The Children's Health Act of 2000

Senate Sponsors: Senators Frist, Jeffords, and Kennedy
House Sponsors: Representatives Bliley, Bilirakis, Dingell, and S. Brown

DIVISION A - CHILDREN'S HEALTH

In an effort to address the health and well being of our most precious resource, the Children's Public Health Act of 2000 amends the Public Health Service Act to revise, extend, and establish programs with respect to children's health research, health promotion and disease prevention activities conducted through Federal public health agencies.

Title I - Autism

Under this provision, the Director of NIH shall expand, intensify, and coordinate the activities of the NIH with respect to research on autism. The Director of NIH will establish Centers of Excellence on autism research. Each center will conduct basic and clinical research into the cause, diagnosis, early detection, prevention, control and treatment of autism, including research in the fields of developmental neurobiology, genetics and psychopharmacology. The Director shall provide for the coordination of information among centers. The Director shall provide for a program under which samples of tissues and genetic materials that are of use in research on autism are made available for this research.

The provision also establishes CDC regional centers of excellence in autism and pervasive developmental disabilities, to collect and analyze information on the number, incidence, and causes of autism and related developmental disabilities. The Secretary shall also establish a program to provide information on autism to health professionals and the general public.

Title II--Research and Development Regarding Fragile X

Instructs the National Institute of Child Health and Human Development to expand, intensify, and coordinate research on Fragile X and authorizes the development of coordinated Fragile X research centers.

Title III--Juvenile Arthritis and Related Conditions

Requires the National Institutes of Health to expand and intensify research concerning juvenile arthritis. Directs HHS to evaluate whether pediatric rheumatology training programs are adequate to meet the health care needs of children with arthritis.

Title IV--Reducing Burden of Diabetes Among Children and Youth

Directs the Secretary, acting through the CDC, to develop a sentinel system to collect incidence and prevalence data on juvenile diabetes. Requires NIH to conduct or support long-term epidemiology studies to investigate the causes and characteristics of juvenile diabetes, and to support regional clinical research centers for the prevention, detection, treatment and cure of juvenile diabetes. Provides for

research and development of prevention strategies.

Title V - Asthma Services for Children

This provision would authorize the Secretary to award grants to provide comprehensive asthma services to children, equip mobile health care clinics, conduct patient and family education on asthma management, and identify children eligible for Medicaid, the State Children's Health Insurance Program, and other children's health programs. This provision amends the Preventive Health and Health Services Block Grant program to provide for the establishment, operation, and coordination of effective and cost-efficient systems to reduce the prevalence of asthma and asthma-related illnesses, especially among children, by reducing the level of exposure to allergens through the use of integrated pest management. This provision also requires HHS to establish a coordinating committee to identify all Federal programs that carry out asthma-related activities, develop a Federal plan for responding to asthma in consultation with appropriate Federal agencies, professional and voluntary health organizations, and recommend ways to strengthen and improve the coordination of asthma-related Federal activities.

Title VI - Birth Defects Prevention Activities

This provision establishes a national folic acid education program to prevent birth defects. CDC, in partnership with the States and local, public, and private entities, is authorized to expand an education and public awareness campaign; conduct research to identify effective strategies for increasing folic acid consumption by women of reproductive capacity; and evaluate the effectiveness of these strategies.

This provision also creates a National Center for Birth Defects and Developmental Disabilities within the CDC. The purpose of this Center would be to collect, analyze, and distribute data on birth defects including information on causes, incidence, and prevalence; conduct applied epidemiological research on the prevention of such defects; and provide information to the public on proven prevention activities.

Title VII - Early Detection, Diagnosis and Treatment Regarding Hearing Loss in Infants

Authorizes grants or cooperative agreements to develop statewide newborn and infant hearing screening, evaluation and intervention programs and systems, and provide technical assistance to State agencies. Directs the NIH to continue a program of research and development on the efficacy of new screening techniques and technology. Provides for Federal coordination with State and local agencies, consumer groups, national medical, health, and education organizations.

Title VIII - Children and Epilepsy

Authorizes the agencies of HHS to expand current epilepsy surveillance activities; implement public and professional education activities; enhance research initiatives; and strengthen partnerships with government agencies and organizations that have experience addressing the health needs of people with disabilities. Authorizes demonstration projects in medically underserved areas, to improve access to health services regarding seizures, to encourage early detection and treatment in children.

Title IX - Safe Motherhood and Infant Health Promotion

The provision authorizes the Secretary of HHS to develop a national surveillance program to better understand the burden of maternal complications and mortality and to decrease the disparities among populations at risk of death and complications from pregnancy. The provision allows the Secretary to expand the Pregnancy Risk Assessment Monitoring System to provide surveillance and data collection in each of the 50 States. Furthermore, the provision would expand research concerning risk factors, prevention strategies, and the roles of the family, health care providers, and the community in safe motherhood. The provision also authorizes public education campaigns on healthy pregnancies, education programs for health care providers, and activities to promote community support services for pregnant women. Finally, the provision provides grant funding for research initiatives and prevention programs on drug, alcohol, and smoking prevention and cessation for pregnant women.

Title X - Pediatric Research Initiative

This provision would establish a Pediatric Research Initiative within the National Institutes of Health (NIH) to enhance collaborative efforts, provide increased support for pediatric biomedical research, and ensure that expanding opportunities for advancement in scientific investigations and care for children are realized.

The Secretary of Health and Human Services (HHS) will make available enhanced support for activities relating to the training and career development of pediatric researchers, including general authority for loan repayment of a portion of education loans.

This provision also authorizes NICHD to convene and direct a consortium of federal agencies, including CDC and EPA, to plan, develop and implement a prospective cohort study to evaluate the effects of both chronic and intermittent exposures on human development, and to investigate basic mechanisms of developmental disorders and environmental factors, both risk and protective, that influence growth and developmental processes. The study will incorporate behavioral, emotional, educational, and contextual consequences to enable a complete assessment of the physical, chemical, biological and psychosocial environmental influences on children's well-being.

The study shall include diverse populations, beginning with prenatal exposures, to gather data on environmental influences and outcomes until at least age 21, and shall consider health disparities.

