officers and employees of the Department
4 involved in carrying out programs serving older per-
5 sons, midlife women, and young persons, in order to
6 provide for full communication and exchange of in-
7 formation;

8 “(3) review and coordinate the most promising
9 areas of research concerning osteoporosis and relat-
10 ed bone disorders;

11 “(4) assist the National Institute of Arthritis
12 and Musculoskeletal and Skin Diseases, the National
13 Institute on Aging, the National Institute of Diabe-
14 tes, Digestive and Kidney Disease, the National In-
15 stitute on Dental Research, and other institutes in
16 developing and coordinating plans for research on
17 osteoporosis and related bone disorders;

18 “(5) assist the Office of Disease Prevention and
19 Health Promotion and the Administration on Aging
20 and other offices in developing and coordinating
21 plans for education and health promotion on
22 osteoporosis and related bone disorders; and

23 “(6) establish mechanisms to use the results of
24 research concerning osteoporosis and related bone
25 disorders in the development of policies, programs,

1 and other measures to improve the quality of life for
2 older Americans.

3 “(c) CHAIRPERSON.—The Secretary shall select a
4 Chairperson or co-Chairpersons for the Council from
5 among its members.

6 “(d) QUORUM.—A majority of the members of the
7 Council shall constitute a quorum, but a lesser number
8 may hold hearings.

9 “(e) MEETINGS.—The Council shall meet periodically
10 at the call of the Chairperson, but not less often than twice
11 each year.

12 “(f) EXECUTIVE SECRETARY.—The Secretary shall
13 appoint an Executive Secretary for the Council.

14 “(g) ADMINISTRATIVE STAFF AND SUPPORT.—The
15 Secretary shall provide the Council with such additional
16 administrative staff and support as may be necessary to
17 enable the Council to carry out its functions.

18 “(h) REPORTS.—

19 “(1) INITIAL REPORT.—

20 “(A) PREPARATION.—Not later than 9
21 months after the date of enactment of this divi-
22 sion, the Executive Secretary of the Council
23 shall prepare a report detailing the research
24 plans referred to in paragraphs (4) and (5) of
25 subsection (b). The report shall describe the ac-

1 activities to be carried out under the research
2 plans during each of the fiscal years 1994
3 through 1996.

4 “(B) OTHER FEDERAL PROGRAMS.—To
5 the maximum extent feasible, the report shall
6 ensure that activities carried out under the re-
7 search plans are coordinated with, and use the
8 resources of, other Federal programs concern-
9 ing osteoporosis and related bone disorders, in-
10 cluding—

11 “(i) centers supported by the National
12 Institute of Arthritis and Musculoskeletal
13 and Skin Diseases, the National Institute
14 on Aging, and the National Institute of Di-
15 abetes, Digestive and Kidney Disease;

16 “(ii) other centers supported by Fed-
17 eral funds involved in research on
18 osteoporosis and related bone disorders;
19 and

20 “(iii) other programs concerning
21 osteoporosis and related bone disorders
22 that are planned or conducted by Federal
23 agencies such as the Administration on
24 Aging and the Office of Disease Prevention
25 and Health Promotion, Federal agencies

1 outside the Department, State or local
2 agencies, community organizations, or pri-
3 vate foundations.

4 “(C) DISTRIBUTION.—The Executive Sec-
5 retary of the Council shall—

6 “(i) transmit the report to Congress;

7 and

8 “(ii) make the report available to the
9 public and to the Advisory Panel.

10 “(2) SUBSEQUENT REPORTS.—Not later than
11 12 months after the date on which the report re-
12 quired by paragraph (1) is transmitted to Congress,
13 and annually thereafter, the Executive Secretary of
14 the Council shall—

15 “(A) prepare a report that—

16 “(i) describes research and edu-
17 cational initiatives sponsored by the Fed-
18 eral Government on osteoporosis and relat-
19 ed bone disorders; and

20 “(ii) makes recommendations for new
21 research and educational initiatives on
22 osteoporosis and related bone disorders;
23 and

24 “(B) transmit the report to Congress and
25 make the report available to the public.

1 **“SEC. 442D. ADVISORY PANEL ON OSTEOPOROSIS AND RE-**
2 **LATED DISORDERS.**

3 “(a) ESTABLISHMENT.—There is established in the
4 Department an Advisory Panel on Osteoporosis and Relat-
5 ed Disorders. The Advisory Panel shall be composed of
6 the following 15 voting members and additional nonvoting,
7 ex officio members:

8 “(1) VOTING MEMBERS.—The Director of the
9 Office of Technology Assessment shall appoint to the
10 Advisory Panel—

11 “(A) 5 members who are biomedical re-
12 search scientists with demonstrated achieve-
13 ment in biomedical research on osteoporosis and
14 related bone disorders, including at least 1 re-
15 searcher at a specialized center for research in
16 osteoporosis;

17 “(B) 2 members with demonstrated
18 achievements in research on community-based
19 and family services covering osteoporosis and
20 related bone disorders;

21 “(C) 1 member who is knowledgeable in
22 health promotion and disease prevention pro-
23 grams concerning osteoporosis and related bone
24 disorders;

1 “(D) 2 members who are associated with
2 specialized bone programs affiliated with aca-
3 demic health centers;

4 “(E) 2 members who are experts in private
5 health care insurance and long-term care fi-
6 nancing; and

7 “(F) 3 members who are representatives of
8 national voluntary organizations that are con-
9 cerned with the problems of individuals with
10 osteoporosis and related bone disorders and
11 their families.

12 “(2) NONVOTING, EX OFFICIO MEMBERS.—The
13 Advisory Panel shall include as nonvoting, ex officio
14 members—

15 “(A) the Chairperson of the Council;

16 “(B) the Director of National Institute of
17 Arthritis and Musculoskeletal and Skin Dis-
18 eases;

19 “(C) the Director of the National Institute
20 on Aging;

21 “(D) the Director of the National Institute
22 of Diabetes and Digestive and Kidney Diseases;
23 and

24 “(E) such other members as the Secretary
25 may appoint.

1 “(3) APPOINTMENT.—The Director of the Of-
2 fice of Technology Assessment shall appoint mem-
3 bers to the Advisory Panel within 90 days after the
4 date of enactment of this division. The Director shall
5 not appoint to the Advisory Panel individuals who
6 are officers or employees of the Federal Government.

7 “(b) FUNCTIONS.—The Advisory Panel shall advise
8 the Secretary and Council with respect to the identifica-
9 tion of—

10 “(1) research priorities for projects on
11 osteoporosis, related bone disorders, and the care of
12 individuals with osteoporosis or related bone dis-
13 orders;

14 “(2) emerging issues in and promising areas of
15 biomedical, clinical, and behavioral research on
16 osteoporosis and related bone disorders;

17 “(3) emerging issues in research on health serv-
18 ices for individuals, and the families of individuals,
19 with osteoporosis or related bone disorders;

20 “(4) emerging issues in home-based and com-
21 munity-based services and systems of services for in-
22 dividuals, and the families of individuals, with
23 osteoporosis or related bone disorders;

24 “(5) emerging issues in financing health care
25 services and social services for individuals, and the

1 families of individuals, with osteoporosis and related
2 bone disorders;

3 “(6) emerging issues in health promotion pro-
4 grams concerning osteoporosis; and

5 “(7) emerging issues in professional and public
6 education concerning osteoporosis.

7 “(c) CHAIRPERSON.—The Secretary shall appoint a
8 Chairperson of the Advisory Panel from among the mem-
9 bers appointed.

10 “(d) TERM OF OFFICE.—The term of a member of
11 the Advisory Panel shall be for the life of the Advisory
12 Panel. A vacancy on the Advisory Panel shall be filled in
13 the same manner as the original appointment was made.
14 A vacancy on the Advisory Panel shall not affect its
15 powers.

16 “(e) QUORUM.—A majority of the members of the
17 Advisory Panel appointed shall constitute a quorum, but
18 a lesser number may hold hearings. The Advisory Panel
19 may establish such subcommittees as the Advisory Panel
20 considers appropriate.

21 “(f) MEETINGS.—The Advisory Panel shall meet at
22 the call of the Chairperson, but not less often than twice
23 per year.

1 “(g) EXECUTIVE SECRETARY.—The Executive Sec-
2 retary of the Council shall serve as Executive Secretary
3 of the Advisory Panel.

4 “(h) STAFF AND SUPPORT.—The Secretary shall pro-
5 vide the Advisory Panel with such additional administra-
6 tive staff and support as may be necessary to enable the
7 Advisory Panel to carry out its functions.

8 “(i) COMPENSATION AND TRAVEL EXPENSES.—

9 “(1) COMPENSATION.—Subject to paragraph
10 (2), no member of the Advisory Panel shall receive
11 compensation for service on the Advisory Panel.

12 “(2) TRAVEL EXPENSES.—Each member of the
13 Advisory Panel shall receive reimbursement for trav-
14 el, subsistence, and other necessary expenses in-
15 curred in the performance of duties of the Advisory
16 Panel.

17 “(j) REPORT.—The Advisory Panel shall—

18 “(1) prepare an annual report, which shall con-
19 tain recommendations for administrative and legisla-
20 tive actions to—

21 “(A) improve services, education, and in-
22 formation for individuals, and families of indi-
23 viduals, with osteoporosis and related bone dis-
24 orders;

25 “(B) improve professional education; and

1 “(C) provide for promising biomedical re-
2 search related to osteoporosis and related bone
3 disorders; and

4 “(2) transmit the annual report to the Con-
5 gress, the Secretary, and the Council and make it
6 available to the public.

7 “(k) AUTHORIZATION OF APPROPRIATIONS.—There
8 are authorized to be appropriated to carry out this section
9 \$200,000 for each of fiscal years 1994 through 1996.

10 **“SEC. 442E. RESOURCE CENTER ON OSTEOPOROSIS AND**
11 **RELATED DISORDERS.**

12 “(a) ESTABLISHMENT.—The Director of the Na-
13 tional Institute of Arthritis and Musculoskeletal and Skin
14 Diseases shall make grants or enter into contracts with
15 eligible organizations to establish a Resource Center on
16 Osteoporosis and Related Disorders.

17 “(b) PURPOSE.—The purpose of the Resource Center
18 shall be to facilitate and enhance knowledge and under-
19 standing of osteoporosis and related bone disorders by dis-
20 seminating information about research results, services
21 and educational materials, to health professionals, pa-
22 tients, and the public.

23 “(c) FUNCTIONS.—An organization receiving a grant
24 or contract under this section shall—

1 “(1) compile, archive, and disseminate informa-
2 tion concerning research, demonstration, evaluation,
3 and training programs and projects concerning
4 osteoporosis and related bone disorders;

5 “(2) annually publish a summary of the infor-
6 mation compiled under paragraph (1) during the
7 preceding 12-month period, and make the informa-
8 tion available on request to appropriate individuals
9 and entities, including educational institutions, re-
10 search entities, and Federal and public agencies;

11 “(3) provide information and assistance in
12 accessing community services to patients and the
13 public;

14 “(4) coordinate regional training programs for
15 the development of health professional resource net-
16 works on osteoporosis and related bone disorders;
17 and

18 “(5) maintain a resource library on osteoporosis
19 and related bone disorders.

20 “(d) INFORMATION SYSTEM AND TELEPHONE
21 LINE.—

22 “(1) INFORMATION SYSTEM.—An organization
23 receiving a grant or contract under this section shall
24 establish a central computerized information system
25 to—

1 “(A) compile and disseminate information
2 concerning initiatives by State and local govern-
3 ments and private entities to provide programs
4 and services for individuals with osteoporosis;
5 and

6 “(B) translate scientific and technical in-
7 formation concerning the initiatives into infor-
8 mation readily understandable by the general
9 public, and make the information available on
10 request.

11 “(2) TELEPHONE LINE.—An organization re-
12 ceiving a grant or contract under this section shall
13 establish a national toll-free telephone line to make
14 available the information described in paragraph (1)
15 and information concerning Federal programs, serv-
16 ices, and benefits for individuals with osteoporosis
17 and their families.

18 “(e) FEES.—In accordance with regulations issued by
19 the Secretary, the organization receiving a grant or con-
20 tract under this section shall charge appropriate fees for
21 providing information through the Research Center as
22 specified in subsections (c) or (d). The organization may
23 make exceptions to the fees for individuals and organiza-
24 tions who are not financially able to pay the fees. The or-
25 ganization shall transfer the sums obtained from payment

1 of the fees to the Secretary, who shall use the sums to
2 carry out this section.

3 “(f) APPLICATION OR PROPOSAL.—In order to re-
4 ceive a grant or enter into a contract under this section,
5 an organization shall submit an application or proposal
6 to the Director of the National Institute of Arthritis and
7 Musculoskeletal and Skin Diseases. The application or
8 proposal shall contain—

9 “(1) information demonstrating that the organi-
10 zation has a network of contacts that will enable the
11 organization to receive information necessary to op-
12 erate the central computerized information system
13 described in subsection (d)(1); and

14 “(2) such other information as the Director
15 may prescribe.

16 “(g) ELIGIBLE ORGANIZATIONS.—Organizations eli-
17 gible to receive grants under this section shall include pub-
18 lic and private nonprofit organizations that are knowledge-
19 able about osteoporosis and related bone disorders. The
20 Secretary shall establish additional eligibility criteria for
21 organizations to receive grants or enter into contracts
22 under this section.

23 “(h) RESEARCH SUMMARIES.—The Director of the
24 National Institute of Arthritis and Musculoskeletal and
25 Skin Diseases, the National Institute on Aging, the Na-

1 tional Institute of Diabetes, Digestive, and Kidney Dis-
2 eases, the National Institute on Dental Research, and
3 other agencies specified by the Secretary shall provide to
4 the Resource Center summaries of the findings of research
5 conducted on osteoporosis, related bone disorders, or rel-
6 evant treatments for osteoporosis or related bone dis-
7 orders.

8 “(i) AUTHORIZATION OF APPROPRIATIONS.—There
9 are authorized to be appropriated to carry out this section
10 \$500,000 for fiscal year 1994, and such sums as may be
11 necessary for fiscal years 1995 and 1996.”.

12 **Subtitle H—Ovarian Cancer Re-**
13 **search and Information Amend-**
14 **ments of 1993**

15 **SEC. 141. SHORT TITLE.**

16 This subtitle may be cited as the “Ovarian Cancer
17 Research and Information Amendments of 1993”.

18 **SEC. 142. FUNDING FOR RESEARCH ON OVARIAN CANCER.**

19 Section 417B(b)(2) of the Public Health Service Act,
20 as added by section 403 of Public Law 103–43, is amend-
21 ed—

22 (1) by striking “CANCERS.—For the purpose
23 of” and all that follows through “417,” and insert-
24 ing the following: “CANCERS.—

1 “(A) For the purpose of carrying out sec-
2 tion 417(d),”; and

3 (2) by adding at the end the following subpara-
4 graph:

5 “(B)(i) For the purpose of carrying out re-
6 search under section 417(d) on ovarian cancer,
7 there are authorized to be appropriated
8 \$90,000,000 for fiscal year 1994, and such
9 sums as may be necessary for each of the fiscal
10 years 1995 and 1996. With respect to such pur-
11 pose, such authorizations of appropriations are
12 in addition to the authorizations of appropri-
13 ations established in subparagraph (A) and in
14 subsection (a).

15 “(ii) Of the amounts appropriated under
16 clause (i), the Director of the Institute shall re-
17 serve 50 percent for research described in such
18 clause that does not involve treatment or clini-
19 cal trials, and 50 percent for research described
20 in such clause that does involve treatment and
21 clinical trials.

22 “(iii) In expending the amounts reserved
23 under clause (ii), the Director of the Institute
24 shall ensure that 1 or more programs of re-
25 search on ovarian cancer are carried out under

1 the programs designated by the Director as the
2 Specialized Programs of Research Excellence.”.

3 **SEC. 143. PUBLIC INFORMATION AND EDUCATION ON**
4 **OVARIAN CANCER.**

5 Section 417(d)(4) of the Public Health Service Act,
6 as added by section 401 of Public Law 103–43, is amend-
7 ed by striking “section 413; and” and inserting the follow-
8 ing: “section 413, which programs shall include programs
9 on ovarian cancer that (subject to changes in the applica-
10 ble facts) provide information and education regarding—

11 “(A) screening procedures for such cancer,
12 including the fact that there is not a procedure
13 that reliably provides for the early detection of
14 such cancer;

15 “(B) the fact that there may be a genetic
16 basis to such cancer;

17 “(C) factors indicating a substantial risk
18 of such cancer; and

19 “(D) the various treatments for such can-
20 cer and the extent to which the treatments are
21 effective; and”.

1 **Subtitle I—Antiprogesterin Testing**
2 **Act of 1993**

3 **SEC. 146. SHORT TITLE.**

4 This subtitle may be cited as the “Antiprogesterin
5 Testing Act of 1993”.

6 **SEC. 147. RESEARCH.**

7 (a) IN GENERAL.—The Secretary of Health and
8 Human Services, acting through the Director of the Na-
9 tional Institutes of Health, may conduct and support re-
10 search (including clinical trials) on antiprogesterin drugs for
11 their safety and efficacy for any potential use, including
12 termination of pregnancy and contraception, and when
13 used therapeutically for cancer, endocrine disorders, and
14 endometriosis.

15 (b) INSTITUTIONAL REVIEW BOARDS AND PEER RE-
16 VIEW.—Research conducted or supported under sub-
17 section (a) shall be subject to sections 491 and 492 of
18 the Public Health Service Act (42 U.S.C. 289, 289a).

19 (c) PRIORITIES.—In determining priorities for re-
20 search under subsection (a), the Secretary shall consider
21 data from previous research.

22 **SEC. 148. REPORT.**

23 The Secretary of Health and Human Services shall
24 report to Congress the results of research conducted or

1 supported under section 2(a) on January 1, 1994, and
2 annually thereafter.

3 **Subtitle J—Women’s Health Envi-**
4 **ronmental Factors Research Act**
5 **of 1993**

6 **SEC. 151. SHORT TITLE.**

7 This subtitle may be cited as the “Women’s Health
8 Environmental Factors Research Act of 1993”.

9 **SEC. 152. RESEARCH ON EFFECT OF ENVIRONMENTAL FAC-**
10 **TORS ON WOMEN’S HEALTH.**

11 Subpart 12 of part C of title IV of the Public Health
12 Service Act (42 U.S.C. 285), as amended by section 1301
13 of Public Law 103–43 (107 Stat. 169), is amended by
14 adding at the end the following section:

15 “EFFECT OF ENVIRONMENTAL FACTORS ON WOMEN’S
16 HEALTH

17 “SEC. 463B. (a) The Director of the Institute shall
18 carry out research on the effects that environmental fac-
19 tors have on women’s health conditions (as defined in sec-
20 tion 486), including the effect of such factors on breast
21 cancer, immune dysfunction, and estrogen-like compounds
22 (and related compounds).

23 “(b) For the purpose of carrying out subsection (a),
24 there are authorized to be appropriated \$30,000,000 for
25 fiscal year 1994, and such sums as may be necessary for
26 each of the fiscal years 1995 and 1996. Such authoriza-

1 tion is in addition to any other authorization of appropria-
2 tions that is established with respect to such purpose.”.

3 **Subtitle K—Federal Risk Assess-**
4 **ment in Women’s Health Act of**
5 **1993**

6 **SEC. 156. SHORT TITLE.**

7 This subtitle may be cited as the “Federal Risk As-
8 sessment in Women’s Health Act of 1993”.

9 **SEC. 157. INTERAGENCY REVIEW.**

10 The Office of Science and Technology Policy, through
11 the Federal Coordinating Council for Science, Engineer-
12 ing, and Technology, and in consultation with the Office
13 of Research on Women’s Health of the National Institutes
14 of Health, shall conduct a review of all Federal programs
15 that assess or mitigate the risks to women’s health from
16 environmental exposures, including programs setting
17 standards for exposure to various pollutants, toxic sub-
18 stances, pesticide use, and pesticide residues. The results
19 of such review, including recommendations for ensuring
20 that women’s health needs are addressed by Federal pro-
21 grams and policies, shall be transmitted to the Congress
22 within 6 months after the date of enactment of this Act.

23 **SEC. 158. STUDY OF RESEARCH NEEDS.**

24 The National Institute of Environmental Health
25 Sciences shall enter into a contract with the National Re-

1 search Council of the National Academy of Sciences for
2 the carrying out by such Council, in consultation with the
3 Office of Research on Women’s Health of the National
4 Institutes of Health, for a study to determine the status
5 of the science base and needs of the Federal Government
6 for research relating to the risks to women’s health from
7 environmental exposures, for the purpose of assessing and
8 mitigating such risks. The results of such study shall be
9 transmitted to the Congress within one year after the date
10 of enactment of this Act.

11 **Subtitle L—Pharmaceutical**
12 **Interactions Safety Act**

13 **SEC. 161. SHORT TITLE.**

14 This subtitle may be cited as the “Pharmaceutical
15 Interactions Safety Act”.

16 **SEC. 162. CLINICAL INVESTIGATIONS.**

17 Section 505(b) of the Federal Food, Drug, and Cos-
18 metic Act is amended by adding at the end the following:

19 “(4) Clinical investigations to be submitted as part
20 of an application in accordance with paragraph (1)(A)
21 shall include investigations of the possible interaction of
22 the drug with relevant female or male hormones or related
23 substances unless there is substantial evidence that there
24 are no significant interactions between the drug under in-
25 vestigation and such substances or the inclusion of such

1 investigations is otherwise inappropriate under guidelines
2 established by the Secretary by rule.”.

3 **SEC. 163. BIOLOGICAL PRODUCTS CLINICAL INVESTIGA-**
4 **TIONS.**

5 Section 351(c) of the Public Health Service Act (42
6 U.S.C. 262(c)) is amended by adding at the end the fol-
7 lowing:

8 “(3) Clinical investigations submitted as part of an
9 application for a biological product in accordance with
10 paragraph (1) shall include investigations of the possible
11 interaction of the biological product with relevant female
12 or male hormones or related substances unless there is
13 substantial evidence that there are no significant inter-
14 actions between the biological product under investigation
15 and such substances or the inclusion of such investigations
16 is otherwise inappropriate under guidelines established by
17 the Secretary by rule.”.

18 **Subtitle M—Pharmaceutical**
19 **Testing Fairness Act**

20 **SEC. 166. SHORT TITLE.**

21 This subtitle may be cited as the “Pharmaceutical
22 Testing Fairness Act”.

23 **SEC. 167. NEW DRUG CLINICAL INVESTIGATIONS.**

24 Section 505(b) of the Federal Food, Drug, and Cos-
25 metic Act is amended by adding at the end the following:

1 “(4)(A) Clinical investigations submitted as part of
2 an application in accordance with paragraph (1)(A) shall
3 include women and members of minority groups as sub-
4 jects of such investigations unless the inclusion of women
5 and minority groups is inappropriate with respect to the
6 drug under investigation or is otherwise inappropriate
7 under such guidelines as the Secretary shall by rule estab-
8 lish in accordance with subparagraph (B).

9 “(B) The guidelines of the Secretary respecting the
10 inclusion of women and members of minority groups in
11 clinical investigations—

12 “(i) shall provide that the costs of such inclu-
13 sion is not a permissible consideration in determin-
14 ing whether such inclusion is inappropriate,

15 “(ii) shall provide that women or minority
16 groups are not required to be included if women or
17 minority groups will not be using the drug under in-
18 vestigation, and

19 “(iii) may provide that such inclusion is not re-
20 quired if there is substantial scientific data dem-
21 onstrating that there is no significant difference be-
22 tween the effects that the variables to be studied in
23 the investigation have on women or members of mi-
24 nority groups, respectively, and on the other individ-
25 uals who would serve as subjects in the investigation

1 in the event that the inclusion of women and mem-
2 bers of minority groups was not required.

