TITLE III—MODEL COMPREHENSIVE PROGRAM FOR TREATMENT OF SUBSTANCE ABUSE

SEC. 301. DEMONSTRATION PROGRAM IN NATIONAL CAPITAL AREA.

Title V of the Public Health Service Act, as amended by section 119 of this Act, is amended by adding at the end the following part:

"PART F—MODEL COMPREHENSIVE PROGRAM FOR TREATMENT OF SUBSTANCE ABUSE

"DEMONSTRATION PROGRAM IN NATIONAL CAPITAL AREA

"Sec. 571. (a) IN GENERAL.—The Secretary, in collaboration with the Director of the Treatment Center, shall make a demonstration grant for the establishment, within the national capital area, of a model program for providing comprehensive treatment services for substance abuse.

"(b) PURPOSES.—The Secretary may not make a grant under subsection (a) unless, with respect to the comprehensive treatment services to be offered by the program under such subsection, the applicant for the grant agrees—

"(1) to ensure, to the extent practicable, that the program has the capacity to provide the services to all individuals who seek and would benefit from the services;

"(2) as appropriate, to provide education on obtaining employment and other matters with respect to assisting the individuals in preventing any relapse into substance abuse, including education on the appropriate involvement of parents and others in preventing such a relapse;

"(3) to provide services in locations accessible to substance abusers and, to the extent practicable, to provide services through mobile facilities;

"(4) to give priority to providing services to individuals who are intravenous drug abusers, to pregnant women, to homeless individuals, and to residents of publicly-assisted housing;

"(5) with respect to women with dependent children, to provide child care to such women seeking treatment services for substance abuse;

"(6) to conduct outreach activities to inform individuals of the availability of the services of the program;

"(7) to provide case management services, including services to determine eligibility for assistance under Federal, State, and local programs providing health services, mental health services, or social services;

"(8) to ensure the establishment of one or more offices to oversee the coordination of the activities of the program, to ensure that treatment is available to those seeking it, to ensure that the program is administered efficiently, and to ensure that the public is informed that the offices are the locations at which individuals may make inquiries concerning the program, including the location of available treatment services within the national capital area; and
“(9) to develop and utilize standards for certifying the knowledge and training of individuals, and the quality of programs, to provide treatment services for substance abuse.

(c) CERTAIN REQUIREMENTS.—

(1) REGARDING ELIGIBILITY FOR GRANT.—

(A) The Secretary may not make the grant under subsection (a) unless the applicant involved is an organization of the general-purpose local governments within the national capital area, or another public or nonprofit private entity, and the applicant submits to the Secretary assurances satisfactory to the Secretary that, with respect to the communities in which services will be offered, the local governments of the communities will participate in the program.

(B) The Secretary may not make the grant under subsection (a) unless—

(i) an application for the grant is submitted to the Secretary;

(ii) with respect to carrying out the purpose for which the grant is to be made, the application provides assurances of compliance satisfactory to the Secretary; and

(iii) the application otherwise is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

(2) AUTHORITY FOR COOPERATIVE AGREEMENTS.—The grantee under subsection (a) may provide the services required by such subsection directly or through arrangements with public and nonprofit private entities.

(d) REQUIREMENT OF NON-FEDERAL CONTRIBUTIONS.—

(1) IN GENERAL.—The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees, with respect to the costs to be incurred by the applicant in carrying out the purpose described in such subsection, to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount not less than $1 for each $2 of Federal funds provided under the grant.

(2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

(e) EVALUATIONS.—

(1) BY SECRETARY.—The Secretary shall independently evaluate the effectiveness of the program carried out under subsection (a) and determine its suitability as a model for the United States, particularly regarding the provision of high quality, patient-oriented, coordinated and accessible drug treatment services across jurisdictional lines. The Secretary shall consider the extent to which the program has improved patient retention, accessibility of services, staff retention and quality, reduced patient relapse, and provided a full range of drug treatment and related health and human services. The Sec-
The Secretary shall evaluate the extent to which the program has effectively utilized innovative methods for overcoming the resistance of the residents of communities to the establishment of treatment facilities within the communities.