Title XI - Childhood Malignancies

Directs the CDC to study risk factors that affect or cause childhood cancers and carry out projects to improve outcomes for those children who suffer limb loss as a result. Provides for the expansion of current data collection; and support for CDC’s National Limb Loss Information Center.

Title XII - Adoption Awareness

This title authorizes the Secretary of HHS to make grants to adoption organizations to train the staff of eligible health centers in providing adoption information and referrals based on guidelines developed by the adoption community. The Secretary shall carry out a national campaign to provide information to

the public about adoption of children with special needs.

Title XIII - Traumatic Brain Injury

This provision would reauthorize the Traumatic Brain Injury Act of 1996 to extend the authority for CDC to support research into strategies for the prevention of TBI and to implement public information and education programs for the prevention of traumatic brain injuries. CDC will support additional data collection and development of State TBI registries. NIH research is expanded to include cognitive disorders and neurobehavioral consequences arising from TBI. The bill authorizes HRSA to make grants for new and expanded community support services. Grants may be used to educate consumers and families, train professionals, improve case management, develop best practices in the areas of family support, return to work, and housing for people with traumatic brain injury. Provision would also provide grants for protection and advocacy services for individuals with traumatic Brain Injury.

Title XIV - Child Care Safety and Health Grants

To address the need for increased safety of child care facilities, this provision would give the Secretary of Health and Human Services the authority to provide grants to states to carry out activities related to the improvement of the health and safety of children in child care settings. Grants may be used for two or more of the following activities: train and educate child care providers to prevent injuries and illnesses and to promote health-related practices; strengthen and enforce child care provider licensing, regulation, and registration; rehabilitate child care facilities to meet health and safety standards; provide health consultants to give health and safety advice to child care providers; enhance child care providers' ability to serve children with disabilities; conduct criminal background checks on child care providers; provide information to parents on choosing a safe and healthy setting for their children; or improve the safety of transportation of children in child care.

Title XV - Healthy Start Initiative

Healthy Start, created as a demonstration project in 1991, is authorized in this bill for the first time. The Healthy Start program is designed to reduce the rate of infant mortality and improve perinatal outcomes by providing grants to areas with a high rate of infant mortality and low birth weight infants. This provision authorizes a new grants program for research and additional services, to enhance access to health care for pregnant women and infants.

Title XVI - Oral Health

The Secretary of HHS is authorized to provide grants to States to increase community water fluoridation and to provide school-based dental sealant services to children in low income areas. This provision also authorizes HHS to provide for the development of school-based dental sealant programs to improve the access of children to sealants.

This provision requires HHS to support community-based research to identify interventions that reduce the burden and transmission of oral, dental and craniofacial diseases in high risk populations, and develop clinical approaches for pediatric assessment. HHS is authorized to fund innovative oral health activities to to decrease the incidence of baby bottle and early childhood tooth decay, and to increase

utilization of pediatric dental services in children under 6.

Title XVII - Vaccine-Related Programs

Reauthorizes Centers for Disease Control and Prevention grants to states for purchase of vaccine, and support of the vaccine delivery infrastructure.

Modifies the Vaccine Injury Compensation Program (which awards compensation for injuries that occasionally result from routinely-administered vaccines). Currently the program only provides compensation if the injury sustained as a result of the vaccine last over 6 months. An adverse reaction to the rotavirus vaccine requires immediate surgery, so under the current rule no compensation could be awarded. This provision provides for compensation if the vaccine causes an injury that requires hospitalization and surgical intervention.

Title XVIII--Hepatitis C

Authorizes HHS to implement a national system to determine the incidence of hepatitis C virus infection, and to assist the States in determining the prevalence of HCV infection. Also authorizes HHS to identify, counsel and offer testing to individuals who are at risk of HCV infection, and to develop public and professional education programs for the detection and control of HCV infection. Provides for improvements in clinical laboratory procedures regarding Hepatitis C.

Title XIX--NIH Initiative on Autoimmune Diseases

The Director of NIH shall expand, intensify, and coordinate the activities of NIH with respect to autoimmune diseases.

Title XX--Graduate Medical Education Programs in Children's Hospitals

Extends the authorization of appropriations for graduate medical education programs in children's hospitals through fiscal year 2005.

Title XXI - Special Needs of Children Regarding Organ Transplantation

Requires HHS to implement organ donation policies that recognize the unique needs of children. HHS shall carry out studies and demonstration projects to improve rates of organ donation and determine the unique needs of children. HHS shall conduct a study to determine the costs of immunosupressive drugs for children who have received transplants and the extent to which public and private health insurance plans cover these costs.

Title XXII - Muscular Dystrophy Research

NIH will expand and increase coordination in activities with respect to research on muscular dystrophies.

Title XXIII - Children and Tourette Syndrome Awareness

HHS will implement public and professional education programs on Tourette Syndrome, with a particular emphasis on children.

Title XXIV - Childhood Obesity Prevention

This provision authorizes the CDC to support the development, implementation, and evaluation of state and community-based programs to promote good nutrition and increased physical activity. States would be required to develop comprehensive, inter-agency school- and community- based approaches to encourage and promote nutrition and physical activity in local communities. The provision allows CDC to provide states with technical support as well as disseminate information about effective prevention strategies and interventions in treating obesity.

The CDC will coordinate and conduct research to improve our understanding of the relationship between physical activity, diet, health, and other factors that contribute to obesity. Research will also focus on developing and evaluating effective strategies for the prevention and treatment of obesity and eating disorders, as well as study the prevalence and cost of childhood obesity and its effects into adulthood.

The CDC in collaboration with State and local health, nutrition, and physical activity experts, will develop a nationwide public education campaign regarding the health risks associated with poor nutrition and physical inactivity, and will promote information on effective ways to incorporate good eating habits and regular physical activity into daily living.

The CDC, in collaboration with HRSA, will develop and carry out a program to train health professionals in effective strategies to better identify, assess, and counsel (or refer) patients with obesity, an eating disorder, or who are at risk of becoming obese or developing an eating disorder. They will also develop and carry out a program to educate and train educators and child care professionals in effective strategies to teach children and their families about ways to improve dietary habits and levels of physical activity.

