

105TH CONGRESS
1ST SESSION

S. 1536

To amend the Public Health Service Act and Employee Retirement Income Security Act of 1974 to require that group and individual health insurance coverage and group health plans provide coverage for qualified individuals for bone mass measurement (bone density testing) to prevent fractures associated with osteoporosis and to help women make informed choices about their reproductive and post-menopausal health care, and to otherwise provide for research and information concerning osteoporosis and other related bone diseases.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 13, 1997

Mr. TORRICELLI (for himself and Ms. SNOWE) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

A BILL

To amend the Public Health Service Act and Employee Retirement Income Security Act of 1974 to require that group and individual health insurance coverage and group health plans provide coverage for qualified individuals for bone mass measurement (bone density testing) to prevent fractures associated with osteoporosis and to help women make informed choices about their reproductive and post-menopausal health care, and to otherwise provide for research and information concerning osteoporosis and other related bone diseases.

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

3 **SECTION 1. SHORT TITLE; FINDINGS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Early Detection and Prevention of Osteoporosis and Re-
6 lated Bone Diseases Act of 1997”.

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

9 (1) NATURE OF OSTEOPOROSIS.—

10 (A) Osteoporosis is a disease characterized
11 by low bone mass and structural deterioration
12 of bone tissue leading to bone fragility and in-
13 creased susceptibility to fractures of the hip,
14 spine, and wrist.

15 (B) Osteoporosis has no symptoms and
16 typically remains undiagnosed until a fracture
17 occurs.

18 (C) Once a fracture occurs, the condition
19 has usually advanced to the stage where the
20 likelihood is high that another fracture will
21 occur.

22 (D) There is no cure for osteoporosis, but
23 drug therapy has been shown to reduce new hip
24 and spine fractures by 50 percent and other

1 treatments, such as nutrition therapy, have also
2 proven effective.

3 (2) INCIDENCE OF OSTEOPOROSIS AND RELAT-
4 ED BONE DISEASES.—

5 (A) 28 million Americans have (or are at
6 risk for) osteoporosis, 80 percent of which are
7 women.

8 (B) Osteoporosis is responsible for 1.5 mil-
9 lion bone fractures annually, including more
10 than 300,000 hip fractures, 700,000 vertebral
11 fractures and 200,000 fractures of the wrists.

12 (C) Half of all women, and one-eighth of
13 all men, age 50 or older will have a bone frac-
14 ture due to osteoporosis.

15 (D) Between 3 and 4 million Americans
16 have Paget's disease, osteogenesis imperfecta,
17 hyperparathyroidism, and other related meta-
18 bolic bone diseases.

19 (3) IMPACT OF OSTEOPOROSIS.—The cost of
20 treating osteoporosis is significant:

21 (A) The annual cost of osteoporosis in the
22 United States is \$13.8 billion and is expected to
23 increase precipitously because the proportion of
24 the population comprised of older persons is ex-
25 panding and each generation of older persons

1 tends to have a higher incidence of osteoporosis
2 than preceding generations.

3 (B) The average cost in the United States
4 of repairing a hip fracture due to osteoporosis
5 is \$32,000.

6 (C) Fractures due to osteoporosis fre-
7 quently result in disability and institutionaliza-
8 tion of individuals.

9 (D) Because osteoporosis is a progressive
10 condition and affects primarily aging individ-
11 uals, reductions in the incidence or severity of
12 osteoporosis, particularly for post menopausal
13 women before they become eligible for medicare,
14 has a significant potential of reducing
15 osteoporosis-related costs under the medicare
16 program.

17 (4) USE OF BONE MASS MEASUREMENT.—

18 (A) Bone mass measurement is the only
19 reliable method of detecting osteoporosis at an
20 early stage.

21 (B) Low bone mass is as predictive of fu-
22 ture fractures as is high cholesterol or high
23 blood pressure of heart disease or stroke.

1 (C) Bone mass measurement is a non-
2 invasive, painless, and reliable way to diagnose
3 osteoporosis before costly fractures occur.