"(2) By Grantee.—The Secretary may require the grantee under subsection (a) to evaluate any aspect of the program carried out under such subsection, and such evaluation shall, to the extent appropriate, be coordinated with the independent evaluation required in paragraph (1).

"(3) LIMITATION.—Funds made available under subsection (h) may not be utilized to conduct the independent evaluation required in paragraph (1).

"(f) REPORTS.—

"(1) INITIAL CRITERIA.—The Secretary shall make a determination of the appropriate criteria for carrying out the program required in subsection (a), including the anticipated need for, and range of, services under the program in the communities involved and the anticipated costs of the program. Not later than 90 days after the date of the enactment of the ADAMHA Reorganization Act, the Secretary shall submit to the Congress a report describing the findings made as a result of the determination.

"(2) ANNUAL REPORTS.—Not later than 2 years after the date on which the grant is made under subsection (a), and annually thereafter, the Secretary shall submit to the Congress a report describing the extent to which the program carried out under such subsection has been effective in carrying out the purposes of the program.

"(g) DEFINITION.—For purposes of this section, the term 'national capital area' means the metropolitan Washington area, including the District of Columbia, the cities of Alexandria, Falls Church, and Fairfax in the State of Virginia, the counties of Arlington and Fairfax in such State (and the political subdivisions located in such counties), and the counties of Montgomery and Prince George's in the State of Maryland (and the political subdivisions located in such counties).

"(h) OBLIGATION OF FUNDS.—Of the amounts appropriated for each of the fiscal years 1993 and 1994 for the programs of the Department of Health and Human Services, the Secretary shall make available $10,000,000 for carrying out this section. Of the amounts appropriated for fiscal year 1995 for the programs of such Department, the Secretary shall make available $5,000,000 for carrying out this section."

**TITLE IV—CHILDREN OF SUBSTANCE ABUSERS**

**SEC. 401. ESTABLISHMENT OF PROGRAM OF SERVICES.**

(a) IN GENERAL.—Title III of the Public Health Service Act (42 U.S.C. 301 et seq.) is amended by adding at the end the following new part:
"PART M—SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS"

42 USC 288d. "SEC. 396D. GRANTS FOR SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS.

"(a) ESTABLISHMENT.—

"(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall make grants to public and nonprofit private entities for the purpose of carrying out programs—

"(A) to provide the services described in subsection (b) to children of substance abusers;

"(B) to provide the applicable services described in subsection (c) to families in which a member is a substance abuser; and

"(C) to identify such children and such families.

"(2) ADMINISTRATIVE CONSULTATIONS.—The Administrator of the Administration for Children, Youth, and Families and the Administrator of the Substance Abuse and Mental Health Services Administration shall be consulted regarding the promulgation of program guidelines and funding priorities under this section.

"(3) REQUIREMENT OF STATUS AS MEDICAID PROVIDER.—

"(A) Subject to subparagraph (B), the Secretary may make a grant under paragraph (1) only if, in the case of any service under such paragraph that is covered in the State plan approved under title XIX of the Social Security Act for the State involved—

"(i) the entity involved will provide the service directly, and the entity has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

"(ii) the entity will enter into an agreement with an organization under which the organization will provide the service, and the organization has entered into such a participation agreement and is qualified to receive such payments.

"(B)(i) In the case of an organization making an agreement under subparagraph (A)(ii) regarding the provision of services under paragraph (1), the requirement established in such subparagraph regarding a participation agreement shall be waived by the Secretary if the organization does not, in providing health or mental health services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits program.

"(ii) A determination by the Secretary of whether an organization referred to in clause (i) meets the criteria for a waiver under such clause shall be made without regard to whether the organization accepts voluntary donations regarding the provision of services to the public.

"(b) SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees to make available (directly or through agreements with other entities) to children of substance abusers each of the following services:

"(1) Periodic health examinations.