Title XXV - Early Detection and Treatment Regarding Childhood Lead Poisoning

This provision requires HRSA to report annually to the Congress on the percentage of children in the Health Centers program who are screened for lead poisoning, and requires HRSA to work with the CDC and HCFA to conduct physician education and training programs on current lead screening policies. This provision requires CDC to issue recommendations and establish requirements for its grantees to ensure uniform reporting of blood lead levels from laboratories to State and local health departments and to improve data linkages between health departments and federally funded benefit programs.

This provision authorizes new funding through the Maternal and Child Health Block Grant to states with a demonstrated need to conduct outreach and education for families at risk of lead poisoning, provide individual family education designed to reduce exposures to children with elevated blood lead levels, implement community environmental interventions, and ensure continuous quality measurement and improvement plans for communities committed to comprehensive lead poisoning prevention.

Title XXVI - Screening for Heritable Disorders

Amends the Public Health Service Act to enhance, improve or expand the ability of State and local public health agencies to provide screening, counseling or health care services to newborns and children having or at risk for heritable disorders. This provision also creates an advisory committee to provide advice and recommendations to the Secretary for the development of grant administration policies and priorities, and to enhance the ability of the Secretary to reduce mortality or morbidity from heritable disorders.

Title XXVII - Children's Research Protections

Addresses critical safety issues in children's research by requiring the Secretary of HHS to review the current federal regulations for the protection of children participating in research, which address such issues as determining acceptable levels of risk and obtaining parental permission, and to report to Congress on how to update them to ensure the highest standards of safety. Also, requires that all HHS-funded and regulated research comply with these additional protections for children. (Currently research regulated by the FDA, but funded by drug or medical device companies, is not required to comply).

Title XXVIII - Miscellaneous Provisions

This provision would require the NIH Director to report to Congress within 180 days of enactment regarding activities conducted and supported by the NIH during Fiscal Year 2000 with respect to rare diseases in children and the activities that are planned to be conducted and supported by the NIH with respect to such diseases during the Fiscal Years 2001 through 2005.

This provision also requires HHS to study issues related to access to effective treatment for metabolic disorders, including PKU. Results of the study shall be made available to public health agencies as well as public and private insurers.

DIVISION B - Youth Drug and Mental Health Services

Reauthorizes programs within the jurisdiction of the Substance Abuse and Mental Health Services Administration (SAMHSA) to improve mental health and substance abuse services for children and adolescents, to implement proposals giving States more flexibility in the use of block grant funds with accountability based on performance, and to consolidate discretionary grant authorities to give the Secretary more flexibility to respond to the needs of those who need mental health and substance abuse services. Provides a waiver from the requirements of the Narcotic Addict Treatment Act would permit qualified physicians to dispense (including prescribe) schedule III, IV, or V narcotic drugs or combinations of such drugs approved by FDA for the treatment of heroin addiction. Provides a comprehensive strategy to combat Methamphetamine use.

Title XXXI - Provisions Relating to Services for Children and Adolescents

Section 3101- Children and Violence

Authorizes $100 million for the Secretary to make grants to public entities in consultation with the Attorney General and the Secretary of Education to assist local communities in developing ways to assist children in dealing with violence. Four different types of grants are permitted under the authority: grants to provide financial support to enable the communities to implement the programs; to provide technical assistance to local communities; to provide technical assistance in the development of policies; and to assist in the creation of community partnerships among the schools, law enforcement and mental health services. Grantees would have to ensure that they will carry out six activities which include: security of the school; educational reform to deal with violence; review and updating of school policies to deal with violence; alcohol and drug abuse prevention and early intervention; mental health prevention and treatment services; and early childhood development and psychosocial services. However, Federal funding is available for prevention, early intervention, and treatment services.

Authorizes $50 million for the Secretary to develop knowledge with regard to evidence-based practices for treating psychiatric disorders resulting from witnessing or experiencing domestic, school and community violence and terrorism. Establishes centers of excellence to provide technical assistance to communities in dealing with the emotional burden of domestic, school and community violence and terrorism if and when they occur.

Section 3102 - Emergency Response

Permits the Secretary to use up to 2.5% of the funds appropriated for discretionary grants for responding to emergencies. The authority would permit an objective review instead of peer review. This would permit an expedited process for making awards. The Secretary is required to define an emergency in the *Federal Register* subject to public comment.

The section also includes language that provides additional confidentiality protection for the information collected from individuals who participate in national surveys conducted by the Substance Abuse and Mental Health Services Administration.

Section 3103 - High Risk Youth Reauthorization

Reauthorizes the High Risk Youth Program which provides funds to public and non-profit private entities to establish programs for the prevention of drug abuse among high risk youth.

Section 3104 - Substance Abuse Treatment Services for Children and Adolescents

Authorizes $40 million for the Secretary to make grants, contracts or cooperative agreement to public and non-profit private entities including American Indian tribes and tribal organizations for the purpose of providing substance abuse treatment services for children and adolescents. Priority is given to applicants who can apply evidenced based and cost effective methods, coordinate services with other social service agencies, provide a continuum of care dependent on the needs of the individual, provide treatment that is gender specific and culturally appropriate, involve and work with families of those in treatment, and provide aftercare.

Authorizes $20 million for the Secretary to make grants, contracts or cooperative agreements to public

and non-profit private entities including local educational agencies for the purposes of providing early intervention substance abuse services for children and adolescents. Under the provision, priority is given to applicants who demonstrate an ability to screen for and assess the level of involvement of children in substance abuse, make appropriate referrals, provide counseling and ancillary services, and who develop a network with other social agencies. Requires the Secretary to ensure geographical distribution of awards.

Authorizes $4 million to create centers of excellence to assist States and local jurisdictions in providing appropriate care for adolescents who are involved with the juvenile justice system and have a serious emotional disturbance.

Authorizes $10 million for the Secretary to make grants, contracts, or cooperative agreements to carry out school based as well as community based programs to prevent the use of methamphetamine and inhalants.