3 “(C) Phase three clinical investigations which are
4 submitted as part of an application in accordance with
5 paragraph (1)(A) shall be designed so that there is a valid
6 analysis of whether the drug under investigation affects
7 women or members of minority groups differently than
8 other users of the drug. If the Secretary determines that
9 it would be appropriate for other phases of such investiga-
10 tions to be so designed, such other phases shall be so de-
11 signed.”.

12 **SEC. 168. DEVICE CLINICAL INVESTIGATIONS.**

13 Section 515(c) of the Federal Food, Drug, and Cos-
14 metic Act (21 U.S.C. 360e(c)) is amended by adding at
15 the end the following:

16 “(3)(A) Clinical investigations submitted as part of
17 an application in accordance with paragraph (1) shall in-
18 clude women and members of minority groups as subjects
19 of such investigations unless the inclusion of women and
20 minority groups is inappropriate with respect to the device
21 under investigation or is otherwise inappropriate under
22 such guidelines as the Secretary shall by rule establish in
23 accordance with subparagraph (B).

1 “(B) The guidelines of the Secretary respecting the
2 inclusion of women and members of minority groups in
3 clinical investigations—

4 “(i) shall provide that the costs of such inclu-
5 sion is not a permissible consideration in determin-
6 ing whether such inclusion is inappropriate,

7 “(ii) shall provide that women or minority
8 groups are not required to be included if women or
9 minority groups will not be using the device under
10 investigation, and

11 “(iii) may provide that such inclusion is not re-
12 quired if there is substantial scientific data dem-
13 onstrating that there is no significant difference be-
14 tween the effects that the variables to be studied in
15 the investigation have on women or members of mi-
16 nority groups, respectively, and on the other individ-
17 uals who would serve as subjects in the investigation
18 in the event that the inclusion of women and mem-
19 bers of minority groups was not required.

20 “(C)(i) Clinical investigations designated by the Sec-
21 retary under clause (ii) which are submitted as part of
22 an application in accordance with paragraph (1) shall be
23 designed so that there is a valid analysis of whether the
24 device under investigation affects women or members of
25 minority groups differently than other users of the device.

1 “(ii) The Secretary shall designate which of the clini-
2 cal investigations submitted as part of an application
3 under paragraph (1) shall be subject to the requirement
4 of clause (i).”.

5 **SEC. 169. BIOLOGICAL PRODUCTS CLINICAL INVESTIGA-**
6 **TIONS.**

7 Section 351(c) of the Public Health Service Act (42
8 U.S.C. 262(c)) is amended by adding at the end the fol-
9 lowing:

10 “(3)(A) Clinical investigations submitted as part of
11 an application in accordance with paragraph (1) shall in-
12 clude women and members of minority groups as subjects
13 of such investigations unless the inclusion of women and
14 minority groups is inappropriate with respect to the bio-
15 logical product under investigation or is otherwise inap-
16 propriate under such guidelines as the Secretary shall by
17 rule establish in accordance with subparagraph (B).

18 “(B) The guidelines of the Secretary respecting the
19 inclusion of women and members of minority groups in
20 clinical investigations—

21 “(i) shall provide that the costs of such inclu-
22 sion is not a permissible consideration in determin-
23 ing whether such inclusion is inappropriate,

24 “(ii) shall provide that women or minority
25 groups are not required to be included if women or

1 minority groups will not be using the biological prod-
2 uct under investigation, and

3 “(iii) may provide that such inclusion is not re-
4 quired if there is substantial scientific data dem-
5 onstrating that there is no significant difference be-
6 tween the effects that the variables to be studied in
7 the investigation have on women or members of mi-
8 nority groups, respectively, and on the other individ-
9 uals who would serve as subjects in the investigation
10 in the event that the inclusion of women and mem-
11 bers of minority groups was not required.

12 “(C)(i) Clinical investigations designated by the Sec-
13 retary under clause (ii) which are submitted as part of
14 an application in accordance with paragraph (1) shall be
15 designed so that there is a valid analysis of whether the
16 device under investigation affects women or members of
17 minority groups differently than other users of the device.

18 “(ii) The Secretary shall designate which of the clini-
19 cal investigations submitted as part of an application
20 under paragraph (1) shall be subject to the requirement
21 of clause (i).”.

1 **Subtitle N—Tobacco Advertising**
2 **and Promotion Studies Act of 1993**

3 **SEC. 171. SHORT TITLE.**

4 This subtitle may be cited as the “Tobacco Advertis-
5 ing and Promotion Studies Act of 1993”.

6 **SEC. 172. FINDINGS.**

7 (a) WOMEN.—The Congress makes the following
8 findings respecting women and tobacco:

9 (1) The fastest growing sector of smokers in
10 the United States are women under the age of 23.
11 Approximately 2,000 women smoke their first ciga-
12 rette every day.

13 (2) It is expected that between the years 2005
14 and 2010, the number of women dying from smok-
15 ing related diseases will exceed the number of men
16 so dying.

17 (3) Each year tobacco kills more than 147,000
18 women in the United States, mostly through ciga-
19 rette smoking induced heart disease, lung cancer,
20 and other lung diseases.

21 (4) As smoking by women has increased, lung
22 cancer in women has skyrocketed. In 1987 lung can-
23 cer surpassed breast cancer as the leading cancer
24 killer of women.

1 (5) Women who smoke as little as one to 4
2 cigarettes each day increase their risk of heart at-
3 tack by 2 to 3 times.

4 (6) Once women start to smoke they find it
5 more difficult to quit than do men.

6 (7) Women who smoke cigarettes during preg-
7 nancy increase the risk for low birth weight and pre-
8 mature infants, miscarriage, stillbirths, sudden in-
9 fant death syndrome, and infant mortality.

10 (8) Pregnant women who smoke deliver babies
11 an average of one-half inch shorter and 7 ounces
12 lighter than the babies of nonsmoking mothers.
13 There is a 25 to 50 percent higher rate of fetal and
14 infant death among women who smoke during preg-
15 nancy compared with those who do not smoke. It is
16 estimated that 4,000 infants die each year because
17 of their mother's smoking.

18 (9) Approximately 44 percent of all women who
19 currently smoke have attempted to quit smoking in
20 the past year.

21 (10) Cigarette smoking increases women's risk
22 of contracting cervical cancer.

23 (b) MINORITIES.—The Congress makes the following
24 findings respecting minorities and tobacco:

1 (1) Tobacco use by African-Americans is re-
2 sponsible for nearly 48,000 deaths each year in the
3 United States.

4 (2) Tobacco companies aggressively target
5 members of the African-American community and
6 the growing Hispanic population, particularly in the
7 urban, inner-city environment.

8 (3) As of 1991, 29.2 percent of African-Amer-
9 ican adults (aged 18 and older) smoked cigarettes,
10 including 35.1 percent of African-American men and
11 24.4 percent of African-American women.

12 (4) As of 1991, 16 percent of Asian/Pacific Is-
13 lander adults (aged 18 and older) smoke cigarettes,
14 including 24.2 percent of Asian/Pacific Islander men
15 and 7.5 percent of Asian/Pacific Islander women.

16 (5) As of 1991, 31.4 percent of American In-
17 dian/Alaskan Natives adults (aged 18 and older)
18 smoked cigarettes, including 27.9 percent of Amer-
19 ican Indian/Alaskan Natives men and 35.2 percent
20 of American Indian/Alaskan Natives women.

21 (6) As of 1991, 20.2 percent of Hispanic adults
22 (aged 18 and older) smoked cigarettes, including
23 25.2 percent of Hispanic men and 15.5 percent His-
24 panic women.

1 (7) African Americans suffer from tobacco-re-
2 lated disease at a higher rate than whites, including
3 a higher incidence of respiratory system, esophagus,
4 and oral cavity cancers.

5 (8) Lung cancer is increasing among Hispanic
6 men.

7 **SEC. 173. TOBACCO ADVERTISING STUDIES.**

8 (a) STUDIES.—The Federal Trade Commission shall
9 conduct the following studies which should be based on
10 existing studies and on significant original market re-
11 search:

12 (1) WOMEN AND MINORITIES.—A study of cur-
13 rent tobacco advertising to determine—

14 (A) if and in what forms such advertising
15 is designed and disseminated in such a way as
16 to appeal specifically to (i) girls and women and
17 (ii) minorities to promote their use of tobacco,
18 and

19 (B) whether targeting girls, women, and
20 minorities increases tobacco use.

21 In connection with such study, advertising of alco-
22 holic beverages shall be reviewed to determine the
23 extent to which such advertising targets girls and
24 women and minorities.

25 (2) WEIGHT LOSS AND MAINTENANCE.—

1 (A) IN GENERAL.—A study of current cig-
2 arette advertising to investigate the targeting of
3 girls and women in cigarette advertising and to-
4 bacco companies' use of messages in their ad-
5 vertising concerning weight loss and weight
6 maintenance, the wording and overall imagery
7 used in such advertising and its impact on girls
8 and women, and the perception of girls and
9 women, including smokers and non-smokers, of
10 the relation between the use of tobacco and
11 weight control and maintenance.

12 (B) TERMS AND IMAGERY.—In conducting
13 the study under subparagraph (A), the Federal
14 Trade Commission shall examine—

15 (i) whether women interpret the use
16 of the terms “slim”, “light”, “thin”,
17 “superslim”, and related terms and the
18 shape of cigarettes employing such terms
19 as implying that cigarette smoking results
20 in weight loss or weight maintenance,

21 (ii) whether girl's and women's inter-
22 pretation of such terms and imagery accu-
23 rately reflects the actual effect of cigarette
24 smoking on weight,

1 (iii) the relative impact of cigarette
2 smoking on the health of girls and women,
3 and

4 (iv) what action should be taken by
5 the Federal Trade Commission with re-
6 spect to advertising using such terms and
7 imagery.

8 (3) DEMOGRAPHICS.—A study of the demo-
9 graphics of cigarette advertising and promotions
10 which are targeted at girls, women, and minorities,
11 including the age, gender, race, ethnicity, and socio-
12 economic groups of the girls, women, and minorities
13 and, in the case of minorities, the demographics of
14 such advertising and promotions for smokeless to-
15 bacco products. Such study shall include an exam-
16 ination of the expenditures for advertising and pro-
17 motions for each of the aspects of girls, women, and
18 minorities referred to in the preceding sentence.

19 (b) REPORT.—The Federal Trade Commission shall
20 complete each of the studies identified in subsection (a)
21 not later than 9 months after the date of the enactment
22 of this Act and shall, not later than 12 months after such
23 date, report to the Congress—

24 (1) the results of such studies, and

1 (2) any actions the Commission proposes to
2 take on the basis of such findings.

3 **TITLE II—SERVICES REGARDING**
4 **WOMEN’S HEALTH**
5 **Subtitle A—Equity in Health**
6 **Professions Education Act**

7 **SEC. 201. SHORT TITLE.**

8 This subtitle may be cited as the “Equity in Health
9 Professions Education Act”.

10 **SEC. 202. STUDY REGARDING CURRICULA OF HEALTH PRO-**
11 **FESIONS SCHOOLS AND WOMEN’S HEALTH**
12 **CONDITIONS.**

13 (a) **IN GENERAL.**—The Secretary of Health and
14 Human Services, acting through the Administrator of the
15 Health Resources and Services Administration, shall con-
16 duct a study for the purpose of determining the extent
17 to which health professions schools provide adequate edu-
18 cation to students on women’s health conditions. The Sec-
19 retary shall give priority in the study to schools of medi-
20 cine and osteopathic medicine.

21 (b) **CONSULTATIONS.**—The Secretary shall carry out
22 subsection (a) in consultation with the Director of the Of-
23 fice of Research on Women’s Health and the Director of
24 the Office of Women’s Health.

1 (c) CERTAIN ELEMENTS OF STUDY.—In conducting
2 the study under subsection (a), the Secretary—

3 (1) shall assess the content of the educational
4 programs of health professions schools with respect
5 to women’s health conditions, including the content
6 of programs providing clinical training; and

7 (2) shall, if the Secretary determines that the
8 extent of education on such conditions is inadequate,
9 determine the extent to which such inadequacy is af-
10 fecting the health of women.

11 (d) COMMENTS AND RECOMMENDATIONS OF PUBLIC
12 AND PRIVATE ENTITIES.—In carrying out subsection (a),
13 the Secretary shall consider the comments and rec-
14 ommendations of public and private entities regarding the
15 study under such subsection, including representatives of
16 health professions schools and representatives of organiza-
17 tions concerned with women’s health conditions.

18 (e) REPORT.—Not later than April 1, 1995, the Sec-
19 retary shall complete the study required in subsection (a)
20 and submit to the Committee on Energy and Commerce
21 and the Committee on Appropriations of the House of
22 Representatives, and to the Committee on Labor and
23 Human Resources and the Committee on Appropriations
24 of the Senate, a report describing the findings made as
25 a result of the study and containing any recommendations

1 of the Secretary regarding such findings, including rec-
2 ommendations regarding the accreditation of health pro-
3 fessions schools and the licensure of health professionals.

4 (f) DEFINITIONS.—For purposes of this section:

5 (1) The term “health professions schools”
6 means—

7 (A) the schools and programs defined in
8 section 799(1) of the Public Health Service Act
9 (other than schools of veterinary medicine); and

10 (B) schools of nursing, as defined in sec-
11 tion 853 of such Act.

12 (2) The term “Office of Research on Women’s
13 Health” means the Office of Research on Women’s
14 Health established within the Office of the Director
15 of the National Institutes of Health.

16 (3) The term “Office of Women’s Health”
17 means the Office of Women’s Health established
18 within the Office of the Assistant Secretary for
19 Health.

20 (4) The term “Secretary” means the Secretary
21 of Health and Human Services.

22 (5) The term “women’s health conditions” has
23 the meaning given such term in section 486 of the
24 Public Health Service Act.

1 **Subtitle B—Women’s Health Office**
2 **Act of 1993**

3 **SEC. 206. SHORT TITLE.**

4 This subtitle may be cited as the “Women’s Health
5 Office Act of 1993”.

6 **SEC. 207. PUBLIC HEALTH SERVICE OFFICE OF WOMEN’S**
7 **HEALTH.**

8 Part A of title III of the Public Health Service Act
9 (42 U.S.C. 241 et seq.) is amended by adding at the end
10 thereof the following new section:

11 “PUBLIC HEALTH SERVICE OFFICE OF WOMEN’S HEALTH

12 “SEC. 310A. (a) ESTABLISHMENT OF OFFICE.—

13 There is established an Office of Women’s Health (here-
14 after referred to in this section as the ‘Office’) within the
15 Office of the Assistant Secretary for Health.

16 “(b) ASSISTANT SECRETARY.—There shall be in the
17 Department of Health and Human Services a Deputy As-
18 sistant Secretary for Women’s Health, who shall be the
19 head of the Office. The Secretary, acting through such
20 Deputy Assistant Secretary, shall carry out this section.

21 “(c) DUTIES.—The Secretary, acting through the Of-
22 fice, shall, with respect to the health concerns of women—

23 “(1) establish short-range and long-range goals
24 and objectives and coordinate all other activities
25 within the Department of Health and Human Serv-

1 ices that relate to disease prevention, health pro-
2 motion, service delivery, and research concerning
3 women;

4 “(2) advise the Assistant Secretary for Health
5 concerning scientific, legal, ethical, and policy issues
6 relating to women’s health;

7 “(3) monitor Public Health Service agency and
8 regional activities regarding women’s health, and co-
9 ordinate activities of such agency Offices of Wom-
10 en’s Health;

11 “(4) establish a women’s health resource center
12 to facilitate the exchange of information regarding
13 matters relating to health information and health
14 promotion, preventive health services, and education
15 in the appropriate use of health care, to facilitate ac-
16 cess to such information, to assist in the analysis of
17 issues and problems relating to such matters, and to
18 provide technical assistance with respect to the ex-
19 change of such information (including facilitating
20 the development of materials for such technical as-
21 sistance); and

22 “(5) coordinate efforts to promote women’s
23 health programs and policies in the voluntary and
24 corporate sectors.

1 “(1) determine the current level of the Centers
2 activity regarding women’s health conditions, across
3 age, biological, and sociocultural contexts, in all as-
4 pects of the Centers work, including prevention pro-
5 grams, public and professional education, services,
6 and treatment;

7 “(2) establish short-range and long-range goals
8 and objectives for women’s health and coordinate all
9 other activities within the Centers that relate to pre-
10 vention, research, education and training, service de-
11 livery, and policy development;

12 “(3) identify projects in women’s health that
13 should be conducted or supported by the National
14 Centers;

15 “(4) consult with health professionals, non-gov-
16 ernmental organizations, consumer organizations,
17 women’s health professionals, and other individuals
18 and groups, as appropriate, on the policy of the Cen-
19 ters with regard to women; and

20 “(5) coordinate agency activities on women’s
21 health with the Public Health Service Office of
22 Women’s Health established under section 310A.

23 “(c) COORDINATING COMMITTEE.—

24 “(1) ESTABLISHMENT.—In carrying out sub-
25 section (b), the Director of the Office shall establish

1 a committee to be known as the Coordinating Com-
2 mittee on Research on Women's Health (hereafter
3 referred to in this subsection as the 'Coordinating
4 Committee').

5 “(2) COMPOSITION.—The Coordinating Com-
6 mittee shall be composed of the Directors of the Na-
7 tional Centers.

8 “(3) CHAIRPERSON.—The Director of the Of-
9 fice shall serve as the chairperson of the Coordinat-
10 ing Committee.

11 “(4) DUTIES.—With respect to women's health,
12 the Coordinating Committee shall assist the Director
13 of the Office in—

14 “(A) identifying the need for programs and
15 activities that focus on women's health;

16 “(B) identifying needs regarding the co-
17 ordination of activities, including intramural
18 and extramural multidisciplinary activities; and

19 “(C) making recommendations to the Di-
20 rector of the Centers for Disease Control and
21 Prevention concerning findings made under
22 subparagraphs (A) and (B).

23 “(d) REPORTS.—Not later than January 31, 1995,
24 and January 31 of each second year thereafter, the Direc-
25 tor shall prepare and submit to the Director of the Public

1 Health Service Office of Women’s Health, a report de-
2 scribing the activities carried out under this section during
3 the preceding 2 fiscal years.

4 “(e) DEFINITION.—As used in this section the term
5 ‘women’s health conditions’, with respect to women of all
6 age, ethnic, and racial groups, means all diseases, dis-
7 orders, and conditions—

8 “(1) unique to, more serious, or more prevalent
9 in women; and

10 “(2) for which the factors of medical risk or
11 type of medical intervention are different for women,
12 or for which it is unknown whether such factors or
13 types are different for women.”.

14 **SEC. 209. AGENCY FOR HEALTH CARE POLICY AND RE-**
15 **SEARCH OFFICE OF WOMEN’S HEALTH.**

16 Part C of title IX of the Public Health Service Act
17 (42 U.S.C. 299c et seq.) is amended—

18 (1) by redesignating section 927 as section 928;

19 and

20 (2) by inserting after section 926, the following
21 new section:

22 **“SEC. 927. OFFICE OF WOMEN’S HEALTH.**

23 “(a) ESTABLISHMENT.—There is established within
24 the Office of the Director of the Agency for Health Care
25 Policy and Research an office to be known as the Office

1 of Women’s Health (hereafter referred to in this section
2 as the ‘Office’). The Office shall be headed by a Director
3 who shall be appointed by the Director of the Agency.

4 “(b) PURPOSE.—The Director of the Office shall—

5 “(1) determine the current Agency level of ac-
6 tivity regarding women’s health, across age, biologi-
7 cal, and sociocultural contexts, in all aspects of
8 Agency work, including drafting clinical practice
9 guidelines, and conducting research into patient out-
10 comes, delivery of health care services, and access to
11 health care;

12 “(2) establish short-range and long-range goals
13 and objectives for research important to women’s
14 health and coordinate all other activities within the
15 Agency that relate to health services and medical ef-
16 fectiveness research;

17 “(3) identify projects in women’s health that
18 should be conducted or supported by the Agency;

19 “(4) consult with health professionals, non-gov-
20 ernmental organizations, consumer organizations,
21 women’s health professionals, and other individuals
22 and groups, as appropriate, on Agency policy with
23 regard to women; and

1 “(5) coordinate agency activities on women’s
2 health with the Public Health Service Office of
3 Women’s Health established under section 310A.

4 “(c) COORDINATING COMMITTEE.—

5 “(1) ESTABLISHMENT.—In carrying out sub-
6 section (b), the Director of the Office shall establish
7 a committee to be known as the Coordinating Com-
8 mittee on Research on Women’s Health (hereafter
9 referred to in this subsection as the ‘Coordinating
10 Committee’).

11 “(2) COMPOSITION.—The Coordinating Com-
12 mittee shall be composed of the Directors of the Of-
13 fices.

14 “(3) CHAIRPERSON.—The Director of the Of-
15 fice shall serve as the chairperson of the Coordinat-
16 ing Committee.

17 “(4) DUTIES.—With respect to research on
18 women’s health, the Coordinating Committee shall
19 assist the Director of the Office in—

20 “(A) identifying the need for such re-
21 search, and making an estimate each fiscal year
22 of the funds needed to adequately support the
23 research;

24 “(B) identifying needs regarding the co-
25 ordination of research activities, including in-

1 tramural and extramural multidisciplinary ac-
2 tivities; and

3 “(C) making recommendations to the Di-
4 rector of the Agency for Health Care Policy and
5 Research concerning findings made under sub-
6 paragraphs (A) and (B).

7 “(d) REPORTS.—Not later than January 31, 1995,
8 and January 31 of each second year thereafter, the Direc-
9 tor shall prepare and submit to the Director of the Public
10 Health Service Office of Women’s Health, a report de-
11 scribing the activities carried out under this section during
12 the preceding 2 fiscal years.”.

13 **SEC. 210. HEALTH RESOURCES AND SERVICES ADMINIS-**
14 **TRATION OFFICE OF WOMEN’S HEALTH.**

15 Title VII of the Social Security Act (42 U.S.C. 901
16 et seq.) is amended by adding at the end thereof the fol-
17 lowing new section:

18 “OFFICE OF WOMEN’S HEALTH

19 “SEC. 712. (a) ESTABLISHMENT.—There is estab-
20 lished within the Office of the Administrator of the Health
21 Resources and Services Administration an office to be
22 known as the Office of Women’s Health (hereafter re-
23 ferred to in this section as the ‘Office’). The Office shall
24 be headed by a director who shall be appointed by the Di-
25 rector of the Administration.

26 “(b) PURPOSE.—The Director of the Office shall—

1 “(1) determine the current agency level of activ-
2 ity regarding women’s health across age, biological,
3 and sociocultural contexts;

4 “(2) establish short-range and long-range goals
5 and objectives for women’s health and coordinate all
6 other activities within the agency that relate to
7 health care provider training, health service delivery,
8 research, and demonstration projects;

9 “(3) identify projects in women’s health that
10 should be conducted or supported by the Bureaus;

11 “(4) consult with health professionals, non-gov-
12 ernmental organizations, consumer organizations,
13 women’s health professionals, and other individuals
14 and groups, as appropriate, on agency policy with
15 regard to women; and

16 “(5) coordinate agency activities on women’s
17 health with the Public Health Service Office of
18 Women’s Health established under section 310A of
19 the Public Health Service Act.