4 (D) Under section 4106 of the Balanced
5 Budget Act of 1997, Medicare will provide cov-
6 erage, effective July 1, 1998, for bone mass
7 measurement for qualified individuals who are
8 at risk of developing osteoporosis.

9 (5) RESEARCH ON OSTEOPOROSIS AND RELAT-
10 ED BONE DISEASES.—

11 (A) Technology now exists, and new tech-
12 nology is developing, that will permit the early
13 diagnosis and prevention of osteoporosis and re-
14 lated bone diseases as well as management of
15 these conditions once they develop.

16 (B) Funding for research on osteoporosis
17 and related bone diseases is severely con-
18 strained at key research institutes, including
19 the National Institute of Arthritis and Musculo-
20 skeletal and Skin Diseases, the National Insti-
21 tute on Aging, the National Institute of Dia-
22 betics and Digestive and Kidney Diseases, the
23 National Institute of Dental Research, and the
24 National Institute of Child Health and Human
25 Development.

1 (C) Further research is needed to improve
2 medical knowledge concerning—

3 (i) cellular mechanisms related to the
4 processes of bone resorption and bone for-
5 mation, and the effect of different agents
6 on bone remodeling;

7 (ii) risk factors for osteoporosis, in-
8 cluding newly discovered risk factors, risk
9 factors related to groups not ordinarily
10 studied (such as men and minorities), risk
11 factors related to genes that help to control
12 skeletal metabolism, and risk factors relat-
13 ing to the relationship of aging processes
14 to the development of osteoporosis;

15 (iii) bone mass measurement tech-
16 nology, including more widespread and
17 cost-effective techniques for making more
18 precise measurements and for interpreting
19 measurements;

20 (iv) calcium (including bioavailability,
21 intake requirements, and the role of cal-
22 cium in building heavier and denser skele-
23 tons), and vitamin D and its role as an es-
24 sential vitamin in adults;

1 (v) prevention and treatment, includ-
 2 ing the efficacy of current therapies, alter-
 3 native drug therapies for prevention and
 4 treatment, and the role of exercise; and
 5 (vi) rehabilitation.

6 (D) Further educational efforts are needed
 7 to increase public and professional knowledge of
 8 the causes of, methods for avoiding, and treat-
 9 ment of osteoporosis.

10 **SEC. 2. REQUIRING COVERAGE OF BONE MASS MEASURE-**
 11 **MENT UNDER HEALTH PLANS.**

12 (a) GROUP HEALTH PLANS.—

13 (1) PUBLIC HEALTH SERVICE ACT AMEND-
 14 MENTS.—

15 (A) IN GENERAL.—Subpart 2 of part A of
 16 title XXVII of the Public Health Service Act,
 17 as amended by section 703(a) of Public Law
 18 104–204, is amended by adding at the end the
 19 following new section:

20 **“SEC. 2706. STANDARDS RELATING TO BENEFITS FOR BONE**
 21 **MASS MEASUREMENT.**

22 “(a) REQUIREMENTS FOR COVERAGE OF BONE MASS
 23 MEASUREMENT.—A group health plan, and a health in-
 24 surance issuer offering group health insurance coverage,
 25 shall include (consistent with this section) coverage for

1 bone mass measurement for beneficiaries and participants
2 who are qualified individuals.

3 “(b) DEFINITIONS RELATING TO COVERAGE.—In
4 this section:

5 “(1) BONE MASS MEASUREMENT.—The term
6 ‘bone mass measurement’ means a radiologic or
7 radioisotopic procedure or other procedure approved
8 by the Food and Drug Administration performed on
9 an individual for the purpose of identifying bone
10 mass or detecting bone loss or determining bone
11 quality, and includes a physician’s interpretation of
12 the results of the procedure. Nothing in this para-
13 graph shall be construed as requiring a bone mass
14 measurement to be conducted in a particular type of
15 facility or to prevent such a measurement from
16 being conducted through the use of mobile facilities
17 that are otherwise qualified.