Section 3105 - Comprehensive Community Services for Children with Serious Emotional Disturbance

This program was begun in 1994 to provide seed money to local communities to develop systems of care for children with serious emotional disturbances thus improving the quality of care and increasing the likelihood that these children would remain in local communities rather than being sent to residential facilities. This section reauthorizes this program through fiscal year 2002 and provides an authority for the Secretary to waive certain requirements for territories and American Indian tribes.

This section also would extend some grants under this program to 6 years. The intent of the program is to provide seed funding for comprehensive systems of care. Unfortunately, many successful programs have had a difficult time ensuring their continuation without Federal support. This provision would give them an additional year to secure that support.

Section 3106 - Services for Children of Substance Abusers

Transfers, for better coordination, this program from Health Resources and Services Administration (HRSA) to SAMHSA and authorizes the Secretary to make grants to public and non-profit private entities to provide the following services to children of substance abusers: periodic evaluations, primary pediatric care, other health and mental health services, therapeutic interventions, preventive counseling, counseling related to witnessing of chronic violence, referrals for and assistance in establishing eligibility for services under other programs, and other developmental services. Grantees would also provide services to families where one or both of the parents are substance abusers. The program requires that grantees match Federal funds with funds from other sources.

The program is authorized at $50 million through fiscal year 2002 and the authority is updated to include changes that have occurred since fiscal year 1992 when it was first authorized: e.g. developing connection to the Temporary Assistance for Needy Families (TANF) and the Children's Health Insurance Program (CHIP) programs.

Section 3107 - Services for Youth Offenders

Authorizes $40 million for the Secretary to make grants, contracts or cooperative agreements to State and local juvenile justice agencies to help such agencies provide aftercare services for youth offenders who have or are at risk of a serious emotional disturbance and who have been discharged from juvenile justice facilities. The funds may be used for planning, coordinating and implementing these services.

Section 3108 - Underage Drinking

Authorizes $25 million for the Secretary to make awards of grants, cooperative agreements or contracts to public and nonprofit private entities, including Indian tribes and tribal organizations to enable such entities to develop plans for and to carry out school based and community based programs for the prevention of alcoholic beverages consumption by individuals who have not attained the legal drinking age.

Section 3109 - Services for Individuals with Fetal Alcohol Syndrome

Authorizes $25 million for the Secretary to make grants, cooperative agreement or contracts with public or nonprofit private entities including Indian tribes and tribal organizations to provide services to individuals diagnosed with fetal alcohol syndrome or alcohol related birth defects. The funds can be used for screening and testing; mental health, health or substance abuse services; vocational services; housing assistance; and parenting skills.

Authorizes $5 million for the Secretary to make grants, cooperative agreements or contracts to public or nonprofit private entities for the purposes of establishing not more than 4 centers of excellence to study techniques for the prevention of fetal alcohol syndrome and alcohol related birth defects and adaptations of innovative clinical interventions and service delivery improvements.

Section 3111 - Suicide Prevention

The provision authorizes $75 million for the Secretary to make grants, contracts or cooperative agreement to public and nonprofit private entities to establish programs to reduce suicide deaths in the United States among children and adolescents. The provision requires collaboration among various agencies with the Department of Health and Human Services. Findings from the programs are then to be disseminated to public and private entities.

Section 3112 - General Provisions

This provision amends the sections that establish the responsibilities of the Centers for Substance Abuse Treatment, Substance Abuse Prevention and the Mental Health Services to include an emphasis on children. In the case of the Center for Mental Health Services it would require the Director to collaborate with the Attorney General and the Secretary of Education on programs that assist local communities in developing programs to address violence among children in schools.

Title XXXII - Provisions Relating to Mental Health

Section 3201 - Priority Mental Health Needs of Regional and National Significance

In 1996, the appropriation committees started a practice which they have continued through fiscal year 1999 of appropriating funds to SAMHSA's general authority (Section 501) instead of specific programs. This section codifies what the appropriations committees have done by repealing several specific authorities related to mental health services in favor of a broad authority that gives the Secretary more flexibility in responding to individuals in need of mental health services. It would authorize four types of grants: (1) knowledge development and application grants which are used to develop more information on how best to serve those in need; (2) training grants to disseminate the information that the agency garners through its knowledge development; (3) targeted capacity response which enables the agency to respond to service needs in local communities; and (4) systems change grants and grants to support family and consumer networks in States. Repealed in this section are sections 303, 520A and 520B of the Public Health Service Act and section 612 of the Stewart B. McKinney Act.

This section includes a provision that would permit $6,000,000 of the first $100,000,000 appropriated to the program and 10 percent of all funds above $100,000,000 to be given competitively to States to assist them in developing data infrastructures for collecting and reporting on performance measures.

This section also addresses the importance of the interface between mental health services and primary care.

Section 3202 - Grants for the Benefit of Homeless Individuals

The section reauthorizes the Grants for the Benefit of Homeless Individuals program which provides grants to develop and expand mental health and substance abuse treatment services to homeless individuals. Preference is maintained for organizations that provide integrated primary health care, substance abuse and mental health services to homeless individuals, programs that demonstrate effectiveness in serving homeless individuals, and programs that have experience in providing housing for individuals who are homeless.

Section 3203 - Projects for Assistance in Transition from Homelessness (PATH)

This section reauthorizes the PATH program which provides funds to States under a formula for the provision of mental health services to homeless individuals. Preference is maintained for organizations with demonstrated effectiveness in serving homeless veterans. The section also provides an authority for the Secretary to waive certain requirements for territories.

Section 3204 - Community Mental Health Services (CMHS)
Performance Partnership Program

The Community Mental Health Services Block Grant is a formula program under which funds are distributed to States for the provision of community based mental health services for adults with a serious mental illness and children with a serious emotional disturbance. This program and the Substance Abuse Prevention and Treatment Block Grant provide funds to States to provide services. State accountability under these programs is built on State expenditure of funds.