20 “(c) COORDINATING COMMITTEE.—

21 “(1) ESTABLISHMENT.—In carrying out sub-
22 section (b), the Director of the Office shall establish
23 a committee to be known as the Coordinating Com-
24 mittee on Research on Women’s Health (hereafter

1 referred to in this subsection as the ‘Coordinating
2 Committee’).

3 “(2) COMPOSITION.—The Coordinating Com-
4 mittee shall be composed of the Directors of the Bu-
5 reaus.

6 “(3) CHAIRPERSON.—The Director of the Of-
7 fice shall serve as the Chairperson of the Coordinat-
8 ing Committee.

9 “(4) DUTIES.—With respect to research on
10 women’s health, the Coordinating Committee shall
11 assist the Director of the Office in—

12 “(A) identifying the need for programs and
13 activities that focus on women’s health;

14 “(B) identifying needs regarding the co-
15 ordination of activities, including intramural
16 and extramural multidisciplinary activities; and

17 “(C) making recommendations to the Di-
18 rector of the Centers for Disease Control and
19 Prevention concerning findings made under
20 subparagraphs (A) and (B).

21 “(d) REPORTS.—Not later than January 31, 1995,
22 and January 31 of each second year thereafter, the Direc-
23 tor of the Office shall prepare and submit to the Director
24 of the Public Health Service Office of Women’s Health,

1 a report describing the activities carried out under this
2 section during the preceding 2 fiscal years.”.

3 **SEC. 210A. FOOD AND DRUG ADMINISTRATION OFFICE OF**
4 **WOMEN’S HEALTH.**

5 Chapter IX of the Federal Food, Drug, and Cosmetic
6 Act (21 U.S.C. 391 et seq.) is amended by adding at the
7 end thereof the following new section:

8 **“SEC. 906. OFFICE OF WOMEN’S HEALTH.**

9 “(a) ESTABLISHMENT.—There is established within
10 the Office of the Commissioner of the Food and Drug Ad-
11 ministration an office to be known as the Office of Wom-
12 en’s Health (hereafter referred to in this section as the
13 ‘Office’). The Office shall be headed by a Director who
14 shall be appointed by the Commissioner of the Administra-
15 tion.

16 “(b) PURPOSE.—The Director of the Office shall—

17 “(1) determine current Commission levels of ac-
18 tivity regarding women’s participation in clinical
19 trials the study of gender differences in the testing
20 of drugs, medical devices, and biological products,
21 across, age, sociocultural, and, where deemed appro-
22 priate, biological contexts.

23 “(2) establish short-range and long-range goals
24 and objectives for adequate inclusion of women in all
25 Commission protocols and policies;

1 “(3) provide guidance or criteria for drug and
2 device manufacturers to use in determining the ex-
3 tent and sufficiency of female representation in clini-
4 cal trials;

5 “(4) consult with pharmaceutical manufactur-
6 ers, health professionals with expertise in women’s
7 issues, consumer organizations, and women’s health
8 professionals on Commission policy with regard to
9 women;

10 “(5) make annual estimates of funds needed to
11 monitor clinical trials in accordance with needs that
12 are identified; and

13 “(6) coordinate Commission activities on wom-
14 en’s health with the Public Health Service Office of
15 Women’s Health established under section 310A of
16 the Public Health Service Act.

17 “(c) COORDINATING COMMITTEE.—

18 “(1) ESTABLISHMENT.—In carrying out sub-
19 section (b), the Director of the Office shall establish
20 a committee to be known as the Coordinating Com-
21 mittee on Women’s Health (hereafter referred to in
22 this subsection as the ‘Coordinating Committee’).

23 “(2) COMPOSITION.—The Coordinating Com-
24 mittee shall be composed of the Directors of the
25 Food and Drug Administration Centers.

1 “(3) CHAIRPERSON.—The Director of the Of-
2 fice shall serve as the Chairperson of the Coordinat-
3 ing Committee.

4 “(4) DUTIES.—With respect to studies on wom-
5 en’s health, the Coordinating Committee shall assist
6 the Director of the Office in—

7 “(A) identifying the need for further stud-
8 ies in specific areas of women’s health that fall
9 within the mission of the Commission, and de-
10 veloping strategies to foster such studies;

11 “(B) identifying needs regarding the co-
12 ordination of Commission activities, including
13 intramural and extramural studies;

14 “(C) maintaining the Commission’s focus
15 in areas of importance to women;

16 “(D) supporting the development of meth-
17 odologies to determine the circumstances in
18 which obtaining data specific to women (includ-
19 ing data relating to the age of women and the
20 membership of women in ethnic or racial
21 groups) is an appropriate function of clinical
22 trials of treatments and therapies;

23 “(E) supporting the development and ex-
24 pansion of clinical trials of treatments and
25 therapies for which obtaining such data has

1 been determined to be an appropriate function;
2 and

3 “(F) encouraging the Food and Drug Ad-
4 ministration Centers to conduct and support
5 such studies, including such clinical trials.

6 “(d) REPORTS.—Not later than January 31, 1995,
7 and January 31 of each second year thereafter, the Direc-
8 tor shall prepare and submit to the Director of the Public
9 Health Service Office of Women’s Health, a report de-
10 scribing the activities carried out under this section during
11 the preceding 2 fiscal years.”.

12 **Subtitle C—Women’s Health**
13 **Information Act of 1993**

14 **SEC. 211. SHORT TITLE.**

15 This subtitle may be cited as the “Women’s Health
16 Information Act of 1993”.

17 **SEC. 212. FINDINGS.**

18 The Congress finds as follows:

19 (1) A report by the General Accounting Office
20 indicates that the Department of Health and
21 Human Services, which is responsible for providing
22 health information to the public, lacks an overall
23 strategy for providing such information to women.

1 (2) Such Department has no overall strategy to
2 ensure that the most needed and useful health infor-
3 mation is distributed to the public.

4 (3) Health information activities of the Depart-
5 ment are left to the discretion of the agencies of the
6 Public Health Service, each of which largely plans
7 the production and dissemination of information
8 independently of the other agencies of the Service.

9 (4) Even when health information for the public
10 is produced and disseminated by the Department, it
11 is not always easily accessible to the public.

12 (5) With respect to health information, the
13 agencies of such Department cannot determine
14 whether the efforts of the agencies are appropriately
15 targeted to raise women's awareness and increase
16 their knowledge about conditions that confront them.

17 **SEC. 213. INTERAGENCY COMMITTEE ON HEALTH COMMU-**
18 **NICATIONS.**

19 (a) IN GENERAL.—The Secretary of Health and
20 Human Services shall establish an Interagency Committee
21 on Health Communications (in this section referred to as
22 the “Committee”).

23 (b) DUTIES.—

24 (1) IN GENERAL.—The Committee shall provide
25 advice to the Secretary of Health of Human Services

1 on developing, overseeing, and coordinating Federal
2 promotion and education activities, including such
3 activities within the Public Health Service.

4 (2) WOMEN'S HEALTH.—In carrying out para-
5 graph (1), the Committee shall give priority to car-
6 rying activities regarding women's health.

7 (c) CHAIR.—The Committee shall be chaired by the
8 Assistant Secretary for Health.

9 (d) COMPOSITION.—

10 (1) IN GENERAL.—Subject to paragraph (2),
11 the Committee shall be composed of one representa-
12 tive from each agency with authority to speak for
13 the agency, in order to address activities and goal-
14 setting with regard to communications specific to
15 women's health. Decisions shall be implemented ei-
16 ther individually or collectively as required.

17 (2) WOMEN'S HEALTH.—The Director of the
18 Office of Women's Health at the Public Health
19 Service shall serve as a member of the Committee to
20 ensure that the efforts of the Committee and the
21 Public Health Service reflect pertinent recommenda-
22 tions and objectives to improve women's health.

23 (e) MEETINGS.—

24 (1) IN GENERAL.—The Committee shall, as ap-
25 propriate, meet not fewer than 4 times a year in

1 order to promote collaboration, enhance cooperation,
2 and develop effective strategies in this effort.

3 (2) ANNUAL FORUM.—The Assistant Secretary
4 for Health shall convene a forum once a year to hear
5 testimony by interested public and private individ-
6 uals and organizations regarding priorities for areas
7 of women’s health, and shall respond to the testi-
8 mony and make recommendations regarding the tes-
9 timony.

10 (f) REPORT.—The Assistant Secretary of Health
11 shall issue a yearly report on the progress of the Commit-
12 tee’s efforts to establish a coordinated strategy of health
13 promotion and disease prevention activities at the Public
14 Health Service.

15 **SEC. 214. DISSEMINATION EFFORTS OF WOMEN’S HEALTH**
16 **INFORMATION WITHIN PUBLIC HEALTH**
17 **SERVICE.**

18 (a) CLEARINGHOUSE ON WOMEN’S HEALTH.—The
19 Assistant Secretary for Health shall establish the Clear-
20 ingshouse on Women’s Health to compile, archive, and dis-
21 seminate information concerning women’s health and to
22 publish a yearly summary of such materials to be made
23 available upon request.

24 (b) OTHER ACTIVITIES.—

1 (1) IN GENERAL.—The Secretary of Health and
2 Human Services may make a grant, or enter into a
3 contract with one or more organizations representing
4 women—

5 (A) to make available information concern-
6 ing Federal programs, services, informational
7 resources, and benefits related to women’s
8 health;

9 (B) establish a toll-free hotline; and

10 (C) assess demand for publications and
11 costs on an annual basis, and develop publica-
12 tions as needed.

13 (2) FEES REGARDING TOLL-FREE HOTLINE.—
14 The Clearinghouse may, as necessary, charge an ap-
15 propriate fee for information provided by the toll-
16 free hotline. Exceptions shall be made for individuals
17 or organizations that are financially unable to pay
18 such fees.

19 (c) ADVERTISING CAMPAIGN.—The Secretary of
20 Health and Human Services shall conduct an outreach
21 and advertising campaign to women and health profes-
22 sionals regarding the existence of the clearinghouse and
23 the toll-free number.

24 (d) AUTHORIZATION OF APPROPRIATIONS.—For the
25 purpose of carrying out this section, there are authorized

1 to be appropriated such sums as may be necessary for
2 each of the fiscal years 1994 through 1999.

3 **SEC. 215. STUDY ON EFFECTIVENESS OF HEALTH COMMU-**
4 **NICATIONS.**

5 The Secretary of Health and Human Services shall
6 convene a study of the Agency for Health Care Policy and
7 Research to evaluate the overall effectiveness of health
8 communications, including the efficacy of existing policies
9 and techniques utilized by the Public Health Service to
10 develop and disseminate such information. The study shall
11 involve evaluation of effort, mode, use of toll-free numbers,
12 and assessment of organization and competency. The
13 study shall also include an analysis of efforts regarding
14 reaching underserved populations. The Agency for Health
15 Care Policy and Research shall make recommendations to
16 the Assistant Secretary for Health on the most effective
17 strategy for reaching the public and presenting health
18 communications.

19 **Subtitle D—Breast and Cervical**
20 **Cancer Amendments of 1993**

21 **SEC. 216. SHORT TITLE.**

22 This subtitle may be cited as the “Breast and Cer-
23 vical Cancer Amendments of 1993”.

1 **SEC. 217. REVISIONS IN PROGRAM OF STATE GRANTS RE-**
2 **GARDING BREAST AND CERVICAL CANCER.**

3 (a) LIMITED AUTHORITY REGARDING FOR-PROFIT
4 ENTITIES.—

5 (1) IN GENERAL.—Section 1501(b) of the Pub-
6 lic Health Service Act (42 U.S.C. 300k(b)) is
7 amended—

8 (A) by striking “STATES.—A State” and
9 all that follows through “may expend” and in-
10 serting the following: “STATES.—

11 “(1) IN GENERAL.—A State receiving a grant
12 under subsection (a) may, subject to paragraph (2),
13 expend”; and

14 (B) by adding at the end the following
15 paragraph:

16 “(2) LIMITED AUTHORITY REGARDING OTHER
17 ENTITIES.—In addition to the authority established
18 in paragraph (1) for a State with respect to grants
19 and contracts, the State may provide for screenings
20 under subsection (a)(1) through entering into con-
21 tracts with private entities. The amount paid by a
22 State to a private entity under the preceding sen-
23 tence for a screening procedure may not exceed the
24 amount that would be paid under part B of title
25 XVIII of the Social Security Act if payment were

1 made under such part for furnishing the procedure
2 to a woman enrolled under such part.”.

3 (2) CONFORMING AMENDMENT.—Section
4 1505(3) of the Public Health Service Act (42 U.S.C.
5 300n–1(3)) is amended by inserting before the semi-
6 colon the following: “(and additionally, in the case of
7 services and activities under section 1501(a)(1), with
8 any similar services or activities of private entities)”.

9 (b) QUALITY ASSURANCE REGARDING SCREENING
10 PROCEDURES.—

11 (1) IN GENERAL.—Section 1503 of the Public
12 Health Service Act (42 U.S.C. 300m) is amended by
13 striking subsections (c) through (e) and inserting
14 the following:

15 “(c) QUALITY ASSURANCE REGARDING SCREENING
16 PROCEDURES.—The Secretary may not make a grant
17 under section 1501 unless the State involved agrees that
18 the State will, in accordance with applicable law, assure
19 the quality of screening procedures conducted pursuant to
20 such section.”.

21 (2) TRANSITION RULE REGARDING
22 MAMMOGRAPHIES.—With respect to the screening
23 procedure for breast cancer known as a mammo-
24 graphy, the requirements in effect on the day before
25 the date of the enactment of this subtitle under sec-

1 tion 1503(c) of the Public Health Service Act re-
2 main in effect (for an individual or facility conduct-
3 ing such procedures pursuant to a grant to a State
4 under section 1501 of such Act) until there is in ef-
5 fect for the facility a certificate (or provisional cer-
6 tificate) issued under section 354 of such Act.

7 (c) STATEWIDE PROVISION OF SERVICES.—Section
8 1504(c) of the Public Health Service Act (42 U.S.C.
9 300n(c)) is amended by adding at the end the following
10 paragraph:

11 “(3) GRANTS TO TRIBES AND TRIBAL ORGANI-
12 ZATIONS.—

13 “(A) The Secretary, acting through the Di-
14 rector of the Centers for Disease Control and
15 Prevention, may make grants to tribes and trib-
16 al organizations (as such terms are used in
17 paragraph (1)) for the purpose of carrying out
18 programs described in section 1501(a). This
19 title (other than section 1501(c)) applies to
20 such a grant (in relation to the jurisdiction of
21 the tribe or organization) to the same extent
22 and in the same manner as such title applies to
23 grants to States under section 1501 (in relation
24 to the jurisdiction of the States).

1 “(B) If a tribe or tribal organization is re-
2 ceiving a grant under subparagraph (A) and the
3 State in which the tribe or organization is lo-
4 cated is receiving a grant under section 1501,
5 the requirement established in paragraph (1)
6 for the State regarding the tribe or organiza-
7 tion is deemed to have been waived under para-
8 graph (2).”.

9 (d) EVALUATIONS AND REPORTS.—Section 1508 of
10 the Public Health Service Act (42 U.S.C. 300n-4) is
11 amended—

12 (1) in subsection (a), by adding at the end the
13 following sentence: “Such evaluations shall include
14 evaluations of the extent to which States carrying
15 out such programs are in compliance with section
16 1501(a)(2) and with section 1504(c).”; and

17 (2) in subsection (b), by inserting before the pe-
18 riod the following: “, including recommendations re-
19 garding compliance by the States with section
20 1501(a)(2) and with section 1504(c)”.

21 (e) ESTABLISHMENT OF COORDINATING COMMIT-
22 TEE.—Section 1501 of the Public Health Service Act (42
23 U.S.C. 300k) is amended by adding at the end the follow-
24 ing subsection:

1 “(c) COORDINATING COMMITTEE REGARDING YEAR
2 2000 HEALTH OBJECTIVES.—The Secretary, acting
3 through the Director of the Centers for Disease Control
4 and Prevention, shall establish a committee to coordinate
5 the activities of the agencies of the Public Health Service
6 (and other appropriate Federal agencies) that are carried
7 out toward achieving the objectives established by the Sec-
8 retary for reductions in the incidence of breast and cer-
9 vical cancer in the United States by the year 2000. Such
10 committee shall be comprised of Federal officers or em-
11 ployees designated by the heads of the agencies involved
12 to serve on the committee as representatives of the agen-
13 cies, and such representatives from other public or private
14 entities as the Secretary determines to be appropriate.”.

15 (f) TECHNICAL CORRECTIONS.—Title XV of the Pub-
16 lic Health Service Act (42 U.S.C. 300k et seq.) is amend-
17 ed—

18 (1) in section 1501(a), in the matter preceding
19 paragraph (1), by striking “Control,” and inserting
20 “Control and Prevention,”; and

21 (2) in section 1505(4), by inserting “will” be-
22 fore “be used”.

23 **SEC. 218. FUNDING.**

24 Section 1509(a) of the Public Health Service Act (42
25 U.S.C. 300n-5(a)) is amended—

1 (1) by striking “and” after “1991,”; and

2 (2) by inserting before the period the following:

3 “, \$100,000,000 for fiscal year 1994, and such sums
4 as may be necessary for each of the fiscal years
5 1995 through 1998”.

6 **Subtitle E—Women’s Preventive**
7 **Health Amendments of 1993**

8 **SEC. 221. SHORT TITLE.**

9 This subtitle may be cited as the “Women’s Preven-
10 tive Health Amendments of 1993”.

11 **SEC. 222. ESTABLISHMENT OF DEMONSTRATION PROGRAM**
12 **OF GRANTS FOR ADDITIONAL PREVENTIVE**
13 **HEALTH SERVICES FOR WOMEN.**

14 Title XV of the Public Health Service Act (42 U.S.C.
15 300k et seq.) is amended—

16 (1) by redesignating section 1509 as section
17 1510; and

18 (2) by inserting after section 1508 the following
19 section:

20 **“SEC. 1509. SUPPLEMENTAL GRANTS FOR ADDITIONAL**
21 **PREVENTIVE HEALTH SERVICES.**

22 “(a) DEMONSTRATION PROJECTS.—In the case of
23 States receiving grants under section 1501, the Secretary,
24 acting through the Director of the Centers for Disease
25 Control and Prevention, may make grants to not more

1 than 3 such States to carry out demonstration projects
2 for the purpose of—

3 “(1) providing to women preventive health serv-
4 ices, and health promotion services, in addition to
5 the services authorized in such section;

6 “(2) providing appropriate referrals for medical
7 treatment of women receiving services pursuant to
8 paragraph (1) and ensuring, to the extent prac-
9 ticable, the provision of appropriate follow-up serv-
10 ices; and

11 “(3) evaluating activities conducted under para-
12 graphs (1) and (2) through appropriate surveillance
13 or program-monitoring activities.

14 “(b) STATUS AS PARTICIPANT IN PROGRAM REGARD-
15 ING BREAST AND CERVICAL CANCER.—The Secretary
16 may not make a grant under subsection (a) unless the
17 State involved agrees that services under the grant will
18 be provided only through entities that are screening
19 women for breast or cervical cancer pursuant to a grant
20 under section 1501.

21 “(c) REQUIREMENTS REGARDING MATCHING FUNDS,
22 FEES FOR SERVICES, AND CERTAIN OTHER MATTERS.—
23 The Secretary may not make a grant under subsection (a)
24 unless the State involved agrees that section 1502, and
25 sections 1504 through 1506, apply to a grant under sub-

1 section (a) to the same extent and in the same manner
2 as such sections apply to a grant under section 1501.

3 “(d) TECHNICAL ASSISTANCE; SUPPLIES AND SERV-
4 ICES IN LIEU OF GRANT FUNDS.—Section 1507 applies
5 to a grant under subsection (a) to the same extent and
6 in the same manner as such section applies to a grant
7 under section 1501.

8 “(e) EVALUATIONS AND REPORTS.—Section 1508
9 applies to a grant under subsection (a) to the same extent
10 and in the same manner as such section applies to a grant
11 under section 1501.”.

12 **SEC. 223. FUNDING.**

13 Section 1510 of the Public Health Service Act, as re-
14 designated by section 222 of this Act, is amended to read
15 as follows:

16 **“SEC. 1510. FUNDING.**

17 “(a) PROGRAM REGARDING BREAST AND CERVICAL
18 CANCER.—

19 “(1) AUTHORIZATION OF APPROPRIATIONS.—
20 For the purpose of carrying out this title other than
21 section 1509, there are authorized to be appro-
22 priated such sums as may be necessary for fiscal
23 year 1994.

24 “(2) SET-ASIDE FOR TECHNICAL ASSISTANCE
25 AND PROVISION OF SUPPLIES AND SERVICES.—Of

1 the amounts appropriated under paragraph (1) for
2 a fiscal year, the Secretary shall reserve not more
3 than 20 percent for carrying out section 1507.

4 “(b) PROGRAM REGARDING ADDITIONAL PREVEN-
5 TIVE HEALTH SERVICES.—

6 “(1) AUTHORIZATION OF APPROPRIATIONS.—
7 Subject to paragraph (2), for the purpose of carry-
8 ing out section 1509, there are authorized to be ap-
9 propriated such sums as may be necessary for each
10 of the fiscal years 1994 through 1996.

11 “(2) LIMITATION REGARDING FUNDING WITH
12 RESPECT TO BREAST AND CERVICAL CANCER.—The
13 authorization of appropriations established in para-
14 graph (1) is not effective for a fiscal year unless the
15 amount appropriated under subsection (a)(1) for the
16 fiscal year equals or exceeds the amount appro-
17 priated under such subsection for the preceding fis-
18 cal year.”.

19 **Subtitle F—Postreproductive**
20 **Health Care Act**

21 **SEC. 226. SHORT TITLE.**

22 This subtitle may be cited as the “Postreproductive
23 Health Care Act”.

1 **SEC. 227. ESTABLISHMENT OF PROGRAM FOR**
2 **POSTREPRODUCTIVE HEALTH CARE.**

3 Part D of title III of the Public Health Service Act
4 (42 U.S.C. 254b et seq.) is amended by adding at the end
5 the following new subpart:

6 “Subpart IX—Postreproductive Health Care

7 “POSTREPRODUCTIVE HEALTH CARE

8 “SEC. 340D. (a) IN GENERAL.—The Secretary shall
9 make grants for the purpose of providing the services de-
10 scribed in subsection (b) to women who are of menopausal
11 age or older. Such grants may be made only to public or
12 nonprofit private entities that provide health services to
13 a significant number of low-income women.

14 “(b) AUTHORIZED SERVICES.—The services referred
15 to in subsection (a) are as follows:

16 “(1) The prevention and outpatient treatment
17 of health conditions—

18 “(A) unique to, more serious, or more
19 prevalent for eligible women; or

20 “(B) for which, in the case of such women,
21 the factors of medical risk or types of medical
22 intervention are different.

23 “(2) Counseling on the conditions described in
24 paragraph (1).

25 “(3) The education and training of health pro-
26 fessionals (including allied health professionals) on

1 the prevention and treatment of such conditions and
2 on the provision of such counseling.

3 “(c) PRIORITY IN PROVISION OF SERVICES.—The
4 Secretary may make a grant under subsection (a) only if
5 the applicant involved agrees that, in expending the grant
6 to provide authorized services to eligible women, the appli-
7 cant will give priority to providing the services for meno-
8 pausal health conditions.