"(2) Early detection of physical and psychological, and other developmental disorders.

"(3) Other services necessary to resolve health needs.

"(4) Therapeutic services to prevent the further provision of services to the children.

"(5) Preventive services to prevent further abuse.

"(6) Counseling services.

"(7) Referral services for, services necessary to resolve health needs.

"(A) family;

"(B) adult;

"(C) personal growth;

"(7) Preventive services to prevent further abuse.

"(8) Additional services for children with the problem as defined in the Federal 5380 Education Act.

"(c) SERVICES FOR PREGNANT AND BREASTFEEDING WOMEN.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees to make available to pregnant and breastfeeding women—

"(1) Services of a nurse, social worker from the agency, or other entity.

"(2) Counseling services.

"(3) Other services necessary to resolve health needs.

"(4) Therapeutic services to prevent the further provision of services to the children.

"(5) Preventive services to prevent further abuse.

"(6) Counseling services.

"(7) Referral services for, services necessary to resolve health needs.

"(A) family;

"(B) adult;

"(C) personal growth;

"(7) Preventive services to prevent further abuse.

"(8) Additional services for children with the problem as defined in the Federal 5380 Education Act.
"(1) Periodic evaluation of children for developmental, psychological, and medical problems.
"(2) Primary pediatric care.
"(3) Other necessary health and mental health services.
"(4) Therapeutic intervention services for children, including provision of therapeutic child care.
"(5) Preventive counseling services.
"(6) Counseling related to the witnessing of chronic violence.
"(7) Referrals for, and assistance in establishing eligibility for, services provided under—
"(A) education and special education programs;
"(B) Head Start programs established under the Head Start Act;
"(C) other early childhood programs;
"(D) employment and training programs;
"(E) public assistance programs provided by Federal, State, or local governments; and
"(F) programs offered by vocational rehabilitation agencies, recreation departments, and housing agencies.
"(8) Additional developmental services that are consistent with the provision of early intervention services, as such term is defined in part H of the Individuals with Disabilities Education Act.

"(c) SERVICES FOR AFFECTED FAMILIES.—The Secretary may make a grant under subsection (a) only if, in the case of families in which a member is a substance abuser, the applicant involved agrees to make available (directly or through agreements with other entities) each of the following services, as applicable to the family member involved:

"(1) Services as follows, to be provided by a public health nurse, social worker, or similar professional, or by a trained worker from the community who is supervised by a professional:
"(A) Counseling to substance abusers on the benefits and availability of substance abuse treatment services and services for children of substance abusers.
"(B) Assistance to substance abusers in obtaining and using substance abuse treatment services and in obtaining the services described in subsection (b) for their children.
"(C) Visiting and providing support to substance abusers, especially pregnant women, who are receiving substance abuse treatment services or whose children are receiving services under subsection (b).

"(2) In the case of substance abusers:
"(A) Encouragement and, where necessary, referrals to participate in appropriate substance abuse treatment.
"(B) Primary health care and mental health services, including prenatal and post partum care for pregnant women.
"(C) Consultation and referral regarding subsequent pregnancies and life options, including education and career planning.
"(D) Where appropriate, counseling regarding family conflict and violence.
"(E) Remedial education services.
"(F) Referrals for, and assistance in establishing eligibility for, services described in subsection (b)(7).
“(3) In the case of substance abusers, spouses of substance abusers, extended family members of substance abusers, caretakers of children of substance abusers, and other people significantly involved in the lives of substance abusers or the children of substance abusers:

“(A) An assessment of the strengths and service needs of the family and the assignment of a case manager who will coordinate services for the family;

“(B) Therapeutic intervention services, such as parental counseling, joint counseling sessions for families and children, and family therapy;

“(C) Child care or other care for the child to enable the parent to attend treatment or other activities and respite care services;

“(D) Parenting education services and parent support groups;

“(E) Support services, including, where appropriate, transportation services;

“(F) Where appropriate, referral of other family members to related services such as job training.