Provisions in this section and other sections of this bill provide for the first steps in increasing State flexibility in the use of funds while establishing an accountability system based on performance. In this

section, the number of elements that States must include in their plan for use of CMHS Block Grant funds are reduced from 12 to 5, thus providing additional flexibility for the States and reduced administrative costs.

This section also expands the responsibilities of the already existing State Planning Councils. Under current law, these councils are required to review and comment on State plans for use of CMHS Block Grant funds. Under this provision they would also be required to review and comment on State reports on the outcomes of their activities.

One provision within current law requires States to maintain their financial support for providing community based mental health services at an average of what they spent over the past two years. This requirement discourages States from adding one time infusions of funds into community mental health services since it would increase the States' maintenance of effort requirement. This provision would indicate that an infusion of funds of a non-recurring nature for a singular purpose may be exempt from the calculation of the maintenance of effort requirement.

Current law allows for the Secretary to set a date for the submission of grant applications. Applications must include a plan on how the State intends to use the funds and a report on how funds were spent the previous year. A provision in this section would establish that State plans for use of funds must be submitted by September 1 of the fiscal year prior to the fiscal year for which the State is seeking funds and the reports by the following December 1.

The section also makes changes to the current waiver authority for territories.

Section 3205 - Determination of Allotment

There are three elements to determine the allocation of funding for SAMHSA block grants: (1) the population of individuals needing services; (2) the cost of providing services; and (3) the state income level. In August of 1997, SAMHSA changed the data on determining the cost of providing services from the use of manufacturing wages to nonmanufacturing wages, which was determined to be the most appropriate method to reflect cost differences among states. This action would have caused a decline of funding in several states. To address this problem, this section makes permanent provisions enacted in Public Law 105-277 on the formula for distribution of funds under the Community Mental Health Services Block Grant (CMHS). The CMHS Block Grant formula includes a "hold harmless" provision which guarantees that no State will receive less funding than it did in fiscal year 1998

Section 3206 - Protection and Advocacy for Mentally Ill Individuals Act of 1986

This section makes technical changes to the formula for distribution of funds under this program to correct a provision that would have inappropriately reduced minimum State allotments. It also provides for the renaming of the Act to conform with changes made in previous laws, makes a technical change to the provision on territories and reauthorizes the program through fiscal year 2002.

The bill would also permit an American Indian Consortia to receive direct funding after the appropriation exceeds $25 million. It would also extend the responsibilities of the Protection and Advocacy program to

individuals living in the communities when the appropriation exceeds $30 million.

Section 3207 - Requirement Relating to the Rights of Residents of Certain Facilities

This measure would require facilities that are both within the purview of the Protection and Advocacy program and which receive appropriated funding from the Federal government to protect and promote the rights of individuals with regard to the appropriate use of seclusions and restraints. Such covered facilities are required to inform the Secretary of each death that occurs while a patient is restrained or in seclusion, or each death that occurs 24 hours after a patient is restrained or in seclusion, or where it is reasonable to assume that a patient's death is a result of seclusion or restraint. The Secretary is required to issue regulations within one year of enactment on appropriate staff levels, appropriate training for staff on the use of restraints and seclusions.

Requires any such facilities that is supported in whole or in part with funds appropriated under the Public Health Service Act to protect and promote the rights of each resident of the facility, including the right to be free from physical or mental abuse, corporal punishment, and any restraints or involuntary seclusion imposed for purposes of discipline or convenience; sets standards for when restraints or seclusion may be imposed; requires each such facility to notify the appropriate State licensing or regulatory agency of each death that occurs in the facility and of the use of seclusion or restraint in accordance with regulations promulgated by the Secretary. Failure to comply with these requirement s including the failure to appropriately train staff makes such facility ineligible for participation in any program supported in whole or in part by funds appropriated under this Act.

Section 3208 - Grants for Emergency Mental Health Centers

This provision authorizes $50 million for the Secretary to make grants to States, political subdivisions of States, Indian tribes and tribal organizations to support the designation of hospitals and health centers as Emergency Mental Health Centers which will serve as a central receiving point in the community for individuals who may be in need of emergency mental health services.

Section 3209 - Grants for Jail Diversion

Authorizes $10 million for the Secretary to make grants to States, political subdivisions of States, Indian tribes and tribal organizations to develop and implement programs to divert individuals with a mental illness from the criminal justice system to community-based services.

Section 3210 - Grants for Improving Outcomes for Children and Adolescents Through Services Integration Between Child Welfare and Mental Health Services

The provision authorizes $20 million for the Secretary to make grants to States, political subdivisions of States, Indian tribes and tribal organizations to provide integrated child welfare and mental health services for children and adolescents under 19 years of age in the child welfare system or at risk for becoming part of the system, and parents or caregivers with a mental illness or a mental illness and a co-occurring substance abuse disorder.

Section 3211 - Grants for the Integrated Treatment of Serious Mental Illness and Co-occurring Substance Abuse

Authorizes $50 million for the Secretary to make grants, contracts or cooperative agreements with States, political subdivisions of States, Indian tribes and tribal organizations for the development or expansion of programs to provide integrated treatment services for individuals with a serious mental illness and a co-occurring substance abuse disorder.

Section 3212 - Training Grants

The prevision authorizes $50 million for the Secretary to award grants States, political subdivisions of States, Indian tribes and tribal organizations or non-profit private entities to train teache3rs and other relevant school personnel to recognize symptoms of childhood and adolescent mental disorders and to refer family members to the appropriate mental health services if necessary; to train emergency services personnel to identify and appropriately respond to persons with a mental illness; and to provide education to such teachers and emergency personnel regarding resources that are available in the community for individuals with a mental illness.

Title XXXIII - Provisions Relating to Substance Abuse

Section 3301 - Priority Substance Abuse Treatment Needs of Regional and National Significance

As explained in section 201, this section codifies what the appropriations committees have done by repealing several specific authorities related to substance abuse treatment services that gives the Secretary more flexibility in responding to the needs of people in need of substance abuse treatment. It would authorize three types of grants: (1) knowledge development and application grants which are used to develop more information on how best to serve those in need; (2) training grants to disseminate the information that the agency garners through its knowledge development; and (3) targeted capacity response which enables the agency to respond to services needs in local communities. Repealed in this section are sections 508, 509, 510, 511, 512, 571 and 1971 of the Public Health Service Act.