18 “(2) QUALIFIED INDIVIDUAL.—The term ‘quali-
19 fied individual’ means an individual who—

20 “(A) is an estrogen-deficient woman at
21 clinical risk for osteoporosis;

22 “(B) has vertebral abnormalities;

23 “(C) is receiving chemotherapy or long-
24 term glucocorticoid (steroid) therapy;

1 “(D) has primary hyperparathyroidism,
2 hyperthyroidism, or excess thyroid replacement;
3 or

4 “(E) is being monitored to assess the re-
5 sponse to or efficacy of approved osteoporosis
6 drug therapy.

7 “(c) LIMITATION ON FREQUENCY REQUIRED.—Tak-
8 ing into account the standards established under section
9 1861(rr)(3) of the Social Security Act, the Secretary shall
10 establish standards regarding the frequency with which a
11 qualified individual shall be eligible to be provided benefits
12 for bone mass measurement under this section. The Sec-
13 retary may vary such standards based on the clinical and
14 risk-related characteristics of qualified individuals.

15 “(d) RESTRICTIONS ON COST-SHARING.—

16 “(1) IN GENERAL.—Subject to paragraph (2),
17 nothing in this section shall be construed as prevent-
18 ing a group health plan or issuer from imposing
19 deductibles, coinsurance, or other cost-sharing in re-
20 lation to bone mass measurement under the plan (or
21 health insurance coverage offered in connection with
22 a plan).

23 “(2) LIMITATION.—Deductibles, coinsurance,
24 and other cost-sharing or other limitations for bone
25 mass measurement may not be imposed under para-

1 graph (1) to the extent they exceed the deductibles,
2 coinsurance, and limitations that are applied to simi-
3 lar services under the group health plan or health
4 insurance coverage.

5 “(e) PROHIBITIONS.—A group health plan, and a
6 health insurance issuer offering group health insurance
7 coverage in connection with a group health plan, may
8 not—

9 “(1) deny to an individual eligibility, or contin-
10 ued eligibility, to enroll or to renew coverage under
11 the terms of the plan, solely for the purpose of
12 avoiding the requirements of this section;

13 “(2) provide incentives (monetary or otherwise)
14 to individuals to encourage such individuals not to
15 be provided bone mass measurements to which they
16 are entitled under this section or to providers to in-
17 duce such providers not to provide such measure-
18 ments to qualified individuals;

19 “(3) prohibit a provider from discussing with a
20 patient osteoporosis preventive techniques or medical
21 treatment options relating to this section; or

22 “(4) penalize or otherwise reduce or limit the
23 reimbursement of a provider because such provider
24 provided bone mass measurements to a qualified in-
25 dividual in accordance with this section.

1 “(f) RULE OF CONSTRUCTION.—Nothing in this sec-
2 tion shall be construed to require an individual who is a
3 participant or beneficiary to undergo bone mass
4 measurement.

5 “(g) NOTICE.—A group health plan under this part
6 shall comply with the notice requirement under section
7 713(g) of the Employee Retirement Income Security Act
8 of 1974 with respect to the requirements of this section
9 as if such section applied to such plan.

10 “(h) LEVEL AND TYPE OF REIMBURSEMENTS.—
11 Nothing in this section shall be construed to prevent a
12 group health plan or a health insurance issuer offering
13 group health insurance coverage from negotiating the level
14 and type of reimbursement with a provider for care pro-
15 vided in accordance with this section.

16 “(i) PREEMPTION.—

17 “(1) IN GENERAL.—The provisions of this sec-
18 tion do not preempt State law relating to health in-
19 surance coverage to the extent such State law pro-
20 vides greater benefits with respect to osteoporosis
21 detection or prevention.

22 “(2) CONSTRUCTION.—Section 2723(a)(1) shall
23 not be construed as superseding a State law de-
24 scribed in paragraph (1).”.