9 “(d) OUTREACH.—The Secretary may make a grant
10 under subsection (a) only if the applicant involved
11 agrees—

12 “(1) to conduct outreach services to inform
13 women in the community involved of the fact that
14 authorized services are available from the applicant;
15 and

16 “(2) to give priority to providing the outreach
17 services to low-income women.

18 “(e) LIMITATION ON IMPOSITION OF FEES FOR
19 SERVICES.—The Secretary may make a grant under sub-
20 section (a) only if the applicant involved agrees that, if
21 a charge is imposed for the provision of services or activi-
22 ties under the grant, such charge—

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

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

3 “(3) will not be imposed on any woman with an
4 income equal to or less than 100 percent of the offi-
5 cial poverty line, as established by the Director of
6 the Office of Management and Budget and revised
7 by the Secretary in accordance with section 673(2)
8 of the Omnibus Budget Reconciliation Act of 1981.

9 “(f) REPORTS TO SECRETARY.—The Secretary may
10 make a grant under subsection (a) only if the applicant
11 involved agrees to submit to the Secretary, for each fiscal
12 year for which such a grant is made to the applicant, a
13 report describing the purposes for which the grant has
14 been expended.

15 “(g) REQUIREMENT OF APPLICATION.—The Sec-
16 retary may make a grant under subsection (a) only if the
17 applicant involved makes an agreement that the grant will
18 not be expended for any purpose other than the purpose
19 described in such subsection and for compliance with any
20 other agreements required in this section. Such a grant
21 may be made only if an application for the grant is sub-
22 mitted to the Secretary containing such agreements, and
23 the application is in such form, is made in such manner,
24 and contains such other agreements, and such assurances

1 and information, as the Secretary determines to be nec-
2 essary to carry out this section.

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

4 “(1) The term ‘authorized services’ means the
5 services described in subsection (b).

6 “(2) The term ‘eligible women’ means women
7 described in subsection (a).

8 “(3) The term ‘health conditions’ includes dis-
9 eases and disorders.

10 “(4) The term ‘health’ includes mental health.

11 “(5) The term ‘menopausal age’, with respect
12 to a woman, includes the age at which the woman
13 is nearing menopause and includes any age at which
14 the woman experiences menopausal health condi-
15 tions.

16 “(6) The term ‘menopausal health conditions’
17 means conditions arising from the diminished or
18 complete cessation of the functioning of the ovaries,
19 whether occurring naturally or otherwise.

20 “(i) AUTHORIZATION OF APPROPRIATIONS.—For the
21 purpose of carrying out this section, there are authorized
22 to be appropriated \$25,000,000 for fiscal year 1994, and
23 such sums as may be necessary for each of the fiscal years
24 1995 and 1996.”.

1 **Subtitle G—Medicare Bone Mass**
2 **Measurement Coverage Act of 1993**

3 **SEC. 231. SHORT TITLE.**

4 This subtitle may be cited as the “Medicare Bone
5 Mass Measurement Coverage Act of 1993”.

6 **SEC. 232. MEDICARE COVERAGE OF BONE MASS MEASURE-**
7 **MENTS.**

8 (a) IN GENERAL.—Section 1861 of the Social Secu-
9 rity Act (42 U.S.C. 1395x) is amended—

10 (1) in subsection (s)—

11 (A) in paragraph (12)(C), by striking
12 “and” at the end,

13 (B) by striking the period at the end of
14 paragraph (14) and inserting “; and”,

15 (C) by redesignating paragraphs (15) and
16 (16) as paragraphs (16) and (17), and

17 (D) by inserting after paragraph (14) the
18 following new paragraph:

19 “(15) bone mass measurement (as defined in
20 subsection (oo));”; and

21 (2) by inserting after subsection (nn) the fol-
22 lowing new subsection:

23 “Bone Mass Measurement

24 “(oo)(1) The term ‘bone mass measurement’ means
25 a radiologic or radioisotopic procedure performed on a

1 qualified individual (as defined in paragraph (2)) for the
2 purpose of detecting bone loss through the use of single
3 and dual photon absorptiometry, dual energy X-ray
4 absorptiometry or similar dual energy techniques, or quan-
5 titative computed tomography, and includes a physician's
6 interpretation of the results of the procedure.

7 “(2) For purposes of paragraph (1), the term ‘quali-
8 fied individual’ means (in accordance with regulations pre-
9 scribed by the Secretary)—

10 “(A) an estrogen-deficient woman at clinical
11 risk for osteoporosis;

12 “(B) an individual with vertebral abnormalities;

13 “(C) an individual receiving long-term
14 glucocorticoid steroid therapy; or

15 “(D) an individual with primary
16 hyperparathyroidism.”.

17 (b) CONFORMING AMENDMENTS.—The Social Secu-
18 rity Act is amended by striking “paragraphs (15) and
19 (16)” each place it appears in sections 1864(a), 1865(a),
20 1902(a)(9)(C), and 1915(a)(1)(B)(ii)(I) and inserting
21 “paragraphs (16) and (17)”.

22 (c) EFFECTIVE DATE.—The amendments made by
23 this section shall apply to bone mass measurements per-
24 formed on or after January 1, 1994.

1 **Subtitle H—Mickey Leland Adoles-**
2 **cent Pregnancy Prevention and**
3 **Parenthood Act of 1993**

4 **SEC. 236. SHORT TITLE.**

5 This subtitle may be cited as the “Mickey Leland Ad-
6 olescent Pregnancy Prevention and Parenthood Act of
7 1993”.

8 **SEC. 237. ADOLESCENT PREGNANCY PREVENTION, CARE,**
9 **AND RESEARCH GRANTS.**

10 Title XX of the Public Health Service Act (42 U.S.C.
11 300z et seq.) is amended to read as follows:

12 **“TITLE XX—ADOLESCENT PREG-**
13 **NANCY PREVENTION, CARE,**
14 **AND RESEARCH GRANTS**

15 **“SEC. 2001. FINDINGS AND PURPOSES.**

16 “(a) FINDINGS.— The Congress finds that—

17 “(1) adolescents are at a high risk of unwanted
18 pregnancy;

19 “(2) in 1988, more than 1,000,000 teenagers
20 became pregnant, and nearly 500,000 teenagers car-
21 ried their pregnancies to term, of which more than
22 6 out of 10 births were out of wedlock;

23 “(3) the birthrate for adolescents between the
24 ages of 15 and 17 increased 23 percent between
25 1986 and 1989;

1 “(4) in a high proportion of cases, the pregnant
2 adolescent is herself the product of an unmarried
3 parenthood during adolescence and is continuing the
4 pattern in her own lifestyle;

5 “(5) pregnancy and childbirth among unmar-
6 ried adolescents, particularly young adolescents,
7 often results in severe adverse health, social, and
8 economic consequences, including—

9 “(A) higher percentage of pregnancy and
10 childbirth complications;

11 “(B) higher incidence of low birth weight
12 babies;

13 “(C) higher infant mortality and morbid-
14 ity;

15 “(D) greater likelihood that an adolescent
16 marriage will end in divorce;

17 “(E) decreased likelihood of completing
18 schooling; and

19 “(F) higher risks of unemployment and
20 welfare dependency; and

21 therefore, education, training, and job research serv-
22 ices are important for adolescent parents; and

23 “(6) an adolescent who becomes pregnant once
24 is likely to experience rapid repeat pregnancies and
25 childbearing, with increased risks;

1 “(7) research has shown that in cases in which
2 there is a family involvement in comprehensive val-
3 ues-based projects and services—

4 “(A) low birth weight is significantly re-
5 duced;

6 “(B) delays in initiating sexual activity
7 occur;

8 “(C) there are significant reductions in re-
9 peat pregnancy, welfare costs, and child abuse;
10 and

11 “(D) teens are more likely to return and
12 complete their high school education; and

13 therefore, the family should become a partner in the
14 development of curriculum and programs that reflect
15 the values of the community;

16 “(8) the problems of adolescent pregnancy and
17 parenthood are multiple and complex and are best
18 approached through a variety of integrated and es-
19 sential services, particularly those that allow the
20 pregnant adolescent and adolescent parent to stay in
21 school;

22 “(9) such services, including a wide array of
23 educational and supportive services, often are not
24 available to the adolescents who need them, or are
25 available but fragmented and thus of limited effec-

1 tiveness in preventing pregnancies and future wel-
2 fare dependency; and

3 “(10) Federal policy therefore should encourage
4 the development of appropriate health, educational,
5 and social services where they are now lacking or in-
6 adequate, and the better coordination of existing
7 services where they are available in order to prevent
8 unwanted early and repeat pregnancies and to help
9 adolescents become productive, independent contrib-
10 utors to family and community life.

11 “(b) PURPOSES.—It is the purpose of this title—

12 “(1) to establish better coordination, integra-
13 tion, and linkages among existing programs in order
14 to expand and improve the availability of, and access
15 to, needed comprehensive community services that
16 assist in preventing unwanted initial and repeat
17 pregnancies among adolescents, enable pregnant
18 adolescents to obtain proper care and assist preg-
19 nant adolescents, their male partners, and adoles-
20 cent parents to become productive independent con-
21 tributors to family and community life, with primary
22 emphasis on services to adolescents who are 17 years
23 of age and under;

24 “(2) to expand the availability of such services
25 that are essential to that objective;

1 “(3) to promote innovative, comprehensive, and
2 integrated approaches to the delivery of such serv-
3 ices;

4 “(4) to encourage and support research pro-
5 grams concerning the societal causes and con-
6 sequences of pregnancy, childbearing, and child
7 rearing for adolescent females and males;

8 “(5) to support evaluative research to identify
9 effective services that reduce adolescent pregnancy
10 rates and that improve the outcome of adolescent
11 childbearing for the parents, the child, and their
12 families; and

13 “(6) to encourage and provide for the dissemi-
14 nation of results, findings, and information from
15 programs and research projects relating to adoles-
16 cent pregnancy and parenthood.

17 **“SEC. 2002. DEFINITIONS.**

18 “For the purposes of this title:

19 “(1) ADOLESCENT.—The term ‘adolescent’
20 means an individual under the age of 21.

21 “(2) CARE SERVICES.—The term ‘care services’
22 means all services for the provision of care to adoles-
23 cents, both male and female, pregnant adolescents
24 and their male partners, and adolescent parents.

25 Such term shall include all core services and may in-

1 clude supplementary services, in accordance with
2 regulations prescribed by the Secretary.

3 “(3) CORE SERVICES.—The term ‘core services’
4 means those services that shall be provided by a
5 grantee, as determined by the Secretary by regula-
6 tion, which shall include—

7 “(A) pregnancy testing and maternity
8 counseling, or referral for such services;

9 “(B) family planning services, except that
10 such services for adolescents who are not al-
11 ready parents may be limited to counseling and
12 referral unless suitable and appropriate family
13 planning services are not otherwise available in
14 the community;

15 “(C) counseling on all options regarding
16 pregnancy, or referral for such services;

17 “(D) primary and preventive health serv-
18 ices, including prenatal and postnatal care for
19 mother and children and arrangements for de-
20 livery;

21 “(E) well-baby care;

22 “(F) nutrition information and counseling;

23 “(G) screening, counseling and treatment
24 or referral for treatment and prevention of sex-

1 ually transmitted diseases, including acquired
2 immunodeficiency syndrome;

3 “(H) referral to appropriate pediatric care;

4 “(I) educational services relating to sexual-
5 ity and family life, including—

6 “(i) education on responsible decision-
7 making regarding sexual activity;

8 “(ii) education on the responsibilities
9 of parenting;

10 “(iii) education on a full range of
11 means for delaying becoming pregnant, in-
12 cluding abstinence, natural family plan-
13 ning, and contraception;

14 “(iv) education on the prevention of
15 sexually transmitted diseases, including ac-
16 quired immunodeficiency syndrome; and

17 “(v) assistance to parents, schools,
18 youth agencies, and health care providers
19 to educate adolescents and pre-adolescents
20 concerning self-discipline and responsibility
21 in human sexuality;

22 “(J) referral to appropriate educational,
23 employment, employment training, and voca-
24 tional services;

1 “(K) mental health services and referral to
2 mental health services and to other appropriate
3 physical health and social services; and

4 “(L) encouragement of parent and family
5 involvement in each of the core services de-
6 scribed in subparagraphs (A) through (K).

7 “(4) ELIGIBLE GRANT RECIPIENT.—The term
8 ‘eligible grant recipient’ means a public or nonprofit
9 private organization or agency that demonstrates, to
10 the satisfaction of the Secretary—

11 “(A) in the case of an organization that
12 will provide care services, the capability of pro-
13 viding all care services in a single setting or the
14 capability of creating a network through which
15 all care services would be provided; or

16 “(B) in the case of an organization that
17 will provide prevention services, the capability
18 of providing such services.

19 “(5) ELIGIBLE PERSON.—The term ‘eligible
20 person’ means—

21 “(A) with regard to the provision of pre-
22 vention services and referral to such other serv-
23 ices as may be appropriate, any adolescent; or

1 “(B) with regard to the provision of care
2 services, adolescent parents and (when appro-
3 priate) adolescents who are not parents.

4 “(6) PREVENTION SERVICES.—The term ‘pre-
5 vention services’ means services described in sub-
6 paragraphs (B) and (I) of paragraph (3) and refer-
7 rals to such other services as may be appropriate, in-
8 cluding services to be offered in schools at local dis-
9 cretion.

10 “(7) SECRETARY.—The term ‘Secretary’ means
11 the Secretary of Health and Human Services.

12 “(8) SUPPLEMENTAL SERVICES.—The term
13 ‘supplemental services’ means those services that
14 may be provided by a grantee, as determined by the
15 Secretary by regulation, which may include—

16 “(A) child care sufficient to enable the ad-
17 olescent parent to continue education or to
18 enter into employment, including services to be
19 provided within secondary schools at local dis-
20 cretion;

21 “(B) consumer education and home-
22 making;

23 “(C) counseling for the immediate and ex-
24 tended family members of the eligible person;

25 “(D) transportation;

1 “(E) referral to licensed residential care or
2 maternity home services;

3 “(F) referral to licensed adoption agencies
4 for adoption placement services;

5 “(G) employability training and counseling;
6 and

7 “(H) such other services as are consistent
8 with this title as the Secretary may approve in
9 accordance with regulations promulgated by the
10 Secretary.

11 **“SEC. 2003. AUTHORITY TO MAKE GRANTS FOR SERVICES.**

12 “The Secretary may make grants to provide preven-
13 tion and care services to pregnant adolescents and their
14 male partners, adolescent parents, and nonpregnant ado-
15 lescents. Grants shall be used to provide, supplement, or
16 improve the quality of such services.

17 **“SEC. 2004. USE OF GRANTS FOR SERVICES.**

18 “(a) USES.—A grant made under this title may be
19 used to—

20 “(1) provide eligible persons—

21 “(A) prevention services;

22 “(B) care services; or

23 “(C) any combination of prevention and
24 care services;

1 “(2) coordinate, integrate, and provide linkages
2 among providers of prevention, care, and other serv-
3 ices for eligible persons in furtherance of the pur-
4 poses of this title;

5 “(3) provide supplemental services where such
6 services are not adequate or not available to eligible
7 persons in the community and that are essential to
8 the care of eligible persons and to the prevention of
9 adolescent pregnancy;

10 “(4) plan, for a period of not more than 1 year,
11 for the administration and coordination of preg-
12 nancy prevention services and programs of care for
13 eligible persons that will further the objectives of
14 this title; and

15 “(5) fulfill assurances required for grant ap-
16 proval by section 2006.

17 “(b) FEES.—Grantees shall charge fees for services
18 only pursuant to a fee schedule, approved by the Secretary
19 as a part of the application described in section 2006, that
20 bases fees charged by the grantee on the income of the
21 eligible person and takes into account the difficulty adoles-
22 cents face in obtaining resources to pay for services. In
23 no case may a grantee discriminate with regard to the pro-
24 vision of services to any individual because of that individ-
25 ual’s inability to provide payment for such services.

1 **“SEC. 2005. PRIORITIES, AMOUNTS, AND DURATION OF**
2 **GRANTS FOR SERVICES.**

3 “(a) PRIORITIES.—In approving applications for
4 grants for services under this title, the Secretary shall give
5 priority to applicants who—

6 “(1) serve an area where there is a high inci-
7 dence of adolescent pregnancy;

8 “(2) serve an area with a high proportion of
9 low-income families and where the availability of
10 programs of prevention and care for eligible persons
11 is low;

12 “(3) show evidence—

13 “(A) in the case of an applicant who will
14 provide prevention services, of having the ability
15 to provide prevention services for adolescents
16 and their families that are appropriate for the
17 target population and the geographic area to be
18 served, including the special needs of rural
19 areas; or

20 “(B) in the case of an applicant who will
21 provide care services, of having the ability to
22 bring together a wide range of needed core serv-
23 ices and, as appropriate, supplemental services
24 in comprehensive single-site programs, or to es-
25 tablish a well-integrated network of such serv-
26 ices (appropriate for the target population and

1 geographic area to be served including the spe-
2 cial needs of rural areas) for eligible persons;

3 “(4) will utilize to the maximum extent feasible
4 existing available programs and facilities such as
5 community health centers, child welfare agencies,
6 children and youth centers, maternal and infant
7 health centers, regional rural health facilities, li-
8 censed adoption agencies, maternity homes, school
9 and other educational programs, family planning
10 clinics, mental health programs, nutrition programs,
11 recreation programs, and other ongoing pregnancy
12 prevention and pregnancy-related services;

13 “(5) make use, to the maximum extent feasible,
14 of other Federal, State, and local funds, programs,
15 contributions, and other third-party reimbursements;

16 “(6) can demonstrate a community commitment
17 to the program by making available to the program
18 non-Federal funds, personnel, and facilities;

19 “(7) have involved the community to be served,
20 including public and nonprofit private agencies, ado-
21 lescents, and families, in the planning and imple-
22 mentation of the program; and

23 “(8) will demonstrate innovative and effective
24 approaches in addressing the problems of adolescent
25 pregnancy or parenthood, including outreach to ado-

1 lescent males and approaches for providing pregnant
2 adolescents with adequate information about adop-
3 tion.

4 “(b) AMOUNTS.—

5 “(1) IN GENERAL.—The amount of a grant for
6 a program for services under this title shall be deter-
7 mined by the Secretary, based on factors such as the
8 incidence of adolescent pregnancy in the geographic
9 area to be served, and the adequacy of pregnancy
10 prevention services and programs of care for eligible
11 persons in such area.

12 “(2) RURAL AREAS.—In making grants for
13 services under this title, the Secretary shall consider
14 the special needs of rural areas and, to the maxi-
15 mum extent practicable, shall distribute funds taking
16 into consideration the relative number of adolescents
17 in such areas in need of such services.

18 “(c) FEDERAL SHARE.—

19 “(1) IN GENERAL.—Subject to paragraph (3), a
20 grant for services under this title may not exceed 75
21 percent of the costs of the program for any year.

22 “(2) FORM OF NON-FEDERAL CONTRIBU-
23 TIONS.—Non-Federal contributions required by
24 paragraph (1) may be in cash or in kind, fairly eval-
25 uated, including plant, equipment, or services.

1 “(3) WAIVER.—The Secretary may waive the
2 limitation specified in paragraph (1) for any year in
3 accordance with criteria established by regulation.

4 **“SEC. 2006. REQUIREMENTS FOR APPLICATIONS FOR**
5 **GRANTS FOR SERVICES.**

6 “(a) IN GENERAL.—An application for a grant for
7 services under this title shall be in such form and contain
8 such information as the Secretary may require, and shall
9 include—

10 “(1) an identification of the incidence of adoles-
11 cent pregnancy and related problems;

12 “(2) a description of the economic conditions
13 and income levels in the geographic area to be
14 served;

15 “(3) a description of existing pregnancy preven-
16 tion services and programs of care for eligible per-
17 sons (including adoption services), and including
18 where, how, by whom, and to which population
19 groups such services are provided, and the extent to
20 which they are coordinated in the geographic area to
21 be served;

22 “(4) a description of the major unmet needs for
23 services for adolescents at risk of initial or recurrent
24 pregnancies and an estimate of the number of ado-
25 lescents not being served in the area;

1 “(5)(A) in the case of an applicant who will
2 provide prevention services, a description of the nec-
3 essary services to be provided and how the applicant
4 will provide such services; or

5 “(B) in the case of an applicant who will pro-
6 vide care services, a description of how all core serv-
7 ices will be provided in the program using funds
8 under this title or will otherwise be provided by the
9 grantee in the area to be served, the population to
10 which such services will be provided, how such serv-
11 ices will be coordinated, integrated, and linked with
12 other related programs and services and the source
13 or sources of funding of such core services in the
14 public and private sectors; or

15 “(6) a description of the manner in which ado-
16 lescents needing services other than the services pro-
17 vided directly by the applicant will be identified and
18 how access and appropriate referral to such other
19 services (such as but not limited to medicaid; li-
20 censed adoption agencies; maternity home services;
21 public assistance; employment services; child care
22 services for adolescent parents; and other city, coun-
23 ty, and State programs related to adolescent preg-
24 nancy) will be provided, including a description of a

1 plan to coordinate such other services with the serv-
2 ices supported under this title;

3 “(7) a description of the results expected from
4 the provision of services, and the procedures to be
5 used for evaluating those results;

6 “(8) assurances that the applicant will have an
7 ongoing quality assurance program;

8 “(9) assurances that the applicant shall have a
9 system for maintaining the confidentiality of patient
10 records in accordance with regulations prescribed by
11 the Secretary;

12 “(10) assurances that the applicant will dem-
13 onstrate its financial responsibility by the use of
14 such accounting procedures and other requirements
15 as may be prescribed by the Secretary;

16 “(11) assurances that the applicant will make
17 maximum use of other sources of Federal and State
18 funding;

19 “(12)(A) a description of—

20 “(i) the schedule of fees to be used in the
21 provision of services, which shall comply with
22 section 2004(c); and

23 “(ii) a corresponding schedule of discounts
24 to be applied to the payment of such fees, which
25 shall—

1 “(I) comply with section 2004(b);

2 “(II) be adjusted on the basis of the
3 ability of the eligible person to pay; and

4 “(III) provide that no fee will be im-
5 posed on any eligible individual with an in-
6 come of less than 100 percent of the offi-
7 cial poverty line;

8 “(B) assurances that the applicant has made
9 and will continue to make every reasonable effort—

10 “(i) to secure from eligible persons pay-
11 ment for services in accordance with such
12 schedules;

13 “(ii) to collect reimbursement for health or
14 other services provided to persons who are enti-
15 tled to have payment made on their behalf for
16 such services under any Federal or other gov-
17 ernment program or private insurance program;
18 and

19 “(iii) to seek such reimbursement on the
20 basis of the full amount of fees for services
21 without application of any discount; and

22 “(C) assurances that the applicant has submit-
23 ted or will submit to the Secretary such reports as
24 the Secretary may require to determine compliance
25 with this paragraph;

1 “(13) assurances that the applicant will make
2 maximum use of funds available under title X;

3 “(14) assurances that the acceptance by any in-
4 dividual of family planning services or family plan-
5 ning information (including educational materials)
6 provided through financial assistance under this title
7 shall be voluntary and shall not be a prerequisite to
8 eligibility for or receipt of any other service fur-
9 nished by the applicant;

10 “(15) assurances that fees collected by the ap-
11 plicant for services rendered in accordance with this
12 title shall be used by the applicant to further the
13 purposes of this title;

14 “(16) assurances that the applicant, if provid-
15 ing both prevention and care services, will not ex-
16 clude or discriminate against any adolescent who re-
17 ceives prevention services and subsequently requires
18 care services as a pregnant adolescent;

19 “(17) a description of how the applicant will as-
20 certain whether services for which adolescents have
21 been referred have actually been obtained and de-
22 velop a plan to ensure that needed services actually
23 are received;

24 “(18) assurances that unemancipated minors
25 requesting services from the applicant will be en-

1 couraged to consult with their parents with respect
2 to such services and that services shall not be denied
3 to unemancipated minors who decide not to consult
4 their parents;

5 “(19) assurances that all pregnant adolescents
6 receiving services will be informed of the availability
7 of counseling (either by the entity providing core
8 services or through a referral agreement with such
9 other entity that provides such counseling) on all op-
10 tions, regarding the pregnancy;

11 “(20) assurances that primary emphasis for
12 services supported under this title shall be given to
13 adolescents 17 and under who are not able to obtain
14 needed assistance through other means;

15 “(21) assurances that funds received under this
16 title shall not supplant funds received from any
17 other Federal, State, or local program or any private
18 sources of funds; and

19 “(22) a plan for the conduct of, and assurances
20 that the applicant will conduct, evaluations of the ef-
21 fectiveness of the services supported under this title
22 in accordance with subsection (b).