This section also addresses the importance of the interface between substance abuse treatment services and primary care.

Section 3302 - Priority Substance Abuse Prevention Needs of Regional and National Significance

This section implements in authorization for substance abuse prevention what the appropriations committees did in fiscal year 1996. It authorizes the same type of grants as described in the previous section except that they pertain to substance abuse prevention. Repeals sections 516 and 518 of the Public Health Service Act.

This section also addresses the importance of the interface between substance abuse prevention services and primary care.

Section 3303 - Substance Abuse Prevention and Treatment Performance Partnership Block Grant

This program provides funds to States for their use in providing substance abuse prevention and treatment services. While there is considerable flexibility in State use of funds, there are a number of requirements which are directly related to public health issues. This provision would begin the process of giving States greater flexibility in their use of funds and accountability based on performance instead of expenditures.

Greater flexibility is enhanced by the repeal of a requirement that States spend 35 percent of their allotment on drug related activities and 35 percent on alcohol related activities. A provision requiring States to maintain a $100,000 revolving fund to support homes for persons recovering from substance abuse would be made optional thus permitting States to continue such efforts or to use those funds for other services as they deem necessary.

This section also creates authority for the Secretary to waive certain requirements for States who meet established criteria. Those criteria would be established in regulation after consultation with the States, providers and consumers.

One provision within current law requires the State to maintain its financial support for substance abuse prevention and treatment services at the average of what it spent over the past two years. While States support this requirement, it discourages States from adding one time infusions of funds into substance abuse services since it would increase the calculation of the State's maintenance of effort requirement. This section includes a provision that would exempt from maintenance of effort requirements any one time infusion of funds which are for a singular purpose.

Current law allows the Secretary to set a date for the submission of grant applications. Applications include a plan on how funds will be used and a report on how funds were spent the previous year. A provision in this section would establish that State applications are due on October 1 of the fiscal year prior to the fiscal year for which they are seeking funds.

This section also simplifies the waiver for territories and reauthorizes the program through fiscal year 2002.

Section 3304 - Determination of Allotment

There are three elements to determine the allocation of funding for SAMHSA block grants: (1) the population of individuals needing services; (2) the cost of providing services; and (3) the state income level. In August of 1997, SAMHSA changed the data on determining the cost of providing services from the use of manufacturing wages to nonmanufacturing wages, which was determined to be the most appropriate method to reflect cost differences among states. This action would have caused a decline of funding in several states. To address this problem, this section makes permanent provisions in Public Law 105-277 on the formula for distribution of funds under the Substance Abuse Prevention and Treatment Block Grant (SAPT). The SAPT Block Grant formula includes Minimum Growth and Small State Minimum Rules needed to complete the phase-in of the new formula. Also, the provision includes a Proportional Scale Down Rule if appropriations decline in future years.

Section 3305 - Nondiscrimination and Institutional Safeguards

for Religious Providers

This section would permit religious organizations which provide substance abuse services to receive Federal assistance either through the Substance Abuse Prevention and Treatment Block Grant or discretionary grants through the Substance Abuse and Mental Health Services Administration while maintaining their religious character and their ability to hire individuals of the same faith. Such programs may not discriminate against anyone interested in treatment at the facility. If a person who is referred for services needs or would prefer to be served in a different facility, the program will refer that person to an appropriate treatment program.

The provision further stipulates that Federal funds received under a block or discretionary grant for substance abuse services by a religious organizations will be maintained in a separate account and only the Federal funds used by such providers shall be subject to Federal audit requirements.

A religious organization that believes that it has been discriminated against based on the fact that it is a faith based program may bring an action for injunctive relief against the appropriate government agency or entity that has allegedly committed the violation.

Federal funds may not be used for sectarian worship, instruction or proselytization.

If a State or local government chooses to co-mingle their funds with Federal funds, then the State and or local government funds are subject to the provisions of this section.

Section 3306 - Alcohol and Drug Prevention and Treatment Services for Indians and Native Alaskans

Authorizes $15 million for the Secretary to make grants, contracts or cooperative agreements with public and private non-profit private entities including American Indian tribes and tribal organizations and Native Alaskans for the purpose of providing alcohol and drug prevention or treatment services for Indians and Native Alaskans. Priority is give to those entities that will provide such services on reservations or tribal lands, employ culturally appropriate approaches, and have provided prevention or treatment services for at least one year prior to applying for a grant. The Secretary is required to submit a report to the Committees of jurisdiction after three years and annually thereafter describing the services that have been provided under this program.

Authorizes $5 million to establish a Commission on Indian and Native Alaskan Health Care that shall carry out a comprehensive examination of the health concerns of Indians and Native Alaskans living on reservations or tribal lands. The Commission will consist of the Secretary as Chair and 15 appointed and voting members, 10 of whom must be American Indians or Native Alaskans. The Director of the Indian Health Service and the Commissioner of Indian Affairs are non-voting members. The commission is to issue a report within three years detailing the health condition of individuals living on tribal lands, what services are currently available and if there are insufficient services detail why this situation exists, and make recommendations to the Congress on how to address these issues.

Title XXXIV - Provisions Relating to Flexibility and Accountability

Section 3401 - General Authorities and Peer Review

This section removes the requirement that there be an Associate Administrator for Alcohol Policy, and makes necessary corrections to the peer review requirements to reflect changes since 1992. The section also includes language that provides additional confidentiality protection for the information collected from individuals who participate in national surveys conducted by the Substance Abuse and Mental Health Services Administration.

Section 3402 - Advisory Councils

SAMHSA and each of its Centers are required under statute to have an Advisory Council. Current law requires that they meet three times a year. This section reduces the number of times the councils are required to meet to two.

Section 3403 - General Provisions for the Performance Partnership Block Grants

As part of the effort to change the current CMHS and SAPT Block Grants into performance based systems, the Secretary is required to submit to Congress within two years a plan for what these performance based programs would look like and how they would operate. This plan would include how the States would receive greater flexibility, what performance measures would be used in holding States accountable, definitions for the data elements that would be collected, the funds needed to implement this system and where those funds would come from, and needed legislative changes. This would give the committees of jurisdiction one year to consider the plan and implement any necessary changes in the next reauthorization of SAMHSA in 2002.

