

Public Law 102-531
102d Congress

An Act

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

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

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

Preventive
Health
Amendments
of 1992.
42 USC 201
note.

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

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

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

Sec. 1. Short title; table of contents.

TITLE I—PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

Sec. 101. Authorization of appropriations.

Sec. 102. Use of allotments.

Sec. 103. Application for payments.

Sec. 104. Reports, data, and audits.

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

Sec. 201. Establishment of Foundation.

TITLE III—CERTAIN PROGRAMS

Sec. 301. Injury control.

Sec. 302. Establishment of Office of Adolescent Health.

Sec. 303. Lead poisoning prevention.

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

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

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

Sec. 307. Screenings for breast and cervical cancer.

Sec. 308. Screenings for prostate cancer.

Sec. 309. Certain programs.

Sec. 310. International cooperation.

Sec. 311. Miscellaneous provisions.

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

Sec. 313. Technical corrections.

Sec. 314. Authorization of appropriations regarding vaccine compensation.

TITLE I—PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

SEC. 101. AUTHORIZATION OF APPROPRIATIONS.

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

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

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

SEC. 102. USE OF ALLOTMENTS.

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

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

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

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

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

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

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

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

SEC. 103. APPLICATION FOR PAYMENTS.

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

"APPLICATION FOR PAYMENTS; STATE PLAN

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

“(B) The State agrees that—

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

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

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

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

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

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

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

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

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

“(d) STATE ADVISORY COMMITTEE.—

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

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

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

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

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

“(3) COMPOSITION.—

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

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

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

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

42 USC 300w-4
note.

SEC. 104. REPORTS, DATA, AND AUDITS.

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

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

“(A) describes the purposes for which the State expended payments made to the State under section 1903;

“(B) pursuant to section 1905(c)(5)(A), describes the extent of progress made by the State for purposes of such section;

“(C) meets the conditions described in the subsequent paragraphs of this subsection; and

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

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

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

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

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

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

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

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

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

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

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

SEC. 201. ESTABLISHMENT OF FOUNDATION.

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

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

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

42 USC 280d-11.

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

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

“(c) ENDOWMENT FUND.—

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

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

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

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

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

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

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

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