1 (B) CONFORMING AMENDMENT.—Section
 2 2723(c) of such Act (42 U.S.C. 300gg–23(c)),
 3 as amended by section 604(b)(2) of Public Law
 4 104–204, is amended by striking “section
 5 2704” and inserting “sections 2704 and 2706”.

6 (2) ERISA AMENDMENTS.—

7 (A) IN GENERAL.—Subpart B of part 7 of
 8 subtitle B of title I of the Employee Retirement
 9 Income Security Act of 1974, as amended by
 10 section 702(a) of Public Law 104–204, is
 11 amended by adding at the end the following
 12 new section:

13 **“SEC. 713. STANDARDS RELATING TO BENEFITS FOR BONE**
 14 **MASS MEASUREMENT.**

15 “(a) REQUIREMENTS FOR COVERAGE OF BONE MASS
 16 MEASUREMENT.—A group health plan, and a health in-
 17 surance issuer offering group health insurance coverage,
 18 shall include (consistent with this section) coverage for
 19 bone mass measurement for beneficiaries and participants
 20 who are qualified individuals.

21 “(b) DEFINITIONS RELATING TO COVERAGE.—In
 22 this section:

23 “(1) BONE MASS MEASUREMENT.—The term
 24 ‘bone mass measurement’ means a radiologic or
 25 radioisotopic procedure or other procedure approved

1 by the Food and Drug Administration performed on
2 an individual for the purpose of identifying bone
3 mass or detecting bone loss or determining bone
4 quality, and includes a physician's interpretation of
5 the results of the procedure. Nothing in this para-
6 graph shall be construed as requiring a bone mass
7 measurement to be conducted in a particular type
8 of facility or to prevent such a measurement from
9 being conducted through the use of mobile facilities
10 that are otherwise qualified.

11 “(2) QUALIFIED INDIVIDUAL.—The term ‘quali-
12 fied individual’ means an individual who—

13 “(A) is an estrogen-deficient woman at
14 clinical risk for osteoporosis;

15 “(B) has vertebral abnormalities;

16 “(C) is receiving chemotherapy or long-
17 term glucocorticoid (steroid) therapy;

18 “(D) has primary hyperparathyroidism,
19 hyperthyroidism, or excess thyroid replacement;
20 or

21 “(E) is being monitored to assess the re-
22 sponse to or efficacy of approved osteoporosis
23 drug therapy.

24 “(c) LIMITATION ON FREQUENCY REQUIRED.—The
25 standards established under section 2706(c) of the Public

1 Health Service Act shall apply to benefits provided under
2 this section in the same manner as they apply to benefits
3 provided under section 2706 of such Act.

4 “(d) RESTRICTIONS ON COST-SHARING.—

5 “(1) IN GENERAL.—Subject to paragraph (2),
6 nothing in this section shall be construed as prevent-
7 ing a group health plan or issuer from imposing
8 deductibles, coinsurance, or other cost-sharing in re-
9 lation to bone mass measurement under the plan (or
10 health insurance coverage offered in connection with
11 a plan).

12 “(2) LIMITATION.—Deductibles, coinsurance,
13 and other cost-sharing or other limitations for bone
14 mass measurement may not be imposed under para-
15 graph (1) to the extent they exceed the deductibles,
16 coinsurance, and limitations that are applied to simi-
17 lar services under the group health plan or health
18 insurance coverage.

19 “(e) PROHIBITIONS.—A group health plan, and a
20 health insurance issuer offering group health insurance
21 coverage in connection with a group health plan, may
22 not—

23 “(1) deny to an individual eligibility, or contin-
24 ued eligibility, to enroll or to renew coverage under

1 the terms of the plan, solely for the purpose of
2 avoiding the requirements of this section;

3 “(2) provide incentives (monetary or otherwise)
4 to individuals to encourage such individuals not to
5 be provided bone mass measurements to which they
6 are entitled under this section or to providers to in-
7 duce such providers not to provide such measure-
8 ments to qualified individuals;

9 “(3) prohibit a provider from discussing with a
10 patient osteoporosis preventive techniques or medical
11 treatment options relating to this section; or

12 “(4) penalize or otherwise reduce or limit the
13 reimbursement of a provider because such provider
14 provided bone mass measurements to a qualified in-
15 dividual in accordance with this section.

