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 OF GRANTS.

Part L of title III of the Public Health Service Act (42 U.S.C. 280e et seq.) is amended—
(1) by redesignating sections 399 and 399A as sections 398A and 398B, respectively; and
(2) by adding at the end the following subpart:

"Subpart III—Grants for Home Visiting Services for At-Risk Families

"SEC. 399. PROJECTS TO IMPROVE MATERNAL, INFANT, AND CHILD HEALTH.

(a) IN GENERAL.—

"(1) ESTABLISHMENT OF PROGRAM.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall make grants to eligible entities to pay the Federal share of the cost of providing the services specified in subsection (b) to families in which a member is—

"(A) a pregnant woman at risk of delivering an infant with a health or developmental complication; or

"(B) a child less than 3 years of age—

"(i) who is experiencing or is at risk of a health or developmental complication, or of child abuse or neglect; or

"(ii) who has been prenatally exposed to maternal substance abuse.

"(2) MINIMUM PERIOD OF AWARDS; ADMINISTRATIVE CONSULTATIONS.—

"(A) The Secretary shall award grants under paragraph (1) for periods of at least three years.

"(B) The Administrator of the Administration for Children, Youth, and Families and the Director of the National Commission to Prevent Infant Mortality 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) In the case of an organization making an agreement under subparagraph (A)(ii), the organization shall be deemed to be an "eligible entity" for purposes of this subpart.

"(C) "Families" includes the parents of the infant and their children.

(b) ELIGIBLE ENTITIES.—

For the purposes of this section, "eligible entities" means—

"(1) public or private agencies, organizations, or institutions engaged in maternal and child health services.

"(2) organizations of public or private agencies, organizations, or institutions engaged in maternal and child health services.

"(3) organizations of public or private agencies, organizations, or institutions engaged in maternal and child health services.

"(4) public or private agencies, organizations, or institutions engaged in maternal and child health services.

(c) SERVICES.—

For the purposes of this section, "services" mean—

"(1) family-centered services to reduce the risks of preterm birth among pregnant women and to reduce the risks of infant mortality for young children.

"(2) services to reduce the risks of adverse health outcomes among children with disabilities.

"(3) services to support healthy development of children at risk for developmental delay.

"(4) services to ensure that children and families with disabilities receive appropriate medical and other services.

"(5) services to address the special health care needs of children with disabilities.

"(6) services to prevent child abuse and neglect.

"(7) services to improve the health and well-being of children with special health care needs.

"(8) services to support the health and well-being of children with special health care needs.

"(9) services to support the health and well-being of children with special health care needs.

"(10) services to support the health and well-being of children with special health care needs.

"(11) services to support the health and well-being of children with special health care needs.

"(12) services to support the health and well-being of children with special health care needs.

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"(14) services to support the health and well-being of children with special health care needs.

"(15) services to support the health and well-being of children with special health care needs.

"(16) services to support the health and well-being of children with special health care needs.

"(17) services to support the health and well-being of children with special health care needs.
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) HOME VISITING SERVICES FOR ELIGIBLE FAMILIES.—With respect to an eligible family, each of the following services shall, directly or through arrangement with other public or nonprofit private entities, be available (as applicable to the family member involved) in each project operated with a grant under subsection (a):

"(1) Prenatal and postnatal health care.

"(2) Primary health care for the children, including developmental assessments.

"(3) Education for the parents concerning infant care and child development, including the development and utilization of parent and teacher resource networks and other family resource and support networks where such networks are available.

"(4) Upon the request of a parent, providing the education described in paragraph (3) to other individuals who have responsibility for caring for the children.

"(5) Education for the parents concerning behaviors that adversely affect health.

"(6) Assistance in obtaining necessary health, mental health, developmental, social, housing, and nutrition services and other assistance, including services and other assistance under maternal and child health programs; the special supplemental food program for women, infants, and children; section 17 of the Child Nutrition Act of 1966; title V of the Social Security Act; title XIX of such Act (including the program for early and periodic screening, diagnostic, and treatment services described in section 1905(r) of such Act); titles IV and XIX of the Social Security Act; housing programs; other food assistance programs; and appropriate alcohol and drug dependency treatment programs, according to need.

"(c) CONSIDERATIONS IN MAKING GRANTS.—In awarding grants under subsection (a), the Secretary shall take into consideration—

"(1) the ability of the entity involved to provide, either directly or through linkages, a broad range of preventive and primary health care services and related social, family support, and developmental services;

"(2) different combinations of professional and lay home visitors utilized within programs that are reflective of the identified service needs and characteristics of target populations;

"(3) the extent to which the population to be targeted has limited access to health care, and related social, family support, and developmental services; and

"(4) whether such grants are equitably distributed among urban and rural settings and whether entities serving Native American communities are represented among the grantees.

"(d) FEDERAL SHARE.—With respect to the costs of carrying out a project under subsection (a), a grant under such subsection for the project may not exceed 90 percent of such costs. To be eligible to receive such a grant, the application must state that the applicant will make an equal amount of funds available from non-Federal sources. If the grantee is not able to make such a statement, the grant may not exceed 75 percent of such costs.