23 “(b) EVALUATIONS.—

24 “(1) IN GENERAL.—Each grantee that receives
25 funds for a grant for services under this title shall

1 expend at least 3 percent but not in excess of 10
2 percent of the amounts received under this title for
3 the conduct of evaluations of the services supported
4 under this title. The Secretary may, for a particular
5 grantee on good cause shown, waive the preceding
6 sentence with respect to the amounts to be expended
7 on evaluations, but may not waive the requirement
8 that such evaluations be conducted.

9 “(2) INDEPENDENT EVALUATION.—Evaluations
10 required by paragraph (1) shall be conducted by an
11 organization or entity that is independent of the
12 grantee providing services supported under this title.

13 “(c) REPORTS.—

14 “(1) IN GENERAL.—Each grantee that partici-
15 pates in the program established by this title shall
16 make such reports concerning its use of Federal
17 funds as the Secretary may require, including re-
18 ports on prevention programs and care programs.

19 “(2) CONTENTS OF REPORTS ON PREVENTION
20 PROGRAMS.—Reports on prevention programs shall
21 be in a standard format as prescribed by the Sec-
22 retary and shall include a description of—

23 “(A) the characteristics, educational at-
24 tainments, and economic status of clients;

1 “(B) the clients’ previous exposure in
2 home, school, or other locations to educational
3 efforts regarding sexuality and family life;

4 “(C) the types of interventions employed in
5 the prevention program;

6 “(D) the before and after outcome meas-
7 urements on variables appropriate to the inter-
8 vention;

9 “(E) to the extent possible and where ap-
10 propriate to program goals, the pregnancy and
11 sexually transmitted disease rates subsequent to
12 intervention; and

13 “(F) the extent of parent or family involve-
14 ment in the program.

15 “(3) CONTENTS OF REPORTS ON CARE PRO-
16 GRAMS.—Reports on care programs shall be in
17 standard format as prescribed by the Secretary and
18 shall include a description of—

19 “(A) the characteristics, health history,
20 educational attainments, and economic status of
21 clients at the time of entry;

22 “(B) the client prenatal care and preg-
23 nancy outcome, complications of pregnancy and
24 delivery, and infant birth outcomes;

1 “(C) the characteristics, educational at-
2 tainments, and economic status of clients at
3 time of follow-up and infant follow-up informa-
4 tion;

5 “(D) the types of services provided to cli-
6 ents; and

7 “(E) the extent of parent or family involve-
8 ment in the services provided.

9 “(4) COMPARISON DATA.—Reports on preven-
10 tion programs and care programs shall include con-
11 trol group data or other appropriate comparison
12 data to provide comparisons with project data and to
13 indicate program impact or effectiveness.

14 “(5) FOLLOW-UP DATA.—Reports on prevention
15 programs and care programs shall include, to the ex-
16 tent possible, follow-up data on a random sample of
17 program graduates and dropouts.

18 “(d) TIMING OF SERVICES.—No application submit-
19 ted for a grant for a program for care services under this
20 title may be approved unless the Secretary is satisfied that
21 core services shall be available through the applicant with-
22 in a reasonable time after such grant is received.

1 **“SEC. 2007. COORDINATION OF FEDERAL AND STATE PRO-**
2 **GRAMS.**

3 “(a) FEDERAL PROGRAMS.—The Secretary shall co-
4 ordinate Federal policies and programs providing services
5 relating to the prevention of initial and recurrent adoles-
6 cent pregnancies and providing care services for eligible
7 persons. In achieving such coordination, the Secretary
8 shall—

9 “(1) require grantees who receive grants for
10 services under this title to report periodically to the
11 Secretary concerning Federal, State, and local poli-
12 cies and programs that interfere with the delivery of
13 and coordination of pregnancy prevention services
14 and other programs of care for pregnant adolescents
15 and adolescent parents;

16 “(2) provide technical assistance to facilitate
17 coordination by State and local recipients of Federal
18 assistance;

19 “(3) give priority in the provision of funds,
20 where appropriate, to applicants using single or co-
21 ordinated grant applications for multiple programs;
22 and

23 “(4) give priority, where appropriate, to the
24 provision of funds under Federal programs adminis-
25 tered by the Secretary (other than the program es-
26 tablished by this title) to programs providing com-

1 prehensive prevention services and comprehensive
2 programs of care for eligible persons.

3 “(b) OTHER RECIPIENTS.—Any recipient of a grant
4 for services under this title shall coordinate its activities
5 with any other recipient of such a grant that is located
6 in the same locality.

7 **“SEC. 2008. GRANTS FOR RESEARCH.**

8 “(a) IN GENERAL.—

9 “(1) AUTHORIZATION.—The Secretary may
10 make grants to public agencies or nonprofit private
11 organizations or institutions of higher education to
12 support the research and dissemination activities de-
13 scribed in paragraphs (4), (5), and (6) of section
14 2001(b).

15 “(2) DURATION.—The Secretary may make
16 grants or enter into contracts under this section for
17 a period of 1 year. A grant or contract under this
18 section for a program may be renewed for 4 addi-
19 tional 1-year periods, which need not be consecutive.

20 “(3) AMOUNT LIMITATION.—A grant or con-
21 tract for any 1-year period under this section may
22 not exceed \$100,000 for the direct costs of conduct-
23 ing research or dissemination activities under this
24 section and may include such additional amounts for
25 the indirect costs of conducting such activities as the

1 Secretary determines appropriate. The Secretary
2 may waive the preceding sentence with respect to a
3 specific program if the Secretary determines that—

4 “(A) exceptional circumstances warrant
5 such waiver and that the program will have na-
6 tional impact;

7 “(B) additional amounts are necessary for
8 the direct costs of conducting limited programs
9 for the provision of necessary services in order
10 to provide data for research carried out under
11 this title; or

12 “(C) several grantees together require
13 more than \$100,000 to evaluate the effective-
14 ness of different combinations of services, and
15 if such grantees demonstrate evidence of rea-
16 sonable progress in the first year, such
17 multisite evaluation studies shall receive pref-
18 erence for funding renewal.

19 “(4) CARRYOVER FOR REPORT.—The amount
20 of any grant or contract made under this section
21 may remain available for obligation or expenditure
22 after the close of the 1-year period for which such
23 grant or contract is made in order to assist the re-
24 cipient in preparing the report required by sub-
25 section (f)(1).

1 “(b) USE OF FUNDS.—

2 “(1) IN GENERAL.—Funds provided for re-
3 search under this section may be used for descriptive
4 or explanatory surveys, evaluation studies, longitu-
5 dinal studies, or limited programs for services that
6 are for the purpose of increasing knowledge and un-
7 derstanding of the matters described in paragraphs
8 (4) and (5) of section 2001(b).

9 “(2) LIMITATIONS.—Funds provided under this
10 section may not be used for the purchase or im-
11 provement of land, or the purchase, construction, or
12 permanent improvement (other than minor remodel-
13 ing) of any building or facility.

14 “(c) PREREQUISITES.—The Secretary may not make
15 any grant or enter into any contract to support research
16 or dissemination activities under this section unless—

17 “(1) the Secretary has received an application
18 for such grant or contract that is in such form and
19 that contains such information as the Secretary may
20 by regulation require;

21 “(2) the applicant has demonstrated that the
22 applicant is capable of conducting one or more of
23 the types of research or dissemination activities de-
24 scribed in paragraph (4), (5), or (6) of section
25 2001(b); and

1 “(3) in the case of an application for a research
2 program, the panel established by subsection (e)(2)
3 has determined that the program is of scientific
4 merit.

5 “(d) COORDINATION.—The Secretary shall coordi-
6 nate research and dissemination activities carried out
7 under this section with research and dissemination activi-
8 ties carried out by the National Institutes of Health.

9 “(e) REVIEW OF APPLICATIONS.—

10 “(1) SYSTEM.—The Secretary shall establish a
11 system for the review of applications for grants and
12 contracts under this section. Such system shall be
13 substantially similar to the system for scientific peer
14 review of the National Institutes of Health and shall
15 meet the requirements of paragraphs (2) and (3).

16 “(2) PANEL.—

17 “(A) ESTABLISHMENT.—In establishing
18 the system required by paragraph (1), the Sec-
19 retary shall establish a panel to review applica-
20 tions under this section.

21 “(B) EXPERTISE.—Panel members should
22 have expertise in research and evaluation and
23 should represent disciplines relevant to the
24 study of adolescent pregnancy and parenting.

1 “(C) LIMIT ON PHYSICIANS.—Not more
2 than 25 percent of the members of the panel
3 shall be physicians.

4 “(D) MEETINGS.—The panel shall meet as
5 often as may be necessary to facilitate the expe-
6 ditious review of applications under this section,
7 but not less than once each year.

8 “(E) REVIEW.—The panel shall review
9 each program for which an application is made
10 under this section, evaluate the scientific merit
11 of the program, determine whether the program
12 is of scientific merit, and make recommenda-
13 tions to the Secretary concerning whether the
14 application for the program should be approved.

15 “(3) GRANT DETERMINATION.—The Secretary
16 shall make grants under this section from among the
17 programs that the panel established by paragraph
18 (2) has determined to be of scientific merit and may
19 only approve an application for a program if the
20 panel has made such determination with respect to
21 such a program. The Secretary shall make a deter-
22 mination with respect to an application within 1
23 month after receiving the determinations and rec-
24 ommendations of such panel with respect to the ap-
25 plication.

1 “(f) REPORTS.—

2 “(1) RESEARCH REPORTS.—

3 “(A) IN GENERAL.—The recipient of a
4 grant or contract for a research program under
5 this section shall prepare and transmit to the
6 Secretary a report describing the results and
7 conclusions of such research. Except as pro-
8 vided in subparagraph (B), such report shall be
9 transmitted to the Secretary not later than 12
10 months after the end of the year for which
11 funds are provided under this section. The re-
12 cipient may utilize reprints of articles published
13 or accepted for publication in professional jour-
14 nals to supplement or replace such report if the
15 research contained in such articles was sup-
16 ported under this section during the year for
17 which the report is required.

18 “(B) MULTIYEAR PROGRAMS.—In the case
19 of any research program for which assistance is
20 provided under this section for 2 or more con-
21 secutive 1-year periods, the recipient of such as-
22 sistance shall prepare and transmit the report
23 required by subparagraph (A) to the Secretary
24 not later than 12 months after the end of each

1 1-year period for which such funding is pro-
2 vided.

3 “(2) OTHER REPORTS.—Recipients of grants
4 and contracts for dissemination under this section
5 shall submit to the Secretary such reports as the
6 Secretary determines appropriate.

7 **“SEC. 2009. EVALUATION.**

8 “Of the funds appropriated under this title, the Sec-
9 retary shall reserve not less than 1 percent and not more
10 than 3 percent for the evaluation of activities carried out
11 under this title. The Secretary shall submit to the appro-
12 priate committees of Congress a summary of each evalua-
13 tion conducted under this section and a summary of the
14 data reported by grantees under section 2006(c).

15 **“SEC. 2010. AUTHORIZATION OF APPROPRIATIONS.**

16 “(a) IN GENERAL.—For the purpose of carrying out
17 this title, there are authorized to be appropriated
18 \$60,000,000 for each of the fiscal years 1995 through
19 1997.

20 “(b) GRANTS FOR SERVICES.—At least two-thirds of
21 the amounts appropriated to carry out this title shall be
22 used to make grants for services.

23 “(c) PREVENTION SERVICES.—Two-thirds of the
24 amounts specified under subsection (b) for use for grants

1 for services shall be used for grants for prevention serv-
2 ices.

3 **“SEC. 2011. FUND RESTRICTION.**

4 “No funds for grants made under this title may be
5 used for payment for the performance of an abortion.”.

6 **Subtitle I—Adolescent Health Dem-**
7 **onstrations Projects Act of 1993**

8 **SEC. 241. SHORT TITLE.**

9 This subtitle may be cited as the “Adolescent Health
10 Demonstrations Projects Act of 1993”.

11 **SEC. 242. ESTABLISHMENT OR SUPPORT OF DEMONSTRA-**
12 **TION PROJECTS.**

13 The Secretary of Health and Human Services (here-
14 inafter in this subtitle referred to as the “Secretary”) shall
15 make grants in fiscal years 1994 through 1998 to public
16 and nonprofit private entities to establish or support ado-
17 lescent health demonstration projects in secondary schools
18 or entities associated with secondary schools for the pur-
19 pose of demonstrating how such projects may be estab-
20 lished throughout the United States.

21 **SEC. 243. PROJECT REQUIREMENTS.**

22 An adolescent health demonstration project estab-
23 lished or supported under section 242 shall (1) provide
24 nutrition and hygiene counseling, health care related to
25 sports, family planning information and services, prenatal

1 and postpartum care, family life and parenting counseling,
2 and alcohol and drug abuse education and treatment, (2)
3 serve adolescents before their graduation from high school,
4 (3) encourage family participation, to the extent practical,
5 (4) obtain the approval of the school board in the locality
6 to be served by the project before the project is imple-
7 mented, (5) furnish such reports and data as the Sec-
8 retary may require, including, at a minimum, the number
9 and characteristics of individuals served, the services pro-
10 vided, and the results achieved, and (6) establish a com-
11 munity advisory committee to oversee the establishment
12 and implementation of such project. Such community ad-
13 visory committee shall include students, parents, school
14 personnel, physicians, religious and business leaders, and
15 other community representatives and shall establish poli-
16 cies for the project with respect to the services to be pro-
17 vided under the project, the populations to be served, the
18 personnel who will provide services, fees to be charged, and
19 other policy issues.

20 **SEC. 244. AREAS TO BE SERVED.**

21 In making grants under section 242, the Secretary
22 shall give priority to applications for projects which will
23 serve areas with low-income residents or minority popu-
24 lations.

1 **SEC. 245. ABORTION RESTRICTION.**

2 None of the funds provided under a grant under sec-
3 tion 242 may be used to perform or pay for abortions.

4 **SEC. 245A. REPORT.**

5 The Secretary shall, in each fiscal year, set aside not
6 more than 5 percent of the amount appropriated for
7 grants under section 242 to evaluate the operations of the
8 projects for which grants were made under such section.
9 Not later than December 1, 1999, the Secretary shall re-
10 port to the Congress the result of such evaluation together
11 with such recommendations as the Secretary may have re-
12 specting the extension of the grant authority under section
13 242 or the establishment of a continuing service program.

14 **Subtitle J—Eating Disorders Infor-**
15 **mation and Education Act of**
16 **1993**

17 **SEC. 246. SHORT TITLE.**

18 This subtitle may be cited as the “Eating Disorders
19 Information and Education Act of 1993”.

20 **SEC. 247. FINDINGS.**

21 The Congress finds the following:

22 (1) Eating disorders include anorexia nervosa
23 and bulimia nervosa, as well as eating disorders not
24 otherwise defined.

25 (2) Anorexia nervosa and bulimia each can re-
26 sult in death, cardiac impairments, depression, sub-

1 stance abuse, osteoporosis, infertility, amenorrhea,
2 anemia, and other medical conditions.

3 (3) Medical authorities are uncertain to what
4 extent eating disorders are caused by physiological
5 factors, by psychosocial factors, or by both.

6 (4) Such disorders primarily affect women. As
7 many as 6 percent of women may be experiencing
8 eating disorders, and the rate of new cases is in-
9 creasing. As many as 30 percent of women in insti-
10 tutions of higher education may be displaying symp-
11 toms of eating disorders.

12 (5) There are effective treatments for some eat-
13 ing disorders.

14 **SEC. 248. PUBLIC INFORMATION AND EDUCATION ON EAT-**
15 **ING DISORDERS.**

16 Subpart 3 of part B of title V of the Public Health
17 Service Act (42 U.S.C. 290bb-31 et seq.), as added by sec-
18 tion 115 of Public Law 102-321 (106 Stat. 346), is
19 amended by adding at the end the following section:

20 "EATING DISORDERS

21 "SEC. 520C. (a) INFORMATION AND EDUCATION.—
22 The Secretary, acting through the Director of the Center
23 for Mental Health Services, shall carry out a program to
24 provide information and education to the public on the
25 prevention and treatment of eating disorders.

1 “(b) TOLL-FREE TELEPHONE COMMUNICATIONS.—
2 In carrying out subsection (a), the Secretary shall provide
3 for the operation of toll-free telephone communications to
4 provide information to the public on eating disorders, in-
5 cluding referrals for services for the prevention and treat-
6 ment of such disorders. Such communications shall be
7 available on a 24-hour, 7-day basis.

8 “(c) AUTHORIZATION OF APPROPRIATIONS.—For the
9 purpose of carrying out this section, there are authorized
10 to be appropriated \$2,000,000 for fiscal year 1994, and
11 such sums as may be necessary for each of the fiscal years
12 1994 through 1996.”.

13 **Subtitle K—Women and HIV**
14 **Outreach and Prevention Act**

15 **SEC. 251. SHORT TITLE.**

16 This subtitle may be cited as the “Women and HIV
17 Outreach and Prevention Act”.

18 **SEC. 252. PREVENTIVE HEALTH PROGRAMS REGARDING**
19 **WOMEN AND HUMAN IMMUNODEFICIENCY**
20 **VIRUS.**

21 Title XXV of the Public Health Service Act (42
22 U.S.C. 300ee et seq.) is amended by adding at the end
23 the following part:

1 “PART C—PROGRAMS FOR WOMEN

2 **“SEC. 2531. PREVENTIVE HEALTH SERVICES.**

3 “(a) IN GENERAL.—The Secretary may make grants
4 for the following purposes:

5 “(1) Providing to women preventive health serv-
6 ices that are related to acquired immune deficiency
7 syndrome, including—

8 “(A) counseling on the prevention of infec-
9 tion with, and the transmission of, the etiologic
10 agent for such syndrome; and

11 “(B) screening women for infection with
12 such agent.

13 “(2) Providing appropriate referrals regarding
14 the provision of other services to women who are re-
15 ceiving services pursuant to paragraph (1), includ-
16 ing, as appropriate, referrals for treatment for such
17 infection, referrals for treatment for substance
18 abuse, referrals for mental health services, referrals
19 regarding pregnancy, childbirth, and pediatric care,
20 and referrals for housing services.

21 “(3) Providing follow-up services regarding
22 such referrals, to the extent practicable.

23 “(4) Improving referral arrangements for pur-
24 poses of paragraph (2).

1 “(5) In the case of a woman receiving services
2 pursuant to any of paragraphs (1) through (3), pro-
3 viding to the partner of the woman the services de-
4 scribed in such paragraphs, as appropriate.

5 “(6) With respect to the services specified in
6 paragraphs (1) through (5)—

7 “(A) providing outreach services to inform
8 women of the availability of such services; and

9 “(B) providing training regarding the ef-
10 fective provision of such services.

11 “(b) MINIMUM QUALIFICATIONS OF GRANTEES.—

12 The Secretary may make a grant under subsection (a)
13 only if the applicant for the grant is a grantee under sec-
14 tion 329, section 330, or section 1001, or is another public
15 or nonprofit private entity that provides health or vol-
16 untary family planning services to a significant number
17 of low-income women in a culturally sensitive and lan-
18 guage-appropriate manner.

19 “(c) CONFIDENTIALITY.—The Secretary may make a
20 grant under subsection (a) only if the applicant for the
21 grant agrees to maintain the confidentiality of information
22 on individuals regarding screenings pursuant to subsection
23 (a), subject to complying with applicable law.

24 “(d) APPLICATION FOR GRANT.—The Secretary may
25 make a grant under subsection (a) only if an application

1 for the grant is submitted to the Secretary and the appli-
2 cation is in such form, is made in such manner, and con-
3 tains such agreements, assurances, and information as the
4 Secretary determines to be necessary to carry out such
5 subsection.

6 “(e) EVALUATIONS AND REPORTS.—

7 “(1) EVALUATIONS.—The Secretary shall, di-
8 rectly or through contracts with public or private en-
9 tities, provide for evaluations of projects carried out
10 pursuant to subsection (a).

11 “(2) REPORTS.—Not later than 1 year after the
12 date on which amounts are first appropriated under
13 subsection (f), and annually thereafter, the Sec-
14 retary shall submit to the Congress a report summa-
15 rizing evaluations carried out under paragraph (1)
16 during the preceding fiscal year.

17 “(f) AUTHORIZATIONS OF APPROPRIATIONS.—

18 “(1) TITLE X CLINICS.—For the purpose of
19 making grants under subsection (a) to entities that
20 are grantees under section 1001, and for the pur-
21 pose of otherwise carrying out this section with re-
22 spect to such grants, there are authorized to be ap-
23 propriated \$30,000,000 for fiscal year 1994, and
24 such sums as may be necessary for each of the fiscal
25 years 1995 and 1996.

1 “(2) COMMUNITY AND MIGRANT HEALTH CEN-
2 TERS; OTHER PROVIDERS.—For the purpose of mak-
3 ing grants under subsection (a) to entities that are
4 grantees under section 329 or 330, and to other en-
5 tities described in subsection (b) that are not grant-
6 ees under section 1001, and for the purpose of oth-
7 erwise carrying out this section with respect to such
8 grants, there are authorized to be appropriated
9 \$20,000,000 for fiscal year 1994, and such sums as
10 may be necessary for each of the fiscal years 1995
11 and 1996.

12 **“SEC. 2532. PUBLIC EDUCATION.**

13 “(a) IN GENERAL.—The Secretary may make grants
14 for the purpose of developing and carrying out programs
15 to educate women on the prevention of infection with, and
16 the transmission of, the etiologic agent for acquired im-
17 mune deficiency syndrome.

18 “(b) MINIMUM QUALIFICATIONS OF GRANTEES.—
19 The Secretary may make a grant under subsection (a)
20 only if the applicant involved is a public or nonprofit pri-
21 vate entity that is experienced in carrying out health-relat-
22 ed activities for women, with a priority given to such enti-
23 ties that have successfully targeted women of color.

24 “(c) APPLICATION FOR GRANT.—The Secretary may
25 make a grant under subsection (a) only if an application

1 for the grant is submitted to the Secretary and the appli-
2 cation is in such form, is made in such manner, and con-
3 tains such agreements, assurances, and information as the
4 Secretary determines to be necessary to carry out such
5 subsection.