Section 3404 - Data Infrastructure Projects

This section creates an authority for the Secretary to make grants to States to assist them in developing the data infrastructure necessary to implement a performance based system. States are required to match the Federal contribution.

Section 3405 - Repeal of Obsolete Addict Referral Provisions

This section repeals certain obsolete provisions of the Narcotic Addict Rehabilitation Act of 1966.

Section 3406 - Individuals with Co-Occurring Disorders

The section requires the Secretary to report to the committees of jurisdiction on how services are currently being provided to those with a co-occurring mental health and substance abuse disorder, what improvements are needed to ensure that they receive the services they need, and a summary of best practices on how to provide those services including prevention of substance abuse among individuals who have a mental illness and treatment for those with a co-occurring disorder.

Section 3407 - Services for Individuals with Co-Occurring Disorders

The section clarifies that both Substance Abuse Prevention and Treatment and Community Mental Health

Service Block Grant funds may be used to provide services to those with a co-occurring mental health and substance abuse disorder as long as the funds are used for the purposes for which they were authorized.

Title XXXV - Waiver Authority for Physicians Who Dispense or Prescribe Certain Narcotic Drugs for Maintenance Treatment or Detoxification Treatment

Section 3501 - Short Title

Drug Addition Treatment Act of 2000

Section 3502 - Waiver Authority for Physicians Who Dispense or Prescribe Certain Narcotic Drugs for Maintenance Treatment or Detoxification Treatment

The waiver from the requirements of the Narcotic Addict Treatment Act would permit qualified physicians to dispense (including prescribe) schedule III, IV, or V narcotic drugs or combinations of such drugs approved by FDA for the treatment of heroin addiction. The physician would be required to refer the patient for appropriate counseling and limit his or her practice to 30 patients.

Physicians are qualified if they are licensed under State law and hold a subspeciality board certification in addiction psychiatry from the American Board of Medical Specialties, certification in a subspeciality from the American Osteopathic Association, certification from the American Society of Addiction Medicine, the physician has participated in a clinical trial on the narcotic drug, is approved by the State licensing board or has such other training or experience as the Secretary considers necessary. Permits the Secretary to issue regulation on criteria for using other credentialing bodies or on the limit of 30 patients. The Secretary is also required under the provision to issue practice guidelines within 120 days. States are given 3 years in which to pass legislation that would prohibit a practitioner from dispensing such drugs or combinations of such drugs if they want.

The Secretary or the Attorney General are authorized to determine whether the program is working and to stop the program with 60 days notice.

Title XXXVI - Methamphetamine Anti-Proliferation

Section 3601 - Short Title

Methamphetamine Anti-Proliferation Act of 1999

Subtitle A - Methamphetamine Production

Part I - Criminal Penalties

Section 3611 - Enhanced Punishment of Amphetamine Laboratory Operators

Directs the Sentencing Commission to raise the penalties for amphetamine related offenses to a level

comparable to those for methamphetamine.

Section 3612 - Enhance Punishment of Amphetamine and Methamphetamine Operators

Amends the Sentencing Guidelines by increasing the base offense level for manufacturing amphetamine or methamphetamine to not less than level 27 if the offense created a substantial risk of harm to human life or to the environment and to not less than level 30 if the offense created a substantial risk of harm to the life of a minor or incompetent.

Section 3613 - Mandatory Restitution for Meth Lab Clean-Up

Makes reimbursement for the costs incurred by the U.S. or State and local governments for the cleanup associated with the manufacture of amphetamine or methamphetamine mandatory. It also provides that the restitution money will go to the Asset Forfeiture Fund instead of the treasury.

Section 3614 - Methamphetamine Paraphernalia

Amends the anti-paraphernalia statute to include paraphernalia used in connection with methamphetamine use.

Part II - Enhanced Law Enforcement

Section 3621 - Environmental Hazards Associated With Illegal Manufacture of Amphetamine and Methamphetamine

Authorizes the DEA to receive money from the Asset Forfeiture Fund to pay for clean-up costs associated with the illegal manufacture of amphetamine or methamphetamine for the purposes of federal forfeiture and disposition. It also allows for reimbursement to State and local entities for clean-up costs when they assist in a federal prosecution on amphetamine or methamphetamine related charges to the extent such costs exceed equitable sharing payments made to such State or local government in such case.

Section 3622 - Reduction in Threshold for Non-Safe Harbor Productions

Reduces the threshold for retail sales of non-safe harbor products containing pseudoephedrine or phenylpropanolamine from 24 grams to 9 grams. It also limits the package size to not more than 3 grams of pseudoephedrine or phenylpropanolamine base.

Section 3623 - Training for Drug Enforcement Administration and State and Local Law Enforcement Personnel Relating to Clandestine Laboratories

Authorizes $5.5 million in funding for DEA training programs designed to 1) train State and local law enforcement in techniques used in meth investigations 2) provide a certification program for State and local law enforcement enabling them to meet requirements with respect to the handling of wastes created by meth labs; 3) create a certification program that enables certain State and local law enforcement to

recertify other law enforcement in their regions; and 4) staff mobile training teams which provide State and local law enforcement with advanced training in conducting clan lab investigations and with training that enables them to recertify other law enforcement personnel.

Sec. 3624 - Combating Methamphetamine in High Intensity Drug Trafficking Areas

Authorizes $15 million a year for fiscal years 2001-2004 to be appropriated to ONDCP to combat trafficking of methamphetamine in designated HIDTA's by hiring new federal, State, and local law enforcement personnel, including agents, investigators, prosecutors, lab technicians and chemists.