“(G) Aftercare services, including continued support through parent groups and home visits.

“(d) CONSIDERATIONS IN MAKING GRANTS.—In making grants under subsection (a), the Secretary shall ensure that the grants are rendered among the following types of entities:

“(1) Alcohol and drug treatment programs, especially those providing treatment to pregnant women and mothers and their children.

“(2) Public or nonprofit private entities that provide health or social services to disadvantaged populations, and that have—

“(A) expertise in applying the services to the particular problems of substance abusers and the children of substance abusers; and

“(B) an affiliation or contractual relationship with one or more substance abuse treatment programs.

“(3) Consortia of public or nonprofit private entities that include at least one substance abuse treatment program.

“(e) FEDERAL SHARE.—The Federal share of a program carried out under subsection (a) shall be 90 percent. The Secretary shall accept the value of in-kind contributions, including facilities and personnel, made by the grant recipient as a part or all of the non-Federal share of grants.

“(f) COORDINATION WITH OTHER PROVIDERS.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees to coordinate its activities with those of the State lead agency, and the State Interagency Coordinating Council, under part H of the Individuals with Disabilities Education Act.

“(g) RESTRICTIONS ON USE OF GRANT.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees that the grant will not be expended:

“(1) to provide inpatient hospital services;

“(2) to make cash payments to intended recipients of services;

“(3) to purchase or improve land, improve, reconstruct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
“(4) to satisfy any requirement for the expenditure of non-
Federal funds as a condition for the receipt of Federal funds; or
“(5) to provide financial assistance to any entity other than
a public or nonprofit private entity.

“(h) SUBMISSION TO SECRETARY OF CERTAIN INFORMATION.—The
Secretary may make a grant under subsection (a) only if the
applicant involved submits to the Secretary
“(1) a description of the population that is to receive services
under this section and a description of such services that are
to be provided and measurable goals and objectives;
“(2) a description of the mechanism that will be used to
involve the local public agencies responsible for health, mental
health, child welfare, education, juvenile justice, developmental
disabilities, and substance abuse treatment programs in planning
and providing services under this section, as well as evidence
that the proposal has been coordinated with the State
agencies responsible for administering those programs and the
State agency responsible for administering public maternal and
child health services;
“(3) information demonstrating that the applicant has estab-
lished a collaborative relationship with child welfare agencies and
child protective services that will enable the applicant, where
appropriate, to—
“(A) provide advocacy on behalf of substance abusers
and the children of substance abusers in child protective
services cases;
“(B) provide services to help prevent the unnecessary
placement of children in substitute care; and
“(C) promote reunification of families or permanent plans
for the placement of the child; and
“(4) such other information as the Secretary determines to
be appropriate.

“(i) REPORTS TO SECRETARY.—The Secretary may make a grant
under subsection (a) only if the applicant involved agrees that for
each fiscal year for which the applicant receives such a grant
the applicant, in accordance with uniform standards developed by
the Secretary, will submit to the Secretary a report containing—
“(1) a description of specific services and activities provided
under the grant;
“(2) information regarding progress toward meeting the
program’s stated goals and objectives;
“(3) information concerning the extent of use of services
provided under the grant, including the number of referrals to
related services and information on other programs or services
accessed by children, parents, and other caretakers;
“(4) information concerning the extent to which parents were
able to access and receive treatment for alcohol and drug abuse
and sustain participation in treatment over time until the
provider and the individual receiving treatment agree to end
such treatment, and the extent to which parents re-enter treatment
after the successful or unsuccessful termination of treatment;
“(5) information concerning the costs of the services provided
and the source of financing for health care services;
“(6) information concerning—
"(A) the number and characteristics of families, parents, and children served, including a description of the type and severity of childhood disabilities, and an analysis of the number of children served by age;

"(B) the number of children served who remained with their parents during the period in which entities provided services under this section;

"(C) the number of children served who were placed in out-of-home care during the period in which entities provided services under this section;

"(D) the number of children described in subparagraph (C) who were reunited with their families; and

"(E) the number of children described in subparagraph (C) for whom a permanent plan has not been made or for whom the permanent plan is other than family reunification;

"(7) information on hospitalization or emergency room use by the family members participating in the program; and

"(8) such other information as the Secretary determines to be appropriate.