6 “(d) EVALUATIONS AND REPORTS.—

7 “(1) EVALUATIONS.—The Secretary shall, di-
8 rectly or through contracts with public or private en-
9 tities, provide for evaluations of projects carried out
10 pursuant to subsection (a).

11 “(2) REPORTS.—Not later than 1 year after the
12 date on which amounts are first appropriated under
13 subsection (e), and annually thereafter, the Sec-
14 retary shall submit to the Congress a report summa-
15 rizing evaluations carried out under paragraph (1)
16 during the preceding fiscal year.

17 “(e) AUTHORIZATIONS OF APPROPRIATIONS.—For
18 the purpose of carrying out this section, there are author-
19 ized to be appropriated \$30,000,000 for fiscal year 1994,
20 and such sums as may be necessary for each of the fiscal
21 years 1995 and 1996.”.

22 **SEC. 253. TREATMENT OF WOMEN FOR SUBSTANCE ABUSE.**

23 Subpart 1 of part B of title V of the Public Health
24 Service Act (42 U.S.C. 290bb et seq.), as amended by sec-
25 tion 108 of Public Law 102–321 (106 Stat. 336), is

1 amended by inserting after section 509 the following sec-
2 tion:

3 “TREATMENT OF WOMEN FOR SUBSTANCE ABUSE

4 “SEC. 509A. (a) IN GENERAL.—The Director of the
5 Center for Substance Abuse Treatment may make awards
6 of grants, cooperative agreements, and contracts for the
7 purpose of carrying out programs—

8 “(1) to provide treatment for substance abuse
9 to women, including but not limited to, women with
10 dependent children;

11 “(2) to provide to women who engage in such
12 abuse counseling on the prevention of infection with,
13 and the transmission of, the etiologic agent for ac-
14 quired immune deficiency syndrome; and

15 “(3) to provide such counseling to women who
16 are the partners of individuals who engage in such
17 abuse.

18 “(b) AUTHORIZATION OF APPROPRIATIONS.—For the
19 purpose of carrying out subsection (a), there are author-
20 ized to be appropriated \$20,000,000 for fiscal year 1994,
21 and such sums as may be necessary for each of the fiscal
22 years 1995 and 1996.”.

23 **SEC. 254. EARLY INTERVENTION SERVICES FOR WOMEN.**

24 Section 2655 of the Public Health Service Act (42
25 U.S.C. 300ff-55) is amended—

1 (1) by striking “For the purpose of” and insert-
2 ing “(a) IN GENERAL.—For the purpose of”; and

3 (2) by adding at the end the following sub-
4 section:

5 “(b) PROGRAMS FOR WOMEN.—For the purpose of
6 making grants under section 2651 to provide to women
7 early intervention services described in such section, and
8 for the purpose of providing technical assistance under
9 section 2654(b) with respect to such grants, there are au-
10 thorized to be appropriated \$20,000,000 for fiscal year
11 1994, and such sums as may be necessary for each of the
12 fiscal years 1995 and 1996.”.

13 **Subtitle L—Standby Guardianship**
14 **Act**

15 **SEC. 256. SHORT TITLE.**

16 This subtitle may be cited as the “Standby Guardian-
17 ship Act”.

18 **SEC. 257. STATES REQUIRED TO HAVE STANDBY GUARD-**
19 **IANSHIP LAW AS A CONDITION OF ELIGI-**
20 **BILITY FOR FEDERAL FUNDS FOR FOSTER**
21 **CARE AND ADOPTION ASSISTANCE.**

22 (a) IN GENERAL.—Part E of title IV of the Social
23 Security Act (42 U.S.C. 670–679) is amended by inserting
24 after section 477 the following:

1 **“SEC. 478. STANDBY GUARDIANSHIP LAWS AND PROCE-**
2 **DURES.**

3 “To be eligible for payments under this part, a State
4 must have in effect laws and procedures that permit any
5 parent who is chronically ill or near death, without surren-
6 dering parental rights, to designate a standby guardian
7 for the parent’s minor children, whose authority would
8 take effect upon—

9 “(1) the death of the parent;

10 “(2) the mental incapacity of the parent; or

11 “(3) the physical debilitation and consent of the
12 parent.”.

13 (b) EFFECTIVE DATE.—The amendment made by
14 subsection (a) shall take effect at the end of the first cal-
15 endar quarter that begins 60 or more months after the
16 date of the enactment of this Act, and shall apply to pay-
17 ments under part E of title IV of the Social Security Act
18 for the quarter and payments made under such part for
19 any succeeding quarter.

20 **Subtitle M—Federal Prohibition of**
21 **Female Genital Mutilation Act**
22 **of 1993**

23 **SEC. 261. SHORT TITLE.**

24 This subtitle may be cited as the “Federal Prohibi-
25 tion of Female Genital Mutilation Act of 1993”.

1 **SEC. 262. TITLE 18 AMENDMENT.**

2 (a) IN GENERAL.—Chapter 7 of title 18, United
3 States Code, is amended by adding at the end the follow-
4 ing new section:

5 **“§ 116. Female genital mutilation**

6 “(a) Except as provided in subsection (b), whoever
7 knowingly circumcises, excises, or infibulates the whole or
8 any part of the labia majora or labia minora or clitoris
9 of another person who has not attained the age of 18 years
10 shall be fined under this title or imprisoned not more than
11 5 years, or both.

12 “(b) A surgical operation is not a violation of this
13 section if the operation is—

14 “(1) necessary to the health of the person on
15 whom it is performed, and is performed by a person
16 licensed in the place of its performance as a medical
17 practitioner; or

18 “(2) performed on a person in labor or who has
19 just given birth and is performed for medical pur-
20 poses connected with that labor or birth by a person
21 licensed in the place it is performed as a medical
22 practitioner, midwife, or person in training to be-
23 come such a practitioner or midwife.

24 “(c) In applying subsection (b)(1), no account shall
25 be taken of the effect on the person on whom the operation
26 is to be performed of any belief on the part of that or

1 any other person that the operation is required as a mat-
2 ter of custom or ritual.

3 “(d) Whoever knowingly denies to any person medical
4 care or services or otherwise discriminates against any
5 person in the provision of medical care or services, be-
6 cause—

7 “(1) that person has undergone female cir-
8 cumcision, excision, or infibulation; or

9 “(2) that person has requested that female cir-
10 cumcision, excision, or infibulation be performed on
11 any person;

12 shall be fined under this title or imprisoned not more than
13 one year, or both.”.

14 (b) CLERICAL AMENDMENT.—The table of sections
15 at the beginning of chapter 7 of title 18, United States
16 Code, is amended by adding at the end the following new
17 item:

“116. Female genital mutilation.”.

18 **SEC. 263. EDUCATION AND OUTREACH.**

19 The Secretary of Health and Human Services shall
20 carry out appropriate education, preventive, and outreach
21 activities in communities that traditionally practice female
22 circumcision, excision, or infibulation, to inform people in
23 those communities about the health risks and emotional
24 trauma inflicted by those practices, and to inform them

1 and the medical community about the provisions of section
2 262.

3 **SEC. 264. EFFECTIVE DATES.**

4 Section 263 shall take effect immediately, and the
5 Secretary of Health and Human Services shall commence
6 carrying it out not later than 90 days after the date of
7 the enactment of this Act. Section 262 shall take effect
8 180 days after the date of the enactment of this Act.

9 **Subtitle N—Smoking Prevention**
10 **and Cessation in WIC Clinics Act**

11 **SEC. 266. SHORT TITLE.**

12 This subtitle may be cited as the “Smoking Preven-
13 tion and Cessation in WIC Clinics Act”.

14 **SEC. 267. SMOKING CESSATION DEMONSTRATION PRO-**
15 **GRAMS FOR WIC PARTICIPANTS.**

16 Section 17(e) of the Child Nutrition Act of 1966 (42
17 U.S.C. 1786(e)) is amended—

18 (1) by redesignating paragraphs (3) (the second
19 place it appears), (4), and (5) as paragraphs (4)
20 through (6), respectively; and

21 (2) by adding at the end the following new
22 paragraph:

23 “(7)(A) The State agency shall ensure that each local
24 agency operating the program under this section—

1 “(i) establishes and carries out an on-site smok-
2 ing cessation demonstration program for pregnant
3 participants on a voluntary basis; and

4 “(ii) educates all participants about the adverse
5 health effects of cigarette smoking.

6 “(B) The program described in subparagraph (A)(i)
7 shall—

8 “(i) be provided to participants during regular
9 visits to the clinic;

10 “(ii) be incorporated into the program under
11 this section;

12 “(iii) include a public information and edu-
13 cation component, which shall include the dissemina-
14 tion of risk information and materials relating to the
15 adverse health effects of cigarette smoking during
16 pregnancy; and

17 “(iv) include a self-monitoring component,
18 which shall include—

19 “(I) one-on-one counseling designed to help
20 participants quit smoking; and

21 “(II) the utilization of a process whereby
22 the participant develops and signs, and a rep-
23 resentative from the local agency and an indi-
24 vidual chosen by the participant also sign, a
25 written statement containing a promise by the

1 participant to quit smoking beginning on a cer-
2 tain date.

3 “(C)(i) The State agency shall ensure that each local
4 agency operating the program under this section submits
5 to such State agency an annual report containing a de-
6 scription and evaluation of the program established and
7 carried out by such local agency, including a description
8 of the total number of participants receiving services
9 under such program and the success rate of such partici-
10 pants in quitting smoking. The State agency shall compile
11 such reports into 1 annual report and submit such report
12 to the Secretary.

13 “(ii) The Secretary shall submit to the Congress an
14 annual report containing—

15 “(I) a compilation of the information contained
16 in the reports received by the Secretary from each
17 State agency under clause (i); and

18 “(II) an evaluation of the effectiveness of the
19 smoking cessation demonstration programs.”.

20 **Subtitle O—Family and Medical**
21 **Leave Health Care Reform Res-**
22 **olution of 1993**

23 **SEC. 271. SHORT TITLE.**

24 This subtitle may be cited as the “Family and Medi-
25 cal Leave Health Care Reform Resolution of 1993”.

1 **SEC. 272. FINDINGS.**

2 The Congress finds that—

3 (1) the number of single-parent and 2-parent house-
4 holds in which the single parent or both parents work is
5 increasing significantly;

6 (2) it is important for the development of chil-
7 dren and the family unit that fathers and mothers
8 be able to participate in early childrearing and the
9 care of family members who have serious health con-
10 ditions;

11 (3) the lack of employment policies to accom-
12 modate working parents can force individuals to
13 choose between job security and parenting;

14 (4) there is inadequate job security for employ-
15 ees who have serious health conditions that prevent
16 them from working for temporary periods;

17 (5) due to the nature of the roles of men and
18 women in the society of the United States, the pri-
19 mary responsibility for family caretaking often falls
20 on women, and such responsibility affects the work-
21 ing lives of women more than it affects the working
22 lives of men;

23 (6) more than 70 percent of women with school-
24 aged children and 56 percent of women with pre-
25 school-aged children work outside the home;

1 (7) employment standards that apply only to 1
2 gender have serious potential for encouraging em-
3 ployers to discriminate against employees and appli-
4 cants for employment who are of the gender;

5 (8) numerous bills to reform the health insur-
6 ance system in the United States have been intro-
7 duced in the Senate and the House of Representa-
8 tives;

9 (9) several of the bills, if they were enacted,
10 would significantly alter the existing health insur-
11 ance system; and

12 (10) granting employees family and temporary
13 medical leave as part of a reform of the health in-
14 surance system promises to improve both the preven-
15 tion and cure of serious health conditions by avert-
16 ing undue stress on the part of employees and per-
17 mitting them personally to attend to family members
18 who have such conditions.

19 **SEC. 273. SENSE OF CONGRESS.**

20 It is the sense of the Congress that any bill to address
21 the ongoing and unmet health insurance needs of the peo-
22 ple of the United States that is enacted should require
23 that paid or unpaid leave, as detailed in the Family and
24 Medical Leave Act of 1993, be incorporated as a basic or

1 elective option for plan participants for 1 or more of the
2 following:

3 (1) Because of the birth of a son or daughter
4 of an employee and in order to care for the son or
5 daughter.

6 (2) Because of the placement of a son or
7 daughter with an employee for adoption or foster
8 care.

9 (3) In order to care for the spouse, or a son,
10 daughter, or parent, of an employee, if the spouse,
11 son, daughter, or parent has a serious health condi-
12 tion.

13 (4) Because of a serious health condition that
14 makes an employee unable to perform the functions
15 of the position of the employee.

16 **Subtitle P—Veteran Women’s**
17 **Health Improvement Act of 1993**

18 **SEC. 276. SHORT TITLE.**

19 This subtitle may be cited as the “Veteran Women’s
20 Health Improvement Act of 1993”.

21 **SEC. 277. WOMEN’S HEALTH SERVICES.**

22 (a) WOMEN’S HEALTH SERVICES.—Section 1701 of
23 title 38, United States Code, is amended—

1 (1) in paragraph (6)(A)(i), by inserting “wom-
2 en’s health services,” after “preventive health serv-
3 ices,”; and

4 (2) by adding at the end the following:

5 “(10) The term ‘women’s health services’ means
6 health care services provided to women, including counsel-
7 ing and services relating to the following:

8 “(A) Papanicolaou tests (pap smear).

9 “(B) Breast examinations and mammography.

10 “(C) Comprehensive reproductive health care,
11 including pregnancy-related care.

12 “(D) The management of infertility.

13 “(E) The management and prevention of sexu-
14 ally-transmitted diseases.

15 “(F) Menopause, osteoporosis, and other condi-
16 tions relating to aging.

17 “(G) Physical or psychological conditions aris-
18 ing out of acts of sexual violence.”.

19 (b) CONTRACTS FOR WOMEN’S HEALTH SERVICES.—
20 Section 1703(a) of such title is amended by adding at the
21 end the following:

22 “(9) Women’s health services for veterans on
23 an ambulatory or outpatient basis.”.

1 (c) REPEAL OF SUPERSEDED AUTHORITY.—Section
2 106 of the Veterans Health Care Act of 1992 (Public Law
3 102–585; 38 U.S.C. 1710 note) is amended—

4 (1) by striking out subsection (a); and

5 (2) by striking out “(b) RESPONSIBILITIES OF
6 DIRECTORS OF FACILITIES.—” before “The Sec-
7 retary”.

8 (d) REPORT ON HEALTH CARE AND RESEARCH.—
9 Section 107(b) of such Act (38 U.S.C. 1710 note) is
10 amended—

11 (1) in paragraph (1), by inserting “and wom-
12 en’s health services (as such term is defined in sec-
13 tion 1701(10) of title 38, United States Code)” after
14 “section 106 of this Act”;

15 (2) in paragraph (2), by striking out “and (B)”
16 and inserting in lieu thereof “(B) the type and
17 amount of services provided by such personnel, in-
18 cluding information on the numbers of inpatient
19 stays and the number of outpatient visits through
20 which such services were provided, and (C)”;

21 (3) by redesignating paragraph (4) as para-
22 graph (7);

23 (4) by adding after paragraph (3) the following
24 new paragraphs:

1 “(4) A description of the personnel of the De-
2 partment who provided such services to women vet-
3 erans, including the number of employees (including
4 both the number of individual employees and the
5 number of full-time employee equivalents) and the
6 professional qualifications or specialty training of
7 such employees and the Department facilities to
8 which such personnel were assigned.

9 “(5) A description of any actions taken by the
10 Secretary to ensure the retention of the personnel
11 described in paragraph (4) and any actions under-
12 taken to recruit additional such personnel or person-
13 nel to replace such personnel.

14 “(6) An assessment by the Secretary of any dif-
15 ficulties experienced by the Secretary in the furnish-
16 ing of such services and the actions taken by the
17 Secretary to resolve such difficulties.”; and

18 (5) by adding after paragraph (7), as redesign-
19 ated by paragraph (3) of this subsection, the fol-
20 lowing:

21 “(8) A description of the actions taken by the
22 Secretary to foster and encourage the expansion of
23 such research.”.

1 **SEC. 278. EXPANSION OF RESEARCH RELATING TO WOMEN**
2 **VETERANS.**

3 (a) HEALTH RESEARCH.—Section 109(a) of the Vet-
4 erans Health Care Act of 1992 (Public Law 102–585; 38
5 U.S.C. 7303 note) is amended—

6 (1) by inserting “(1)” before “The Secretary”;

7 (2) in paragraph (1), as so designated, by strik-
8 ing out “veterans who are women” and inserting in
9 lieu thereof “women veterans”; and

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

11 “(2) In carrying out this section, the Secretary shall
12 consult with the following:

13 “(A) The Director of the Nursing Service.

14 “(B) Officials of the Central Office assigned re-
15 sponsibility for women’s health programs and sexual
16 trauma services.

17 “(C) The members of the Advisory Committee
18 on Women Veterans established under section 542 of
19 title 38, United States Code.

20 “(D) Members of appropriate task forces and
21 working groups within the Department of Veterans
22 Affairs (including the Women Veterans Working
23 Group and the Task Force on Treatment of Women
24 Who Suffer Sexual Abuse).

1 “(3) The Secretary shall foster and encourage re-
2 search under this section on the following matters as they
3 relate to women:

4 “(A) Breast cancer.

5 “(B) Gynecological and reproductive health, in-
6 cluding gynecological cancer, infertility, sexually-
7 transmitted diseases, and pregnancy.

8 “(C) Human Immunodeficiency Virus and Ac-
9 quired Immune Deficiency Syndrome.

10 “(D) Mental health, including post-traumatic
11 stress disorder, depression, combat related stress,
12 and trauma.

13 “(E) Diseases related to aging, including meno-
14 pause, osteoporosis, and Alzheimer’s Disease.

15 “(F) Substance abuse.

16 “(G) Sexual violence and related trauma.

17 “(H) Exposure to toxic chemicals and other en-
18 vironmental hazards.

19 “(4) The Secretary shall, to the maximum extent
20 practicable, ensure that personnel of the Department of
21 Veterans Affairs engaged in the research referred to in
22 paragraph (1) include the following:

23 “(A) Personnel of the geriatric research, edu-
24 cation, and clinical centers designated pursuant to
25 section 7314 of title 38, United States Code.

1 “(B) Personnel of the National Center for Post-
2 Traumatic Stress Disorder established pursuant to
3 section 110(c) of the Veterans Health Care Act of
4 1984 (Public Law 98–528; 98 Stat. 2692).

5 “(5) The Secretary shall ensure that personnel of the
6 Department engaged in research relating to the health of
7 women veterans are advised and informed of such research
8 engaged in by other personnel of the Department.”.

9 (b) INCLUSION OF WOMEN AND MINORITIES IN
10 CLINICAL RESEARCH PROJECTS.—(1) In conducting or
11 supporting clinical research, the Secretary of Veterans Af-
12 fairs shall ensure that—

13 (A) women who are veterans are included as
14 subjects in each project of such research; and

15 (B) members of minority groups who are veter-
16 ans are included as subjects of such research.

17 (2) The requirement in paragraph (1) regarding
18 women and members of minority groups who are veterans
19 may be waived by the Secretary of Veterans Affairs with
20 respect to a project of clinical research if the Secretary
21 determines that the inclusion, as subjects in the project,
22 of women and members of minority groups, respectively—

23 (A) is inappropriate with respect to the health
24 of the subjects;

1 (B) is inappropriate with respect to the purpose
2 of the research; or

3 (C) is inappropriate under such other cir-
4 cumstances as the Secretary of Veterans Affairs may
5 designate.

6 (3) In the case of a project of clinical research in
7 which women or members of minority groups will under
8 paragraph (1) be included as subjects of the research, the
9 Secretary of Veterans Affairs shall ensure that the project
10 is designed and carried out so as to provide for a valid
11 analysis of whether the variables being tested in the re-
12 search affect women or members of minority groups, as
13 the case may be, differently than other persons who are
14 subjects of the research.

15 (c) POPULATION STUDY.—Section 110(a) of such Act
16 (38 U.S.C. 1710 note) is amended—

17 (1) in paragraph (1), by striking out the second
18 sentence; and

19 (2) by amending paragraph (3) to read as fol-
20 lows:

21 “(3)(A) Subject to subparagraph (B), the study shall
22 be based on—

23 “(i) an appropriate sample of veterans who are
24 women; and

1 “(ii) an examination of the medical and demo-
2 graphic histories of the women comprising such sam-
3 ple.

4 “(B) The sample referred to in subparagraph (A)
5 shall constitute a representative sampling (as determined
6 by the Secretary) of the ages, the ethnic, social and eco-
7 nomic backgrounds, the enlisted and officer grades, and
8 the branches of service of all veterans who are women.

9 “(C) In carrying out the examination referred to in
10 subparagraph (A)(ii), the Secretary shall determine the
11 number of women of the sample who have used medical
12 facilities of the Department, nursing home facilities of or
13 under the jurisdiction of the Department, and outpatient
14 care facilities of or under the jurisdiction of the Depart-
15 ment.”.

16 **SEC. 279. MAMMOGRAPHY QUALITY STANDARDS.**

17 (a) **APPLICABILITY TO DEPARTMENT OF VETERANS**
18 **AFFAIRS OF MAMMOGRAPHY QUALITY STANDARDS ACT**
19 **OF 1992.**—Subsections (a) through (k) of section 354 of
20 the Public Health Service Act (42 U.S.C. 263b) shall
21 apply with respect to facilities of the Department of Veter-
22 ans Affairs without regard to the last sentence of subpara-
23 graph (A) of subsection (a)(3) of such section.

24 (b) **EXTENSION OF DEADLINES.**—Any deadline for
25 the completion of any action prescribed under any provi-

1 sion referred to in subsection (a) shall be applied with re-
2 spect to facilities of the Department of Veterans Affairs
3 by extending such deadline so as to be two years after
4 the date of the enactment of this Act or two years after
5 the date which would otherwise be applicable under such
6 provision, whichever is later.

7 (c) INTERAGENCY COOPERATION.—The Secretary of
8 Veterans Affairs shall take appropriate steps to cooperate
9 with the Secretary of Health and Human Services in the
10 implementation of this section.

11 **Subtitle Q—Defense Women’s**
12 **Health Improvement Act of 1993**

13 **SEC. 281. SHORT TITLE.**

14 This subtitle may be cited as the “Defense Women’s
15 Health Improvement Act of 1993”.

16 **PART I—WOMEN’S HEALTH CARE**

17 **SEC. 282. PRIMARY AND PREVENTIVE HEALTH-CARE SERV-**
18 **ICES FOR WOMEN.**

19 (a) FEMALE MEMBERS AND RETIREES OF THE UNI-
20 FORMED SERVICES.—(1) Chapter 55 of title 10, United
21 States Code, is amended by inserting after section 1074c
22 the following new section:

1 **“§ 1074d. Primary and preventive health-care serv-**
2 **ices for women**

3 “Female members and former members of the uni-
4 formed services who are entitled to medical care under sec-
5 tion 1074 or 1074a of this part shall be furnished with
6 primary and preventive health-care services for women as
7 part of such medical care.”.

8 (2) The table of sections at the beginning of such
9 chapter is amended by inserting after the item relating
10 to section 1074c the following new item:

“1074d. Primary and preventive health-care services for women.”.

11 (b) FEMALE DEPENDENTS.—Section 1077(a) of such
12 title is amended by adding at the end the following new
13 paragraph:

14 “(13) Primary and preventive health-care serv-
15 ices for women.”.