16 “(f) RULE OF CONSTRUCTION.—Nothing in this sec-
17 tion shall be construed to require an individual who is a
18 participant or beneficiary to undergo bone mass
19 measurement.

20 “(g) NOTICE UNDER GROUP HEALTH PLAN.—The
21 imposition of the requirements of this section shall be
22 treated as a material modification in the terms of the plan
23 described in section 102(a)(1), for purposes of assuring
24 notice of such requirements under the plan; except that
25 the summary description required to be provided under the

1 last sentence of section 104(b)(1) with respect to such
2 modification shall be provided by not later than 60 days
3 after the first day of the first plan year in which such
4 requirements apply.

5 “(h) PREEMPTION.—

6 “(1) IN GENERAL.—The provisions of this sec-
7 tion do not preempt State law relating to health in-
8 surance coverage to the extent such State law pro-
9 vides greater benefits with respect to osteoporosis
10 detection or prevention.

11 “(2) CONSTRUCTION.—Section 731(a)(1) shall
12 not be construed as superseding a State law de-
13 scribed in paragraph (1).”.

14 (B) CONFORMING AMENDMENTS.—

15 (i) Section 731(c) of such Act (29
16 U.S.C. 1191(c)), as amended by section
17 603(b)(1) of Public Law 104–204, is
18 amended by striking “section 711” and in-
19 serting “sections 711 and 713”.

20 (ii) Section 732(a) of such Act (29
21 U.S.C. 1191a(a)), as amended by section
22 603(b)(2) of Public Law 104–204, is
23 amended by striking “section 711” and in-
24 serting “sections 711 and 713”.

1 (iii) The table of contents in section 1
 2 of such Act is amended by inserting after
 3 the item relating to section 712 the follow-
 4 ing new item:

“Sec. 713. Standards relating to benefits for bone mass measurement.

5 (b) INDIVIDUAL HEALTH INSURANCE.—

6 (1) IN GENERAL.—Part B of title XXVII of the
 7 Public Health Service Act, as amended by section
 8 605(a) of Public Law 104–204, is amended by in-
 9 serting after section 2751 the following new section:

10 **“SEC. 2752. STANDARDS RELATING TO BENEFITS FOR BONE**
 11 **MASS MEASUREMENT.**

12 “(a) IN GENERAL.—The provisions of section 2706
 13 (other than subsection (g)) shall apply to health insurance
 14 coverage offered by a health insurance issuer in the indi-
 15 vidual market in the same manner as it applies to health
 16 insurance coverage offered by a health insurance issuer
 17 in connection with a group health plan in the small or
 18 large group market.

19 “(b) NOTICE.—A health insurance issuer under this
 20 part shall comply with the notice requirement under sec-
 21 tion 713(g) of the Employee Retirement Income Security
 22 Act of 1974 with respect to the requirements referred to
 23 in subsection (a) as if such section applied to such issuer
 24 and such issuer were a group health plan.

25 “(c) PREEMPTION.—

1 “(1) IN GENERAL.—The provisions of this sec-
2 tion do not preempt State law relating to health in-
3 surance coverage to the extent such State law pro-
4 vides greater benefits with respect to osteoporosis
5 detection or prevention.

6 “(2) CONSTRUCTION.—Section 2762(a) shall
7 not be construed as superseding a State law de-
8 scribed in paragraph (1).”.

9 (2) CONFORMING AMENDMENTS.—Section
10 2762(b)(2) of such Act (42 U.S.C. 300gg–62(b)(2)),
11 as added by section 605(b)(3)(B) of Public Law
12 104–204, is amended by striking “section 2751”
13 and inserting “sections 2751 and 2752”.