"(j) REQUIREMENT OF APPLICATION.—The Secretary may make any grant under subsection (a) only if—

"(1) an application for the grant is submitted to the Secretary;

"(2) the application contains the agreements required in this section and the information required in subsection (h); and

"(3) the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

"(k) PEER REVIEW.—

"(1) REQUIREMENT.—In making determinations for awarding grants under subsection (a), the Secretary shall rely on the recommendations of the peer review panel established under paragraph (2).

"(2) COMPOSITION.—The Secretary shall establish a review panel to make recommendations under paragraph (1) that shall be composed of—

"(A) national experts in the fields of maternal and child health, substance abuse treatment, and child welfare; and

"(B) representatives of relevant Federal agencies, including the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, and the Administration for Children, Youth, and Families.

"(1) EVALUATIONS.—The Secretary shall periodically conduct evaluations to determine the effectiveness of programs supported under subsection (a)—

"(1) in reducing the incidence of alcohol and drug abuse among substance abusers participating in the programs;

"(2) in preventing adverse health conditions in children of substance abusers;

"(3) in promoting better utilization of health and developmental services and improving the health, developmental, and psychological status of children receiving services under the program;

"(4) in improving parental and family functioning;
(5) in reducing the incidence of out-of-home placement for children whose parents receive services under the program; and

(6) in facilitating the reunification of families after children have been placed in out-of-home care.

(m) REPORT TO CONGRESS.—Not later than 2 years after the date on which amounts are first appropriated under subsection (o), the Secretary shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report that contains a description of programs carried out under this section. At a minimum, the report shall contain—

(1) information concerning the number and type of programs receiving grants;

(2) information concerning the type and use of services offered;

(3) information concerning—

(A) the number and characteristics of families, parents, and children served;

(B) the number of children served who remained with their parents during or after the period in which entities provided services under this section;

(C) the number of children served who were placed in out-of-home care during or after the period in which entities provided services under this section;

(D) the number of children described in subparagraph (C) who were reunited with their families; and

(E) the number of children described in subparagraph (C) who were placed in out-of-home care.

analyzed by the type of entity described in subsection (d) that provided services;

(4) an analysis of the access provided to, and use of, related services and alcohol and drug treatment programs carried out under this section; and

(5) a comparison of the costs of providing services through each of the types of entities described in subsection (d).

(n) DATA COLLECTION.—The Secretary shall periodically collect and report on information concerning the numbers of children in substance abuse treatment programs, including information on the age, gender and ethnicity of the children, the composition and income of the family, and the source of health care finances.

(o) DEFINITIONS.—For purposes of this section:

(1) The term 'caretaker', with respect to a child of a substance abuser, means any individual acting in a parental role regarding the child (including any birth parent, foster parent, adoptive parent, relative of such a child, or other individual acting in such a role).

(2) The term 'children of substance abusers' means—

(A) children who have lived or are living in a household with a substance abuser who is acting in a parental role regarding the children; and

(B) children who have been prenataally exposed to alcohol or other dangerous drugs.

(3) The term 'Indian tribe' means any tribe, band, nation, or other organized group or community of Indians, including any Alaska Native village (as defined in, or established pursuant to, the Alaska Native Claims Settlement Act), that is rec-
recognize as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

“(4) The term ‘public or nonprofit private entities that provide health or social services to disadvantaged populations’ includes community-based organizations, local public health departments, community action agencies, hospitals, community health centers, child welfare agencies, developmental disabilities service providers, and family resource and support programs.

“(5) The term ‘substance abuse’ means the abuse of alcohol or other drugs.

"(p) FUNDING.—

“(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $50,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994.