16 (c) DEFINITION.—Section 1072 of such title is
17 amended by adding at the end the following new para-
18 graph:

19 “(6) The term ‘primary and preventive health-
20 care services for women’ means health-care services
21 provided to women, including counseling, relating to
22 the following:

23 “(A) Papanicolaou tests (pap smear).

24 “(B) Breast examinations and mammog-
25 raphy.

1 “(C) Comprehensive reproductive health
2 care, including care related to pregnancy.

3 “(D) Infertility and sexually transmitted
4 diseases, including prevention.

5 “(E) Menopause.

6 “(F) Physical or psychological conditions
7 arising out of acts of sexual violence.”.

8 **SEC. 283. REPORT ON THE PROVISION OF HEALTH-CARE**
9 **SERVICES TO WOMEN.**

10 (a) **REPORT REQUIRED.**—The Secretary of Defense
11 shall prepare a report evaluating the provision of health-
12 care services through military medical treatment facilities
13 and the Civilian Health and Medical Program of the Uni-
14 formed Services to female members of the uniformed serv-
15 ices and female covered beneficiaries eligible for health
16 care under chapter 55 of title 10, United States Code.

17 (b) **CONTENTS.**—The report required by subsection
18 (a) shall contain the following:

19 (1) A description of the medical personnel of
20 the Department of Defense who provided health-care
21 services during fiscal year 1993 to female members
22 and covered beneficiaries, including—

23 (A) the number of such personnel (includ-
24 ing both the number of individual employees

1 and the number of full-time employee equiva-
2 lents);

3 (B) the professional qualifications or spe-
4 cialty training of such personnel; and

5 (C) the medical facilities to which such
6 personnel were assigned.

7 (2) A description of any actions, including the
8 use of special pays and incentives, taken by the Sec-
9 retary during fiscal year 1993—

10 (A) to ensure the retention of the medical
11 personnel described in paragraph (1);

12 (B) to recruit additional personnel to pro-
13 vide health-care services to female members and
14 female covered beneficiaries; and

15 (C) to replace departing personnel who
16 provided such services.

17 (3) A description of any existing or proposed
18 programs to encourage specialization of health care
19 professionals in fields related to primary and preven-
20 tive health-care services for women.

21 (4) An assessment of any difficulties experi-
22 enced by military medical treatment facilities or the
23 Civilian Health and Medical Program of the Uni-
24 formed Services in furnishing primary and preven-
25 tive health-care services for women and a description

1 of those actions taken by the Secretary to resolve
2 such difficulties.

3 (5) An assessment of the extent to which gen-
4 der-related factors impede or complicate diagnoses
5 (such as inappropriate psychiatric referrals and ad-
6 missions) made by medical personnel described in
7 paragraph (1).

8 (6) A description of the actions taken by the
9 Secretary to foster and encourage the expansion of
10 research relating to health care issues of concern to
11 female members of the uniformed services and fe-
12 male covered beneficiaries.

13 (c) POPULATION STUDY OF THE NEED OF FEMALE
14 MEMBERS AND FEMALE COVERED BENEFICIARIES FOR
15 HEALTH-CARE SERVICES.—(1) As part of the report re-
16 quired by subsection (a), the Secretary shall conduct a
17 study to determine the needs of female members of the
18 uniformed services and female covered beneficiaries for
19 health-care services, including primary and preventive
20 health-care services for women.

21 (2) The study shall examine the health needs of cur-
22 rent members and covered beneficiaries and future mem-
23 bers and covered beneficiaries based upon the anticipated
24 size and composition of the Armed Forces in the year

1 2000 and should be based on the demographics of society
2 as a whole.

3 (d) SUBMISSION AND REVISION.—The Secretary of
4 Defense shall submit the report required by subsection (a)
5 to Congress not later than April 1, 1994. The Secretary
6 shall revise and resubmit the report to Congress not later
7 than April 1, 1999.

8 (e) DEFINITIONS.—For purposes of this section:

9 (1) The term “primary and preventive health
10 care services for women” has the meaning given
11 such term in paragraph (6) of section 1072 of title
12 10, United States Code, as added by section 101(c).

13 (2) The term “covered beneficiary” has the
14 meaning given such term in paragraph (5) of such
15 section.

16 **PART II—WOMEN’S HEALTH RESEARCH**

17 **SEC. 284. DEFENSE WOMEN’S HEALTH RESEARCH CENTER.**

18 (a) ESTABLISHMENT OF THE CENTER.—The Sec-
19 retary of Defense shall establish a Defense Women’s
20 Health Research Center (hereinafter in this section re-
21 ferred to as the “Center”) in the Department of the Army.
22 The Center shall be under the authority of the Army
23 Health Services Command.

24 (b) PURPOSES.—(1) The Center shall be the coordi-
25 nating agent for multidisciplinary and multiinstitutional

1 research within the Department of Defense on women's
2 health issues related to service in the Armed Forces. The
3 Center shall be dedicated to development and application
4 of new knowledge, procedures, techniques, training, and
5 equipment for the improvement of the health of women
6 in the Armed Forces.

7 (2) In carrying out or sponsoring research studies,
8 the Center shall provide that the cohort of women in the
9 Armed Forces shall be considered as a control group.

10 (3) The Center shall support the goals and objectives
11 recognized by the Department of Defense under the plan
12 of the Department of Health and Human Services des-
13 ignated as "Healthy People 2000".

14 (4) The Center shall support initiation and expansion
15 of research into matters relating to women's health in the
16 military, including the following matters as they relate to
17 women in the military:

18 (A) Combat stress and trauma.

19 (B) Exposure to toxins and other environmental
20 hazards associated with military hardware.

21 (C) Psychology related stresses in warfare situ-
22 ations.

23 (D) Breast cancer.

24 (E) Reproductive health, including pregnancy.

25 (F) Gynecological cancers.

1 (G) Infertility and sexually transmitted dis-
2 eases.

3 (H) HIV and AIDS.

4 (I) Mental health, including post-traumatic
5 stress disorder and depression.

6 (J) Menopause, osteoporosis, Alzheimer's dis-
7 ease, and other conditions and diseases related to
8 aging.

9 (K) Substance abuse.

10 (L) Sexual violence and related trauma.

11 (M) Human factor studies related to women in
12 combat.

13 (c) PREPARATION OF A PLAN.—The Secretary of De-
14 fense, acting through the Secretary of the Army and in
15 coordination with the other military departments, shall
16 prepare a plan for the implementation of this section. The
17 plan shall be submitted to the Committees on Armed Serv-
18 ices of the Senate and House of Representatives before
19 May 1, 1994.

20 (d) REQUIREMENTS RELATING TO ESTABLISHMENT
21 OF CENTER.—(1) The Secretary shall provide for the es-
22 tablishment of the Center at an existing Army facility.

23 (2) The Center may be established only at a facility
24 having the following characteristics:

1 (A) A physical plant immediately available to
2 serve as headquarters for the medical activities to be
3 carried out by the Center.

4 (B) Ongoing fellowship and residency programs
5 colocated with ongoing collaborative health-related
6 and interdisciplinary research of (i) a facility of the
7 Department of Veterans Affairs, (ii) an accredited
8 university with specialties in medical research and
9 clinical diagnostics, and (iii) a hospital owned and
10 operated by a municipality.

11 (C) A technologically modern laboratory capa-
12 bility at the site and at the affiliated sites referred
13 to in subparagraph (B), with the capability to in-
14 clude state-of-the-art clinical diagnostic instrumenta-
15 tion, data processing, telecommunication, and data
16 storage systems.

17 (D) Compatibility with and capability to effec-
18 tively expand its existing mission in accordance with
19 the mission of the Center under this section.

20 (E) Maximum multi-State geographic jurisdic-
21 tion to permit regional health-related issues to be re-
22 searched and integrated into national military
23 databases.

1 **SEC. 286. INCLUSION OF WOMEN AND MINORITIES IN CLIN-**
2 **ICAL RESEARCH PROJECTS.**

3 (a) GENERAL RULE.—In conducting or supporting
4 clinical research, the Secretary of Defense shall ensure
5 that—

6 (1) women who are members of the Armed
7 Forces are included as subjects in each project of
8 such research; and

9 (2) members of minority groups who are mem-
10 bers of the Armed Forces are included as subjects
11 of such research.

12 (b) WAIVER AUTHORITY.—The requirement in sub-
13 section (a) regarding women and members of minority
14 groups who are members of the Armed Forces may be
15 waived by the Secretary of Defense with respect to a
16 project of clinical research if the Secretary determines that
17 the inclusion, as subjects in the project, of women and
18 members of minority groups, respectively—

19 (1) is inappropriate with respect to the health
20 of the subjects;

21 (2) is inappropriate with respect to the purpose
22 of the research; or

23 (3) is inappropriate under such other cir-
24 cumstances as the Secretary of Defense may des-
25 ignate.

1 (c) REQUIREMENT FOR ANALYSIS OF RESEARCH.—
2 In the case of a project of clinical research in which women
3 or members of minority groups will under subsection (a)
4 be included as subjects of the research, the Secretary of
5 Defense shall ensure that the project is designed and car-
6 ried out so as to provide for a valid analysis of whether
7 the variables being tested in the research affect women
8 or members of minority groups, as the case may be, dif-
9 ferently than other persons who are subjects of the re-
10 search.

11 **SEC. 287. REPORT ON RESEARCH RELATING TO FEMALE**
12 **MEMBERS OF THE UNIFORMED SERVICES**
13 **AND FEMALE COVERED BENEFICIARIES.**

14 Not later than July 1 of each of 1995, 1996, and
15 1997, the Secretary of Defense shall submit to Congress
16 a report containing—

17 (1) a description (as of May 31 of the year in
18 which the report is submitted) of the status of any
19 health research that is being carried out by or under
20 the jurisdiction of the Secretary relating to female
21 members of the uniformed services and female cov-
22 ered beneficiaries under chapter 55 of title 10, Unit-
23 ed States Code; and

24 (2) recommendations of the Secretary as to fu-
25 ture health research (including a proposal for any

1 legislation relating to such research) relating to such
2 female members and covered beneficiaries.

3 **PART III—WOMEN’S HEALTH EDUCATION**

4 **SEC. 288. WOMEN’S HEALTH CURRICULUM ADVISORY COM-**
5 **MITTEE.**

6 The Secretary of Defense shall establish at the F.
7 Edward Hebert School of Medicine of the Uniformed Serv-
8 ices University of the Health Sciences a women’s health
9 curriculum advisory committee to promote the comprehen-
10 sive integration of women’s health issues into the curricu-
11 lum at the University. The committee shall include the
12 surgeon general of each of the military departments and
13 the dean of the School of Medicine. The committee shall
14 be established by April 1, 1994.

15 **Subtitle R—International Popu-**
16 **lation Stabilization and Repro-**
17 **ductive Health Act**

18 **SEC. 291. SHORT TITLE.**

19 This subtitle may be cited as the “International Popu-
20 lation Stabilization and Reproductive Health Act”.

21 **SEC. 292. AUTHORITIES RELATING TO UNITED STATES POP-**
22 **ULATION ASSISTANCE.**

23 Part I of the Foreign Assistance Act of 1961 is
24 amended—

1 (1) in section 104(b), by striking “on such
2 terms and conditions as he may determine” and in-
3 sserting “in accordance with the provisions of chapter
4 12”; and

5 (2) by adding at the end the following new
6 chapter:

7 **“CHAPTER 12—UNITED STATES**
8 **POPULATION ASSISTANCE**

9 **“SEC. 499. DEFINITION.**

10 “For purposes of this chapter, the term ‘United
11 States population assistance’ means assistance provided
12 under section 104(b) of this Act.

13 **“SEC. 499A. CONGRESSIONAL FINDINGS.**

14 “The Congress makes the following findings:

15 “(1) Throughout much of the world, the lack of
16 access of women, particularly poor women, to basic
17 reproductive health services and information under-
18 mines women’s struggle for self-determination, con-
19 tributes to death and suffering among women and
20 their children, puts pressure on the land, forests,
21 and other natural resources on which many poor
22 families depend for their survival, and in other ways
23 vitiates the efforts of families to lift themselves out
24 of the poverty in which over 1,000,000,000 of the
25 world’s more than 5,000,000,000 people live.

1 “(2) During the 1980s, nearly 800,000,000
2 people, a number three times greater than the popu-
3 lation of the United States, were added to the
4 world’s population.

5 “(3) Birthrates in many developing countries
6 are declining too slowly to prevent a near tripling of
7 the world’s population before stabilization can occur,
8 and although birthrates in some countries have de-
9 clined faster in recent years than anticipated, world
10 progress toward stabilization was noticeably slower
11 in the 1980s than in the 1970s.

12 “(4) After more than a quarter century of expe-
13 rience and research, the actions needed to bring
14 about a rapid decline in birthrates are well docu-
15 mented. The ability to exercise reproductive choice
16 must be expanded, and such expansion should occur
17 through broader dissemination and choice of contra-
18 ceptive services that involve the community and are
19 sufficient to meet the needs and values of those who
20 use them.

21 “(5) Although a number of religious and cul-
22 tural barriers to family planning remain, attitudes
23 toward modern contraception have changed over the
24 last decade, and in many countries a large and
25 growing unmet desire exists for deferring or prevent-

1 ing pregnancy among women and men who are too
2 poor to pay the full cost of services.

3 “(6) Although many social and economic factors
4 affect desired family size, organized, accessible, and
5 affordable family planning programs have the most
6 rapid and strongest effect on birthrate because they
7 enable women and their families to determine the
8 timing and number of their children. Widespread
9 voluntary adoption of modern family planning meth-
10 ods and their successful long-term use depend on the
11 quality of reproductive health care services offered
12 and their responsiveness to individual and commu-
13 nity needs and values.

14 “(7) Millions of women, most of them mothers,
15 are killed or injured each year as a result of unsafe
16 abortions. The availability of safe and effective fam-
17 ily planning methods and services can help prevent
18 many of these tragedies.

19 “(8) The impact of human population growth,
20 combined with widespread poverty and unsustainable
21 patterns of natural resource consumption, is evident
22 in mounting signs of stress on the world’s environ-
23 ment, particularly in tropical deforestation, erosion
24 of arable land and watersheds, extinction of plant

1 and animal species, global climate change, waste
2 management, and air and water pollution.

3 “(9) Traditionally, United States population as-
4 sistance has not focused on achieving specific goals
5 with respect to international population stabilization
6 or the expansion of reproductive choice. The absence
7 of clear goals in those areas has led to a lack of cri-
8 teria for allocating funds and evaluating program
9 success.

10 **“SEC. 499B. DECLARATION OF POLICY.**

11 “(a) IN GENERAL.—The Congress declares that to
12 reduce population growth and stabilize world population
13 at the lowest level feasible and thereby protect the global
14 environment, to provide greater self-determination for
15 women, and to improve the health and well-being of the
16 world’s families, a principal objective of the foreign policy
17 of the United States shall be to assist the international
18 community to—

19 “(1) achieve universal availability of high qual-
20 ity family planning services through a wide choice of
21 safe and effective means of contraception, including
22 programs of public education and other health and
23 development efforts that enable individuals to choose
24 smaller families;

1 “(2) ensure that all individuals and couples, re-
2 gardless of age or marital status, are able to exercise
3 their right to decide whether and how many children
4 to have and their right to reproductive health by im-
5 proving the quality and accessibility of accountable
6 family planning and reproductive health programs;

7 “(3) improve reproductive health, especially of
8 women and young people, through maternal and
9 child health and nutrition services, and through sex-
10 uality and gender education services, especially for
11 young people; and

12 “(4) achieve population stabilization at a level
13 consistent with the maintenance of the natural re-
14 source base and with investment in human re-
15 sources, within a broad strategy to adjust consump-
16 tion levels and patterns in all countries.

17 “(b) FINANCIAL TARGETS.—The Congress estab-
18 lishes a target for global expenditures in developing coun-
19 tries from all domestic and international sources by the
20 year 2000 of at least \$11,000,000,000 for population pro-
21 grams described in section 499C, and establishes a goal
22 for United States population assistance by the year 2000
23 of \$1,400,000,000 in constant 1990 dollars, not including
24 funds available for other reproductive health programs.

1 **“SEC. 499C. AUTHORIZED ACTIVITIES.**

2 “United States population assistance is authorized to
3 provide—

4 “(1) support for the expansion of quality, af-
5 fordable, voluntary family planning services, which
6 emphasize informed choice among a variety of safe
7 and effective family planning methods and closely re-
8 lated reproductive health care services, including the
9 prevention and control of sexually transmitted dis-
10 eases and reproductive tract infections;

11 “(2) support for adequate and regular supplies
12 of quality contraceptive and other commodities, com-
13 prehensive counseling, appropriate followup, and
14 support for programs that emphasize the use of the
15 mass media to improve public knowledge of contra-
16 ceptive methods and related disease prevention
17 methods and where they may be obtained and to
18 promote the benefits of family planning and repro-
19 ductive health to individuals, families, and commu-
20 nities;

21 “(3) support to United States and foreign re-
22 search institutions and other appropriate entities for
23 biomedical research to develop and evaluate im-
24 proved methods of safe and effective contraception
25 and related disease control, with particular emphasis
26 on methods which—

1 “(A) are likely to be safer, easier to use,
2 easier to make available in developing country
3 settings, and less expensive than current
4 methods;

5 “(B) are controlled by women, including
6 barrier methods and vaginal microbicides;

7 “(C) are likely to prevent the spread of
8 sexually transmitted diseases; and

9 “(D) encourage and enable men to take
10 greater responsibility for their own fertility;

11 “(4) support for field research on the character-
12 istics of programs most likely to result in sustained
13 use of effective family planning in meeting each indi-
14 vidual’s lifetime reproductive goals, with particular
15 emphasis on the perspectives of family planning
16 users, including support for relevant social and be-
17 havioral research focusing on such factors as the
18 use, non-use, and unsafe or ineffective use of various
19 contraceptive and related-disease control methods;

20 “(5) support for the development of new evalua-
21 tion techniques and performance criteria for family
22 planning programs, emphasizing the family planning
23 user’s perspective and reproductive goals;

24 “(6) support for research and research dissemi-
25 nation related to population policy development, in-

1 including demographic and health surveys to assess
2 population trends, measure unmet needs, and evalu-
3 ate program impact, and support for policy-relevant
4 research on the relationships between population
5 trends, poverty, and environmental management, in-
6 cluding implications for sustainable agriculture,
7 agroforestry, biodiversity, water resources, energy
8 use, and local and global climate change;

9 “(7) support for research and public informa-
10 tion dissemination on the health and welfare con-
11 sequences of unsafe abortions and for the equipment
12 and training necessary for the medical treatment of
13 the complications of unsafe abortions;

14 “(8) support for special programs to reach ado-
15 lescents and young adults, regardless of marital sta-
16 tus, before they begin childbearing, including health
17 education programs which stress responsible parent-
18 hood and the health risks of unprotected sexual
19 intercourse, as well as service programs designed to
20 meet the information and contraception needs of
21 adolescents and young adults; and

22 “(9) support for a broad array of governmental
23 and nongovernmental communication strategies de-
24 signed—

25 “(A) to create public awareness worldwide;

1 “(B) to generate a consensus on the need
2 to address reproductive health issues and the
3 problems associated with continued world popu-
4 lation growth;

5 “(C) to emphasize the need to educate men
6 as well as women and mobilize their support for
7 reproductive rights and responsibilities; and

8 “(D) to make family planning an estab-
9 lished community norm.

10 **“SEC. 499D. TERMS AND CONDITIONS.**

11 “United States population assistance is authorized to
12 be provided subject to the following conditions:

13 “(1) Such assistance may only support, directly
14 or through referral, those activities which provide a
15 broad range of contraceptive methods permitted by
16 individual country policy and a broad choice of pub-
17 lic and private family planning services, including
18 networks for community-based and subsidized com-
19 mercial distribution of contraceptives.

20 “(2) No program supported by United States
21 population assistance may deny an individual family
22 planning services because of such individual’s inabil-
23 ity to pay all or part of the cost of such services.

24 “(3) Family planning services and related re-
25 productive health care services supported by United

1 States population assistance shall maintain the high-
2 est medical standards possible under local conditions
3 and shall ensure regular oversight of the quality of
4 medical care and other services offered.

5 “(4) United States-supported reproductive
6 health programs shall in each recipient country sup-
7 port to the extent possible an integrated approach,
8 consistent with respect for the rights of women as
9 decisionmakers in matters of reproduction and sexu-
10 ality, for the provision of public and private repro-
11 ductive health services.

12 “(5) United States population assistance pro-
13 grams shall furnish only those contraceptive drugs
14 and devices which have received approval for mar-
15 keting in the United States by the Food and Drug
16 Administration or which have been tested and deter-
17 mined to be safe and effective under research proto-
18 cols comparable to those required by the Food and
19 Drug Administration or have been determined to be
20 safe by an appropriate international organization or
21 the relevant health authority in the country to which
22 they are provided.

23 “(6) Reproductive health services supported by
24 the United States shall be designed to take into ac-
25 count the needs of individuals and couples, including

1 the constraints on women's time, by involving com-
2 munities, particularly representatives of women,
3 through appropriate training and recruitment ef-
4 forts, in the design, management, and ongoing eval-
5 uation of services. The design of such services shall
6 stress easy accessibility, by locating services as close
7 as possible to potential users, by keeping hours of
8 service convenient, and by improving communica-
9 tions between users and providers through commu-
10 nity outreach and involvement. The evaluation of re-
11 productive health services also shall not use as a
12 measure of program success the degree of longevity
13 or permanency of any contraceptive method.

14 “(7) United States population assistance to ad-
15 olescent fertility programs shall be provided in the
16 context of prevailing norms and customs in the re-
17 cipient country.

18 “(8) None of the funds made available by the
19 United States Government to foreign governments,
20 international organizations, or nongovernmental or-
21 ganizations may be used to coerce any person to un-
22 dergo contraceptive sterilization or involuntary abor-
23 tion or to accept any other method of fertility
24 control.

1 **“SEC. 499E. ELIGIBILITY FOR POPULATION ASSISTANCE.**

2 “(a) ELIGIBLE COUNTRIES.—Notwithstanding any
3 other provision of law, United States population assistance
4 shall be available, directly or through intermediary organi-
5 zations, to any country which the President determines
6 has met one or more of the following criteria:

7 “(1) The country accounts for a significant pro-
8 portion of the world’s annual population increment.

9 “(2) The country has significant unmet needs
10 for methods of contraception, prevention and treat-
11 ment of sexually transmitted diseases and acquired
12 immune deficiency syndrome (AIDS), and obstetric
13 and gynecological care, and requires foreign assist-
14 ance to directly implement, expand, or sustain qual-
15 ity reproductive health services for all its people.

16 “(3) The country demonstrates a strong com-
17 mitment to population stabilization and to com-
18 prehensive reproductive health care strategies
19 through policies, programs and the commitment of
20 domestic funds to improve service and make services
21 more widely available.

22 “(b) ELIGIBILITY OF NONGOVERNMENTAL AND MUL-
23 TILATERAL ORGANIZATIONS.—In determining eligibility
24 for United States population assistance, the President
25 shall not subject nongovernmental and multilateral organi-
26 zations to requirements which are more restrictive than

1 requirements applicable to foreign governments for such
2 assistance.

3 **“SEC. 499F. PARTICIPATION IN MULTILATERAL ORGANIZA-**
4 **TIONS.**

5 “(a) FINDING.—The Congress recognizes that the re-
6 cent attention in government policies toward population
7 stabilization owes much to the efforts of the United Na-
8 tions and its specialized agencies and organizations, par-
9 ticularly the United Nations Population Fund.