"(e) RULE OF CONSTRUCTION.—For the purpose of making grants under this section, the term "pregnancy" shall be interpreted to include all stages of pregnancy, delivery, and postpartum care.

"(f) DELIVERY SYSTEM.—(1) If a grant is provided under this section, the management of the grantee, including the management of the services provided by the grantee, is to be determined in cooperation with the grants. The grants shall be designed to provide services in the most appropriate manner.

"(2) A case shall be delivered under this section in cooperation with the grants. The grants shall be designed to provide services in the most appropriate manner.

"(A) family, and family in the child's best interest.

"(B) family, and family in the child's best interest.

"(2) A case shall be delivered under this section in cooperation with the grants. The grants shall be designed to provide services in the most appropriate manner.

"(A) family, and family in the child's best interest.

"(B) family, and family in the child's best interest.

"(2) A case shall be delivered under this section in cooperation with the grants. The grants shall be designed to provide services in the most appropriate manner.

"(A) family, and family in the child's best interest.

"(B) family, and family in the child's best interest.

"(2) A case shall be delivered under this section in cooperation with the grants. The grants shall be designed to provide services in the most appropriate manner.

"(A) family, and family in the child's best interest.

"(B) family, and family in the child's best interest.
to receive such a grant, an applicant must provide assurances that the applicant will obtain at least 10 percent of such costs from non-Federal funds (and such contributions to such costs may be in cash or in-kind, including facilities and personnel).

"(c) RULE OF CONSTRUCTION REGARDING AT-RISK BIRTHS.—For purposes of subsection (a)(1), a pregnant woman shall be considered to be at risk of delivering an infant with a health or developmental complication if during the pregnancy the woman—

"(1) lacks appropriate access to, or information concerning, early and routine prenatal care;

"(2) lacks the transportation necessary to gain access to the services described in subsection (b);

"(3) lacks appropriate child care assistance, which results in impeding the ability of such woman to utilize health and related social services;

"(4) is fearful of accessing substance abuse services or child and family support services; or

"(5) is a minor with a low income.

"(f) DELIVERY OF SERVICES AND CASE MANAGEMENT.—

"(1) CASE MANAGEMENT MODEL.—Home visiting services provided under this section shall be delivered according to a case management model, and a registered nurse, licensed social worker, or other licensed health care professional with experience and expertise in providing health and related social services in home and community settings shall be assigned as the case manager for individual cases under such model.

"(2) CASE MANAGER.—A case manager assigned under paragraph (1) shall have primary responsibility for coordinating and overseeing the development of a plan for each family that is to receive home visiting services under this section, and for coordinating the delivery of such services provided through appropriate personnel.

"(3) APPROPRIATE PERSONNEL.—In determining which personnel shall be utilized in the delivery of services, the case manager shall consider—

"(A) the stated objective of the project to be operated with the grant, as determined after considering identified gaps in the current service delivery system; and

"(B) the nature of the needs of the family to be served, as determined at the initial assessment of the family that is conducted by the case manager, and through follow-up contacts by other providers of home visiting services.

"(4) FAMILY SERVICE PLAN.—A case manager, in consultation with a team established in accordance with paragraph (5) for the family involved, shall develop a plan for the family following the initial visit to the home of the family. Such plan shall reflect—

"(A) an assessment of the health and related social service needs of the family;

"(B) a structured plan for the delivery of home visiting services to meet the identified needs of the family;

"(C) the frequency with which such services are to be provided to the family;

"(D) ongoing revisions made as the needs of family members change; and

"(E) the continuing voluntary participation of the family in the plan.
“(5) HOME VISITING SERVICES TEAM.—The team to be consulted under paragraph (4) on behalf of a family shall include, as appropriate, other nursing professionals, physician assistants, social workers, child welfare professionals, infant and early childhood specialists, nutritionists, and laypersons trained as home visitors. The case manager shall ensure that the plan is coordinated with those physician services that may be required by the mother or child.

“(g) OUTREACH.—Each grantee under subsection (a) shall provide outreach and casefinding services to inform eligible families of the availability of home visiting services from the project.

“(h) CONFIDENTIALITY.—In accordance with applicable State law, an entity receiving a grant under subsection (a) shall maintain confidentiality with respect to services provided to families under this section.

“(i) CERTAIN ASSURANCES.—The Secretary may award a grant under subsection (a) only if the entity involved provides assurances satisfactory to the Secretary that—

“(1) the entity will provide home visiting services with reasonable frequency—

“(A) to families with pregnant women, as early in the pregnancy as is practicable, and until the infant reaches at least 2 years of age; and

“(B) to other eligible families, for at least 2 years; and

“(2) the entity will coordinate with public health and related social service agencies to prevent duplication of effort and improve the delivery of comprehensive health and related social services.