“(2) CONTINGENT AUTHORITY REGARDING TRAINING OF CERTAIN INDIVIDUALS.—Of the amounts appropriated under paragraph (1) for a fiscal year in excess of $25,000,000, the Secretary may make available not more than 15 percent for the training of health care professionals and other personnel (including child welfare providers) who provide services to children and families of substance abusers.

(b) RULE OF CONSTRUCTION.—With respect to the program established in section 399D of the Public Health Service Act (as added by subsection (a) of this section), nothing in such section 399D may be construed as establishing for any other Federal program any requirement, authority, or prohibition, including with respect to recipients of funds under such other Federal programs.

TITLE V—HOME VISITING SERVICES FOR AT-RISK FAMILIES

SEC. 501. STATEMENT OF PURPOSE.

The purpose of this title is—

(1) to increase the use of, and to provide information on the availability of, early, continuous, and comprehensive prenatal care;

(2) to reduce the incidence of infant mortality and of infants born prematurely, with low birthweight, or with other impairments including those associated with maternal substance abuse;

(3) for pregnant women and mothers of children below the age of 3 whose children have experienced or are at risk of experiencing a health or developmental complication, to provide assistance in obtaining health and related social services necessary to meet the special needs of the women and their children;

(4) to assist, when requested, women who are pregnant and at-risk for poor birth outcomes, or who have young children and are abusing alcohol or other drugs, in obtaining appropriate treatment; and

(5) to reduce the incidence of child abuse and neglect.

SEC. 502. ESTABLISHMENT OF PROGRAM

Part L of title V of the Public Health Service Act (42 U.S.C. 265b–6 et seq.) is amended as follows:

“(1) by redesignating the material added by section 399D as a new section 399C–1 of such title;

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

“Subpart V—Home Visiting Services

“(a) IN GENERAL.

“(1) In general.

“(A) for fiscal year 1993, there are authorized to be appropriated $50,000,000 for such program, and such sums as may be necessary for fiscal year 1994.

“(B) for a fiscal year in excess of $25,000,000, the Secretary may make available not more than 15 percent of the funds appropriated under paragraph (1) for the training of health care professionals and other personnel (including child welfare providers) who provide services to children and families of substance abusers.

“(2) RULE OF CONSTRUCTION.—Nothing in this title or section shall be construed as establishing for any other Federal program any requirement, authority, or prohibition, including with respect to recipients of funds under such other Federal programs.

SEC. 503. IMPLEMENTATION

“(a) IN GENERAL.

“(1) In general.

“(A) Notwithstanding any other provision of law, the Secretary shall—

“(i) establish, in conjunction with States, a joint demonstration project for the purposes of improving the health of infants and young children born to women who are experiencing substance abuse; and

“(ii) in each fiscal year, fund a minimum of one such project;

“(B) the Secretary shall—

“(i) publish each fiscal year a report which includes information on each such demonstration project, and shall, in that report, include information on the progress of each project toward achieving the objectives established therefor; and

“(ii) make available for such project grants from the amounts authorized to be appropriated under this title.

“(2) RULE OF CONSTRUCTION.—Nothing in this title or section shall be construed as establishing for any other Federal program any requirement, authority, or prohibition, including with respect to recipients of funds under such other Federal programs.

SEC. 504. REPORT

“(a) IN GENERAL.

“(1) The Secretary shall submit to Congress a report on the demonstration projects established under this title, which report shall be submitted—

“(A) during the first 6 months of fiscal year 1993, and thereafter—

“(i) in each fiscal year, during the last 6 months of such fiscal year;

“(ii) at such time and in such manner as the Secretary may determine.

“(2) The report under paragraph (1) shall—

“(A) describe the methodology and results of each project;

“(B) describe the efforts of the Secretary to implement programs authorized by this title that are not part of a demonstration project; and

“(C) include such other information as the Secretary determines to be appropriate.

“(b) RULE OF CONSTRUCTION.—Nothing in this title or section shall be construed as establishing for any other Federal program any requirement, authority, or prohibition, including with respect to recipients of funds under such other Federal programs.