10 “(b) AVAILABILITY OF FUNDS.—United States popu-
11 lation assistance shall be available for contributions to the
12 United Nations Population Fund in such amounts as the
13 President determines would be commensurate with United
14 States contributions to other multilateral organizations
15 and with the contributions of other donor countries.

16 “(c) PROHIBITIONS.—(1) The prohibitions contained
17 in section 104(f) of this Act shall apply to the funds made
18 available for the United Nations Population Fund.

19 “(2) No United States population assistance may be
20 available to the United Nations Population Fund unless
21 such assistance is held in a separate account and not com-
22 mingled with any other funds.

23 “(3) No funds may be available for the United Na-
24 tions Population Fund unless the Fund agrees to prohibit
25 the use of those funds to carry out any program, project,

1 or activity that involves the use of coerced abortion or in-
2 voluntary sterilization.

3 “(d) ALLOCATION OF FUNDS.—Of the funds made
4 available for United States population assistance, the
5 President shall make available for the Special Programme
6 of Research, Development and Research Training in
7 Human Reproduction for each of the fiscal years 1994 and
8 1995 an amount commensurate with the contributions of
9 the other donor countries for the purpose of furthering
10 international cooperation in the development and evalua-
11 tion of contraceptive technology.

12 **“SEC. 499G. SUPPORT FOR NONGOVERNMENTAL ORGANIZA-**
13 **TIONS.**

14 “(a) FINDINGS.—The Congress finds that—

15 “(1) in many developing countries, nongovern-
16 mental entities, including private and voluntary or-
17 ganizations and private sector entities, such as the
18 International Planned Parenthood Federation and
19 the Planned Parenthood Federation of America, are
20 the most appropriate and effective providers of Unit-
21 ed States assistance to population and family plan-
22 ning activities; and

23 “(2) in particular, organizations and groups
24 founded by women or in which women have signifi-
25 cant and meaningful participation, and which are

1 committed to promoting women’s reproductive health
2 rights through client-oriented programs and activi-
3 ties, have proven the most effective of all.

4 “(b) PROCEDURES.—The President shall establish
5 simplified procedures for the development and approval of
6 programs to be carried out by nongovernmental organiza-
7 tions that have demonstrated—

8 “(1) a capacity to undertake quality, effective,
9 client-oriented reproductive health and population
10 activities which encourage significant involvement by
11 private health practitioners, employer-based health
12 services, unions, and cooperative health organiza-
13 tions; and

14 “(2) a commitment to quality, client-oriented
15 reproductive health care for women.

16 “(c) PRIORITY FOR NONGOVERNMENTAL ORGANIZA-
17 TIONS.—The largest share of United States population as-
18 sistance made available for any fiscal year shall be made
19 available through United States and foreign nongovern-
20 mental organizations.

21 **“SEC. 499H. REPORTS TO CONGRESS.**

22 “The President shall prepare and submit to the Con-
23 gress, as part of the annual presentation materials on for-
24 eign assistance, a report on world progress toward popu-

1 lation stabilization and universal reproductive choice. The
2 report shall include—

3 “(1) estimates of expenditures on the popu-
4 lation activities described in section 499C by na-
5 tional governments, donor agencies, and private sec-
6 tor entities;

7 “(2) an assessment by country of the availabil-
8 ity and use of all methods of contraception and
9 abortion, whether lawful or unlawful in that country;

10 “(3) an analysis by country and region of the
11 impact of population trends on a set of key social,
12 economic, political, and environmental indicators,
13 which shall be identified by the President in the first
14 report submitted pursuant to this section and ana-
15 lyzed in that report and each subsequent report; and

16 “(4) a detailed statement of prior year and pro-
17 posed direct and indirect allocations of population
18 assistance, by country, which describes how each
19 country allocation meets the criteria set forth in this
20 section.”.

21 **SEC. 293. AUTHORIZATIONS OF APPROPRIATIONS.**

22 Section 104(g)(1) of the Foreign Assistance Act of
23 1961 (22 U.S.C. 2151b(g)(1)) is amended by amending
24 subparagraph (A) to read as follows:

1 “(A) \$725,000,000 for fiscal year 1994 and
2 \$800,000,000 for fiscal year 1995 to carry out sub-
3 section (b) of this section; and”.

4 **SEC. 294. ECONOMIC AND SOCIAL DEVELOPMENT INITIA-**
5 **TIVES TO STABILIZE WORLD POPULATION.**

6 (a) CONGRESSIONAL FINDINGS.—The Congress
7 makes the following findings:

8 (1) Women represent 50 percent of the world’s
9 human resource potential. Therefore, improving the
10 health, social, and economic status of women and in-
11 creasing their productivity are essential for economic
12 progress in all countries.

13 (2) Throughout the world, women who partici-
14 pate in the social, economic, and political affairs of
15 their communities are more likely to exercise their
16 choice about childbearing than women who do not
17 participate in such activities.

18 (3) Effective economic development strategies
19 address issues such as infant and child survival
20 rates, educational opportunities, especially literacy
21 programs, for girls and women, and gender equality
22 in development.

23 (4) Comprehensive population stabilization ef-
24 forts which include both family planning services
25 and economic development activities achieve lower

1 birth rates and stimulate more development than
2 those which pursue these objectives independently.

3 (5) The most powerful, long-term influence on
4 birthrates is education, especially educational attain-
5 ment among women. The education of women also
6 has a strong influence on other aspects of family
7 welfare, including child survival. World-wide statis-
8 tics, however, indicate that the number of school-age
9 children, especially girls, not attending school is
10 growing annually.

11 (6) Each year, nearly 15,000,000 children
12 under the age of 5 die, most from preventable
13 causes. Wider availability of vaccines, simple treat-
14 ments for diarrheal disease and respiratory infec-
15 tions, and improved nutrition could prevent many of
16 these deaths.

17 (7) Each year, 500,000 or more women world-
18 wide die from complications related to pregnancy,
19 childbirth, or illegal abortion. Another 10 million
20 women annually suffer long-term illness or perma-
21 nent physical impairment from such causes.

22 (8) In many countries, high levels of mortality
23 and morbidity among women of childbearing age are
24 directly related to inadequate or inaccessible repro-
25 ductive health care services.

1 (9) Many women are their family's principal
2 caregiver and chief source of economic support. The
3 death of a mother substantially increases the risk of
4 neglect, abandonment, or death for her young
5 children.

6 (10) Malnutrition and anemia are widespread
7 among poor women in their childbearing years, yet
8 the worldwide campaign to encourage breastfeeding
9 has devoted little attention to the nutritional needs
10 of nursing mothers, or in the improvement of nutri-
11 tional and health levels of women in general.

12 (11) During the 1990s, women, especially in
13 Africa, face substantially increased risks of death or
14 disability from sexually transmitted diseases. During
15 the 1990s, more than 3,000,000 women in Africa
16 will die of the acquired immune deficiency syndrome
17 (AIDS), leaving more than 5,000,000 orphans.

18 (b) DECLARATION OF POLICY.—Congress declares
19 that, in order to further the United States foreign policy
20 objective of assisting the international community in
21 achieving universal availability of quality family planning
22 services and stabilizing world population, additional objec-
23 tives of the foreign policy of the United States shall be—

24 (1) to expand basic education opportunities for
25 girls and women;

1 (2) to reduce the gap between male and female
2 levels of literacy and between male and female levels
3 of primary and secondary school enrollment;

4 (3) to help ensure that women worldwide have
5 the opportunity to become equal partners with men
6 in the development of their societies;

7 (4) to reduce global maternal and infant mor-
8 tality rates; and

9 (5) to improve worldwide overall reproductive
10 health, maternal and child health status, and quality
11 of life.

12 (c) AUTHORIZED ACTIVITIES.—United States devel-
13 opment assistance shall be available, on a priority basis,
14 for—

15 (1) countries which either have adopted and im-
16 plemented, or have agreed to adopt and implement,
17 strategies to help ensure, by the year 2000—

18 (A) the completion of primary school edu-
19 cation by no less than 80 percent of the coun-
20 try's primary school-age children;

21 (B) the reduction of adult illiteracy by at
22 least one-half the country's 1990 level; and

23 (C) the elimination of the gap between
24 male and female levels of literacy and between

1 male and female levels of primary and second-
2 ary school enrollment;

3 (2) governmental and nongovernmental pro-
4 grams which, with respect to a targeted country, are
5 intended—

6 (A) to reduce significantly malnutrition
7 among the country's children under 5 years of
8 age;

9 (B) to maintain immunizations against
10 childhood diseases for significant segments of
11 the country's children; and

12 (C) to reduce the number of childhood
13 deaths in the country which result from diar-
14 rheal disease and acute respiratory infections;

15 (3) governmental and nongovernmental pro-
16 grams which are intended to increase women's pro-
17 ductivity through improved access to appropriate
18 labor-saving technology, vocational training, and ex-
19 tension services and access to credit and child care;
20 and

21 (4) governmental and nongovernmental pro-
22 grams which are intended to increase the access of
23 girls and women to comprehensive reproductive
24 health care services pursuant to subsection (d).

1 (d) SAFE MOTHERHOOD INITIATIVE.—(1)(A) The
2 President is authorized to establish a grant program, to
3 be known as the Safe Motherhood Initiative, to help im-
4 prove the access of girls and women worldwide to com-
5 prehensive reproductive health care services.

6 (B) Such program shall be carried out in accordance
7 with this section and shall be subject to the same terms,
8 conditions, prohibitions, and restrictions as are applicable
9 to assistance made available under sections 499D, 499E,
10 and 499F of the Foreign Assistance Act of 1961.

11 (2) Eligible for assistance under this section are com-
12 prehensive reproductive health programs which empha-
13 size—

14 (A) contraceptive services;

15 (B) prenatal care and screening for high risk
16 pregnancies, and improved access to safe delivery
17 services for women with high risk pregnancies;

18 (C) supplemental food programs for pregnant
19 and nursing women;

20 (D) expanded and coordinated programs to pre-
21 vent, detect, and treat sexually transmitted diseases,
22 including acquired immune deficiency syndrome
23 (AIDS), reproductive tract infections, and other
24 chronic reproductive health problems;

1 (E) programs to eliminate traditional practices
2 injurious to women's health, including female genital
3 mutilation; and

4 (F) improvements in the practice of midwifery,
5 including outreach to traditional birth attendants.

6 (e) REPORTS TO CONGRESS.—(1) Not later than De-
7 cember 31, 1994, the President shall prepare and submit
8 to the Congress a report which includes—

9 (A) estimates of the total financial resources
10 needed to achieve, by the year 2000, the specific ob-
11 jectives set forth in subsection (c) with respect to
12 education, rates of illiteracy, malnutrition, immuni-
13 zation, maternal and child mortality and morbidity,
14 and improvements in the economic productivity of
15 women;

16 (B) an analysis of such estimates which sepa-
17 rately lists the total financial resources needed from
18 the United States, other donor nations, and non-gov-
19 ernmental organizations;

20 (C) an analysis, by country, which—

21 (i) identifies the legal, social, economic,
22 and cultural barriers to women's self-determina-
23 tion and to improvements in the economic pro-
24 ductivity of women in traditional and modern
25 labor sectors; and

1 (ii) describes initiatives needed to develop
2 appropriate technologies for use by women,
3 credit programs for low-income women, ex-
4 panded child care, vocational training, and ex-
5 tension services for women; and

6 (D) a comprehensive description of—

7 (i) new and expanded initiatives to ensure
8 safe motherhood worldwide;

9 (ii) findings on the major causes of mortal-
10 ity and morbidity among women of childbearing
11 age in various regions of the world;

12 (iii) actions needed to reduce, by the year
13 2000, world maternal mortality by one-half of
14 the worldwide 1990 level; and

15 (iv) the financial resources needed to meet
16 this goal from the United States, other donor
17 nations, and nongovernmental organizations.

18 (2) In each annual country human rights report, the
19 Secretary of State shall include—

20 (A) information on any patterns within the
21 country of discrimination against women in in-
22 heritance laws, property rights, family law, ac-
23 cess to credit and technology, hiring practices,
24 formal education, and vocational training; and

1 (B) an assessment which makes reference
2 to all significant forms of violence against
3 women, including rape, domestic violence, and
4 female genital mutilation, the extent of involun-
5 tary marriage and childbearing, and the preva-
6 lence of marriage among women under the age
7 of 18 years.

8 (f) AUTHORIZATION OF APPROPRIATIONS.—(1) Of
9 the aggregate amounts available for United States devel-
10 opment and economic assistance programs for education
11 activities, \$350,000,000 for fiscal year 1994 and
12 \$350,000,000 for fiscal year 1995 shall be available only
13 for programs in support of equalizing male and female lev-
14 els of primary and secondary school enrollment.

15 (2) There are authorized to be appropriated
16 \$405,000,000 for fiscal year 1994 and \$490,000,000 for
17 fiscal year 1995 to the Child Survival Fund under section
18 104(c)(2) of the Foreign Assistance Act of 1961, which
19 amounts shall be available for child survival activities only,
20 including the Children's Vaccine Initiative, the worldwide
21 immunization effort, and oral rehydration programs.

22 (3) There are authorized to be appropriated
23 \$100,000,000 for the Safe Motherhood Initiative for each
24 of fiscal years 1994 and 1995.

25 (g) DEFINITIONS.—For purposes of this section—

1 (1) the term “annual country human rights re-
2 port” refers to the report required to be submitted
3 pursuant to section 502B(b) of the Foreign Assist-
4 ance Act of 1961 (22 U.S.C. 2304(b)); and

5 (2) the term “United States development and
6 economic assistance” means assistance made avail-
7 able under chapter 1 of part I and chapter 4 of part
8 II of the Foreign Assistance Act of 1961.

9 **SEC. 295. AIDS PREVENTION AND CONTROL FUND.**

10 (a) IN GENERAL.—Section 104(c) of the Foreign As-
11 sistance Act of 1961 (22 U.S.C. 2151b(c)) is amended by
12 adding at the end the following new paragraph:

13 “(4)(A)(i) The President is authorized to provide as-
14 sistance, under such terms and conditions as he may de-
15 termine, with respect to activities relating to research on,
16 and the treatment and control of, acquired immune defi-
17 ciency syndrome (AIDS) in developing countries.

18 “(ii) Assistance provided under clause (i) shall in-
19 clude—

20 “(I) funds made available directly to the World
21 Health Organization for its use in financing the
22 Global Program on AIDS (including activities imple-
23 mented by the Pan American Health Organization);
24 and

1 “(II) funds made available to the United Na-
2 tions Children’s Fund (UNICEF) for AIDS-related
3 activities.

4 “(B) Appropriations pursuant to subparagraph (A)
5 may be referred to as the ‘AIDS Prevention and Control
6 Fund’.”.

7 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
8 104(g)(1) of the Foreign Assistance Act of 1961 (22
9 U.S.C. 2151b(g)) is amended—

10 (1) by striking “and” at the end of subpara-
11 graph (A);

12 (2) in subparagraph (B), by striking “sub-
13 section (c) of this section.” and inserting “sub-
14 section (c) of this section (other than paragraph (4)
15 thereof); and”; and

16 (3) by adding at the end thereof the following
17 new subparagraph:

18 “(C) \$100,000,000 for fiscal year 1994
19 and \$165,000,000 for fiscal year 1995 to carry
20 out subsection (c)(4) of this section.”.

21 (c) EFFECTIVE DATE.—The amendments made by
22 this section shall take effect October 1, 1993.

1 **SEC. 296. OVERSIGHT OF MULTILATERAL DEVELOPMENT**
2 **BANKS.**

3 (a) FINDING.—The Congress considers insufficient
4 the role currently played in global population efforts by
5 the International Bank for Reconstruction and Develop-
6 ment, the Asian Development Bank, the Inter-American
7 Development Bank and the African Development Bank.
8 Although these multilateral development banks are sin-
9 gularly important sources of support for development ac-
10 tivities, together they provided less than \$200,000,000 in
11 1990 in assistance for core population programs. Nor have
12 these institutions consistently encouraged appropriate
13 population and reproductive health care policies.

14 (b) REPORT REQUIRED.—(1) The Congress believes
15 that the multilateral development banks should together
16 increase their support for the population activities de-
17 scribed in section 499C of the Foreign Assistance Act of
18 1961 to no less than \$1,000,000,000 by the end of 1999.

19 (2) Not later than July 31 of each year, the United
20 States Executive Directors of the International Bank for
21 Reconstruction and Development, the Asian Development
22 Bank, the Inter-American Development Bank and the Af-
23 rican Development Bank shall prepare and transmit to
24 Congress a report which sets forth information on alloca-
25 tions by each of these institutions to the population activi-
26 ties described in section 499C of the Foreign Assistance

1 Act of 1961 and, if such allocations total less than
2 \$1,000,000,000, set forth any specific actions taken by the
3 Executive Directors to encourage increases in such alloca-
4 tions and in policy level discussions with donor and devel-
5 oping country governments.

6 **SEC. 297. COMMISSION ON WORLD POPULATION STABILIZA-**
7 **TION AND REPRODUCTIVE HEALTH.**

8 (a) ESTABLISHMENT OF COMMISSION.—There is es-
9 tablished the Commission on World Population Stabiliza-
10 tion and Reproductive Health for the purpose of coordi-
11 nating United States preparation for, and participation in,
12 the 1994 International Conference on Population and De-
13 velopment and for other purposes.

14 (b) COMPOSITION OF COMMISSION.—The Commis-
15 sion shall be composed of—

16 (1) the Under Secretary of State for Global
17 Population, Environment and National Resources;

18 (2) the Administrator of the Agency for Inter-
19 national Development;

20 (3) the Deputy Assistant Secretary for Popu-
21 lation Affairs of the Department of Health and
22 Human Services;

23 (4) the Assistant Administrator for Inter-
24 national Activities of the Environmental Protection
25 Agency;

1 (5) the Director of the Congressional Office of
2 Technology Assessment; and

3 (6) three individuals appointed by the Presi-
4 dent, by and with the advice and consent of the Sen-
5 ate, one of whom the President shall designate as
6 Chairman.

7 (c) PERIOD OF APPOINTMENT; VACANCIES.—Mem-
8 bers shall be appointed for the life of the Commission. Any
9 vacancy in the Commission shall not affect its powers, but
10 shall be filled in the same manner as the original appoint-
11 ment.

12 (d) QUORUM.—A majority of the members of the
13 Commission shall constitute a quorum, but a lesser num-
14 ber of members may hold hearings.

15 (e) HEARINGS.—The Commission may hold such
16 hearings, sit and act at such times and places, take such
17 testimony, and receive such evidence as the Commission
18 considers advisable to carry out the purposes of this sec-
19 tion.

20 (f) INFORMATION FROM FEDERAL AGENCIES.—The
21 Commission may secure directly from any Federal depart-
22 ment or agency such information as the Commission con-
23 siders necessary to carry out the provisions of this subtitle.
24 Upon request of the Chairman of the Commission, the

1 head of such department or agency shall furnish such in-
2 formation to the Commission.

3 (g) POSTAL SERVICES.—The Commission may use
4 the United States mails in the same manner and under
5 the same conditions as other departments and agencies of
6 the Federal Government.

7 (h) GIFTS.—The Commission may accept, use, and
8 dispose of gifts or donations of services or property.

9 (i) COMPENSATION OF MEMBERS.—Each member of
10 the Commission who is not an officer or employee of the
11 Federal Government shall be compensated at a rate equal
12 to the daily equivalent of the annual rate of basic pay pre-
13 scribed for level IV of the Executive Schedule under sec-
14 tion 5315 of title 5, United States Code, for each day (in-
15 cluding travel time) during which such member is engaged
16 in the performance of the duties of the Commission. All
17 members of the Commission who are officers or employees
18 of the United States shall serve without compensation in
19 addition to that received for their services as officers or
20 employees of the United States.

21 (j) TRAVEL EXPENSES.—The members of the Com-
22 mission shall be allowed travel expenses, including per
23 diem in lieu of subsistence, at rates authorized for employ-
24 ees of agencies under subchapter I of chapter 57 of title
25 5, United States Code, while away from their homes or

1 regular places of business in the performance of services
2 for the Commission.

3 (k) STAFF COMPENSATION.—The Chairman of the
4 Commission may fix the compensation of personnel with-
5 out regard to the provisions of chapter 51 and subchapter
6 III of chapter 53 of title 5, United States Code, relating
7 to classification of positions and General Schedule pay
8 rates, except that the rate of pay for the executive director
9 and other personnel may not exceed the rate payable for
10 level V of the Executive Schedule under section 5316 of
11 such title.

12 (l) DETAIL OF GOVERNMENT EMPLOYEES.—Any
13 Federal Government employee may be detailed to the
14 Commission without reimbursement, and such detail shall
15 be without interruption or loss of civil service status or
16 privilege.

17 (m) PROCUREMENT OF TEMPORARY AND INTERMIT-
18 TENT SERVICES.—The Chairman of the Commission may
19 procure temporary and intermittent services under section
20 3109(b) of title 5, United States Code, at rates for individ-
21 uals which do not exceed the daily equivalent of the annual
22 rate of basic pay prescribed for level V of the Executive
23 Schedule under section 5316 of such title.

24 (n) REPORT.—Not later than June 30, 1994, the
25 Commission shall submit to the President a public report

1 on national and international population trends and the
2 probable impact of such trends on efforts to alleviate pov-
3 erty and protect the environment. The report, which
4 should be made available for consideration at the 1994
5 International Conference on Population and Development,
6 shall specify, among other things, modifications in policy
7 and financial commitments required by foreign govern-
8 ments to achieve universal reproductive choice and early
9 population stabilization.

10 (o) TERMINATION OF THE COMMISSION.—The Com-
11 mission shall terminate 90 days after the date on which
12 the Commission submits its report under subsection (n).

13 (p) AUTHORIZATION OF APPROPRIATIONS.—To carry
14 out this section, there are authorized to be appropriated
15 to the Commission \$1,000,000 for fiscal year 1994.

16 **SEC. 298. SUPPORT FOR UNITED NATIONS FORWARD LOOK-**
17 **ING STRATEGIES FOR THE ADVANCEMENT OF**
18 **WOMEN.**

19 (a) IN GENERAL.—The President shall direct the
20 United States representatives to the United Nations Com-
21 mission on the Status of Women to take all actions nec-
22 essary to ensure the rapid implementation of the United
23 Nations Forward Looking Strategies for the Advancement
24 of Women, as adopted in 1985 at the United Nations Con-
25 ference ending the Decade for Women.

1 (b) REVIEW AND ANNUAL REPORTS.—Not later than
 2 December 31, 1993, the Secretary of State shall submit
 3 the 5-year review of the status of United States women,
 4 as called for at the conference, and shall submit such an-
 5 nual reports as are requested by the United Nations Com-
 6 mission on the Status of Women.

7 **SEC. 299. SUPPORT FOR THE CONVENTION ON THE ELIMI-**
 8 **NATION OF ALL FORMS OF DISCRIMINATION**
 9 **AGAINST WOMEN.**

10 The President shall promptly complete the review of
 11 the United Nations Convention on the Elimination of All
 12 Forms of Discrimination Against Women, which was
 13 signed by the United States on July 17, 1980, and submit
 14 to the Senate any reservations, understandings, or dec-
 15 larations that the President considers necessary in order
 16 that the Senate may give its advice and consent to ratifica-
 17 tion, or report to the Congress why he is unable or unwill-
 18 ing to do so.

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