Section 3625 - Combating Amphetamine and Methamphetamine Manufacturing and Trafficking

Authorizes $6.5 million to be appropriated for the hiring of new agents to 1) assist State and local law enforcement in small and mid-sized communities in all phases of drug investigations, including assistance with foreign-language interpretation; 2) staff additional regional enforcement and mobile enforcement teams; 3) establish additional resident offices and posts of duty to assist State and local law enforcement in rural areas; and 4) provide the Special Operations Division with additional agents for intelligence and investigative operations. It also authorizes $3 million to enhance the investigative and related functions of the Chemical Control Program to implement further the provisions of the Comprehensive Methamphetamine Control Act of 1996. The funds shall be used to account accurately for the import and export of List I chemicals and coordinate investigations surrounding the diversion of these chemicals; to develop a computer infrastructure sufficient to process and analyze time sensitive enforcement information from suspicious orders reported to DEA field offices and other law enforcement; and to establish an education, training, and communications process to alert industry of current trends and emerging patterns of illicit manufacturing activities.

Part III - Abuse Prevention and Treatment

Section 3631 - Expansion of Methamphetamine Research

Allows the Director of the National Institute on Drug Abuse (NIDA) to make grants and enter into cooperative agreements to expand the National Drug Abuse Treatment Clinical Trials Network and current and on-going research and clinical trials with treatment centers relating to methamphetamine abuse and addiction and other biomemedical, behavioral and social issues related to methamphetamine abuse and addiction.

Section 3632 - Methamphetamine and Amphetamine Addiction Treatment

Authorizes $10 million in grants to States that have a high rate, or have had a rapid increase, in methamphetamine or amphetamine abuse or addiction, for treatment of methamphetamine and amphetamine addiction.

Section 3633 - Study of Methamphetamine Treatment

Requires the Secretary of HHS, in consultation with the Institute of Medicine of the National Academy of Sciences, to conduct a study on the development of medications for the treatment of addiction to

amphetamine and methamphetamine. This section allows the Director of the National Institute on Drug Abuse (NIDA) to make grants and enter into cooperative agreements to expand the National Drug Abuse Treatment Clinical Trials Network and current and on-going research and clinical trials with treatment centers relating to methamphetamine abuse and addiction and other biomedical, behavioral and social issues related to methamphetamine abuse and addiction. It authorizes to be appropriated such sums as may be necessary and such sums are to supplement and not supplant any other amounts appropriated for research on methamphetamine abuse and addiction.

Part IV - Abuse Prevention and Treatment

Section 3641 - Report on Consumption of Methamphetamine and Other Illicit Drugs in Rural Areas, Metropolitan Areas, and Consolidated Metropolitan Areas

Requires HHS to include in its annual National Household Survey on Drug Abuse prevalence data on the consumption of methamphetamine and other illicit drugs in rural, metropolitan, and consolidated metropolitan areas.

Section 3642 - Report on Diversion of Ordinary, Over-the-Counter Pseudoephedrine and Phenylpropanolamine Products

Requires the Attorney General to conduct a study on the use of ordinary over-the-counter pseudoephedrine and phenylpropanolamine products in the clandestine production of illicit drugs. The report shall include the AG's findings and recommendations on the need for additional measures, including thresholds, to prevent diversion of blister pack products. This section requires HHS to include in its annual National Household Survey on Drug Abuse prevalence data on the consumption of methamphetamine and other illicit drugs in rural, metropolitan, and consolidated metropolitan areas.

Subtitle B - Controlled Substance Generally

Section 3651 - Enhanced Punishment of Trafficking in List I Chemicals

Directs the Sentencing Commission to increase the penalties for violations involving ephedrine, pseudoephedrine, and phenylpropanolamine so that the penalties correspond to the quantity of controlled substance that could reasonably have been manufactured from these chemicals.

Section 3652 - Mail Order Requirements

Makes changes to the reporting requirements of 21 U.S.C. 830(b)(3). Reporting will no longer be required for valid prescriptions, limited distributions of sample packages, distributions by retail distributors if consistent with authorized activities, distributions to long term care facilities, and any product which has been exempted by the AG. This section represents changes to the reporting requirements of 21 U.S.C. 830(b)(3) worked out between the DEA and industry. Reporting will no longer be required for valid prescriptions, limited distributions of sample packages, distributions by retail distributors if consistent with authorized activities, distributions to long term care facilities, and any product which has been exempted by the AG. It also allows the AG to revoke an exemption if he finds the drug product being distributed is being used in violation of the Controlled Substances Act.

Section 3653 - Theft and Transportation of Anhydrous Ammonia For Purposes of Illicit Production of Controlled Substances

Makes it unlawful for a person to steal anhydrous ammonia or to transport stolen anhydrous ammonia across State lines knowing, intending, or having reasonable cause to believe that such anhydrous ammonia will be used to manufacture a controlled substance. It also provides funding to continue and expand current research into the development of inert agents that will eliminate the usefulness of anhydrous ammonia as an ingredient in the production of methamphetamine

Subtitle C - Ecstasy Anti-Proliferations Act of 2000

Section 3661 - 3665

Directs the Sentencing Commission to review and amend the Ecstasy guidelines to provide for increased penalties such that those penalties reflect the seriousness of the offenses of trafficking in and importing Ecstasy and related drugs. Section 3665 authorizes $10 million in grants for prevention efforts concerning Ecstasy and other "club drugs."

Subtitle D - Miscellaneous

Section 3671 - Anti-drug Messages on Federal Government Internet Websites

This section requires all federal departments and agencies, in consultation with ONDCP, to place anti-drug messages on their Internet websites and an electronic hyperlink to ONDCP's website. Numerous government agencies have children's websites, including the Social Security Administration.

Section 3646 - Reimbursement By Drug Enforcement Administration of Expenses Incurred To Remediate Methamphetamine Laboratories

Authorizes $20 million to be appropriated in FY 2001 for the DEA to reimburse States, units of local government, Indian tribal governments, and other public entities for expenses incurred to clean-up and safely dispose of substances associated with clandestine methamphetamine laboratories which may present a danger to public health or the environment.

Section 3673 - Severability Section

Any provision held to be invalid or unenforceable by its terms, or as applied to any person or circumstance, is to be given the maximum effect permitted by law, or if it is held to be invalid or unenforceable, such provision shall be severed from this Act.