14 (c) EFFECTIVE DATES.—

15 (1) GROUP HEALTH PLANS.—The amendments
16 made by subsection (a) shall apply with respect to
17 group health plans for plan years beginning on or
18 after January 1, 1999.

19 (2) INDIVIDUAL MARKET.—The amendments
20 made by subsection (b) shall apply with respect to
21 health insurance coverage offered, sold, issued, re-
22 newed, in effect, or operated in the individual mar-
23 ket on or after such date.

1 **SEC. 3. OSTEOPOROSIS RESEARCH.**

2 Subpart 4 of part C of title IV of the Public Health
3 Service Act (42 U.S.C. 285d et seq.) is amended by adding
4 at the end the following new section:

5 “RESEARCH ON OSTEOPOROSIS AND RELATED DISEASES

6 “SEC. 442A. (a) EXPANSION OF RESEARCH.—The
7 Director of the Institute, the Director of the National In-
8 stitute on Aging, the Director of the National Institute
9 of Diabetes and Digestive and Kidney Diseases, the Direc-
10 tor of the National Institute of Dental Research, and the
11 Director of the National Institute of Child Health and
12 Human Development shall expand and intensify research
13 on osteoporosis and related bone diseases. The research
14 shall be in addition to research that is authorized under
15 any other provision of law.

16 “(b) MECHANISMS FOR EXPANSION OF RESEARCH.—
17 Each of the Directors specified in subsection (a) shall, in
18 carrying out such subsection, provide for one or more of
19 the following:

20 “(1) Investigator-initiated research.

21 “(2) Funding for investigators beginning their
22 research careers.

23 “(3) Mentorship research grants.

24 “(c) SPECIALIZED CENTERS OF RESEARCH.—

25 “(1) IN GENERAL.—The Director of the Insti-
26 tute, after consultation with the advisory council for

1 the Institute, shall make grants to, or enter into
2 contracts with, public or nonprofit private entities
3 for the development and operation of centers to con-
4 duct research on osteoporosis and related bone dis-
5 eases. Subject to the extent of amounts made avail-
6 able in appropriations Acts, the Director shall pro-
7 vide for not less than three such centers.

8 “(2) ACTIVITIES.—Each center assisted under
9 this subsection—

10 “(A) shall, with respect to osteoporosis and
11 related bone diseases—

12 “(i) conduct basic and clinical re-
13 search;

14 “(ii) develop protocols for training
15 physicians, scientists, nurses, and other
16 health and allied health professionals;

17 “(iii) conduct training programs for
18 such individuals;

19 “(iv) develop model continuing edu-
20 cation programs for such professionals;
21 and

22 “(v) disseminate information to such
23 professionals and the public;

24 “(B) may use the funds to provide stipends
25 for health and allied health professionals en-

1 rolled in training programs described in sub-
2 paragraph (A)(iii); and

3 “(C) shall use the facilities of a single in-
4 stitution, or be formed from a consortium of co-
5 operating institutions, meeting such require-
6 ments as may be prescribed by the Director of
7 the Institute.

8 “(3) DURATION OF SUPPORT.—Support of a
9 center under this subsection may be for a period not
10 exceeding 5 years. Such period may be extended for
11 one or more additional periods not exceeding 5 years
12 if the operations of such center have been reviewed
13 by an appropriate technical and scientific peer re-
14 view group established by the Director and if such
15 group has recommended to the Director that such
16 period should be extended.

17 “(d) DEFINITION OF RELATED BONE DISEASES.—
18 For purposes of this section, the term ‘related bone dis-
19 eases’ includes—

20 “(1) Paget’s disease, a bone disease character-
21 ized by enlargement and loss of density with bowing
22 and deformity of the bones;

23 “(2) osteogenesis imperfecta, a familial disease
24 marked by extreme brittleness of the long bones;

1 “(3) hyperparathyroidism, a condition charac-
2 terized by the presence of excess parathormone in
3 the body resulting in disturbance of calcium metabo-
4 lism with loss of calcium from bone and renal dam-
5 age;

6 “(4) hypoparathyroidism, a condition character-
7 ized by the absence of parathormone resulting in
8 disturbances of calcium metabolism;

9 “(5) renal bone disease, a disease characterized
10 by metabolic disturbances from dialysis, renal trans-
11 plants, or other renal disturbances;

12 “(6) primary or postmenopausal osteoporosis
13 and secondary osteoporosis, such as that induced by
14 corticosteroids; and

15 “(7) other general diseases of bone and mineral
16 metabolism including abnormalities of vitamin D.

17 “(e) AUTHORIZATIONS OF APPROPRIATIONS.—

18 “(1) NATIONAL INSTITUTE OF ARTHRITIS AND
19 MUSCULOSKELETAL AND SKIN DISEASES.—For the
20 purpose of carrying out this section through the Na-
21 tional Institute of Arthritis and Musculoskeletal and
22 Skin Diseases, there are authorized to be appro-
23 priated \$17,000,000 for each of the fiscal years
24 1999 through 2001, and such sums as may be nec-
25 essary for each subsequent fiscal year.

1 “(2) NATIONAL INSTITUTE ON AGING.—For the
2 purpose of carrying out this section through the Na-
3 tional Institute on Aging, there are authorized to be
4 appropriated \$10,000,000 for each of the fiscal
5 years 1999 through 2001, and such sums as may be
6 necessary for each subsequent fiscal year.

7 “(3) NATIONAL INSTITUTE OF DIABETES AND
8 DIGESTIVE AND KIDNEY DISEASES.—For the pur-
9 pose of carrying out this section through the Na-
10 tional Institute of Diabetes and Digestive and Kid-
11 ney Diseases, there are authorized to be appro-
12 priated \$10,000,000 for each of the fiscal years
13 1999 through 2001, and such sums as may be nec-
14 essary for each subsequent fiscal year.

15 “(4) NATIONAL INSTITUTE OF DENTAL RE-
16 SEARCH.—For the purpose of carrying out this sec-
17 tion through the National Institute of Dental Re-
18 search, there are authorized to be appropriated
19 \$5,000,000 for each of the fiscal years 1999 through
20 2001, and such sums as may be necessary for each
21 subsequent fiscal year.

22 “(5) NATIONAL INSTITUTE OF CHILD HEALTH
23 AND HUMAN DEVELOPMENT.—For the purpose of
24 carrying out this section through the National Insti-
25 tute of Child Health and Human Development, there

1 are authorized to be appropriated \$5,000,000 for
 2 each of the fiscal years 1999 through 2001, and
 3 such sums as may be necessary for each subsequent
 4 fiscal year.

5 “(6) SPECIALIZED CENTERS OF RESEARCH.—
 6 For the purpose of carrying out subsection (c), there
 7 are authorized to be appropriated \$3,000,000 for
 8 each of the fiscal years 1999 through 2001, and
 9 such sums as may be necessary for each subsequent
 10 fiscal year.

11 “(7) RELATION TO OTHER PROVISIONS.—Au-
 12 thorizations of appropriations under this subsection
 13 are in addition to amounts authorized to be appro-
 14 priated for biomedical research relating to
 15 osteoporosis and related bone diseases under any
 16 other provision of law.”.

17 **SEC. 4. FUNDING FOR INFORMATION CLEARINGHOUSE ON**
 18 **OSTEOPOROSIS, PAGET’S DISEASE, AND**
 19 **RELATED BONE DISORDERS.**

20 Section 409A(d) of the Public Health Service Act (42
 21 U.S.C. 284e(d)) is amended by adding at the end the fol-
 22 lowing sentence: “In addition to other authorizations of
 23 appropriations available for the purpose of the establish-
 24 ment and operation of the information clearinghouse
 25 under subsection (c), there are authorized to be appro-

1 priated for such purpose \$1,000,000 for fiscal year 1999,
2 and such sums as may be necessary for each of the fiscal
3 years 2000 and 2001.”.

○