“(j) SUBMISSION TO SECRETARY OF CERTAIN INFORMATION.—The Secretary may award a grant under subsection (a) only if the entity involved submits to the Secretary—

“(1) a description of the population to be targeted for home visiting services and methods of outreach and casefinding for identifying eligible families, including the use of lay home visitors where appropriate;

“(2) a description of the types and qualifications of home visitors used by the entity and the process by which the entity will provide continuing training and sufficient support to the home visitors; and

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

“(k) LIMITATION REGARDING ADMINISTRATIVE EXPENSES.—Not more than 10 percent of a grant under subsection (a) may be expended for administrative expenses with respect to the grant. The costs of training individuals to serve in the project involved are not subject to the preceding sentence.

“(l) RESTRICTIONS ON USE OF GRANT.—To be eligible to receive a grant under this section, an entity must agree 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, purchase, construct, 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 care in a public or private institution.”

“(m) REPORT TO SECRETARY.—Each grantee under this section shall prepare and submit to the Secretary, in such manner as may be prescribed by the Secretary, a report on the activities and accomplishments related to the grant under this section.
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(5) to provide financial assistance to any entity other than a public or nonprofit private entity.

(m) REPORTS TO SECRETARY.—To be eligible to receive a grant under this section, an entity must agree to submit an annual report on the services provided under this section to the Secretary in such manner and containing such information as the Secretary by regulation requires. At a minimum, the entity shall report information concerning eligible families, including—

(1) the characteristics of the families and children receiving services under this section;
(2) the usage, nature, and location of the provider, of preventive health services, including prenatal, primary, and child health care;
(3) the incidence of low birthweight and premature infants;
(4) the length of hospital stays for pre- and post-partum women and their children;
(5) the incidence of substantiated child abuse and neglect for all children within participating families;
(6) the number of emergency room visits for routine health care;
(7) the source of payment for health care services and the extent to which the utilization of health care services, other than routine screening and medical care, available to the individuals under the program established under title XIX of the Social Security Act, and under other Federal, State, and local programs, is reduced;
(8) the number and type of referrals made for health and related social services, including alcohol and drug treatment services, and the utilization of such services provided by the grantee; and
(9) the incidence of developmental disabilities.

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

(1) an application for the grant is submitted to the Secretary;
(2) the application contains the agreements and assurances required in this section, and the information required in subsection (j);
(3) the application contains evidence that the preparation of the application has been coordinated with the State agencies responsible for maternal and child health and child welfare, and coordinated with services provided under part H of the individuals with Disabilities Education Act; and
(4) 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.

(o) 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, child abuse and neglect, and the provision of community-based primary health services; and
(B) representatives of relevant Federal agencies, including the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, the Administration for Children, Youth, and Families, the U.S. Advisory Board on Child Abuse and Neglect, and the National Commission to Prevent Infant Mortality.

(p) EVALUATIONS.—

(1) IN GENERAL.—The Secretary shall, directly or through contracts with public or private entities—

(A) conduct evaluations to determine the effectiveness of projects under subsection (a) in reducing the incidence of children born with health or developmental complications, the incidence among children less than 3 years of age of such complications, and the incidence of child abuse and neglect; and

(B) not less than once during each 3-year period, prepare and submit to the appropriate committees of Congress a report concerning the results of such evaluations.

(2) CONTENTS.—The evaluations conducted under paragraph (1) shall—

(A) include a summary of the data contained in the annual reports submitted under subsection (m);

(B) assess the relative effectiveness of projects under subsection (a) in urban and rural areas, and among programs utilizing differing combinations of professionals and trained home visitors recruited from the community to meet the needs of defined target service populations; and

(C) make further recommendations necessary or desirable to increase the effectiveness of such projects.

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

(1) The term ‘eligible entity’ includes public and nonprofit private entities that provide health or related social services, including community-based organizations, visiting nurse organizations, hospitals, local health departments, community health centers, Native Hawaiian health centers, nurse managed clinics, family service agencies, child welfare agencies, developmental service providers, family resource and support programs, and resource mothers projects.

(2) The term ‘eligible family’ means a family described in subsection (a).

(3) The term ‘health or developmental complication’, with respect to a child, means—

(A) being born in an unhealthy or potentially unhealthy condition, including premature birth, low birthweight, and prenatal exposure to maternal substance abuse;

(B) a condition arising from a condition described in subparagraph (A);

(C) a physical disability or delay; and

(D) a developmental disability or delay.

(4) The term ‘home visiting services’ means the services specified in subsection (b), provided at the residence of the eligible family involved or provided pursuant to arrangements made for the family (including arrangements for services in community settings).

(5) The term ‘home visitors’ means providers of home visiting services.
"(r) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $30,000,000 for each of the fiscal years 1993 and 1994."

TITLE VI—TRAUMA CENTERS AND DRUG-RELATED VIOLENCE

SEC. 601. ESTABLISHMENT OF PROGRAM OF GRANTS.

Title XII of the Public Health Service Act (42 U.S.C. 300d et seq.), as added by section 3 of Public Law 101–590 (104 Stat. 2915), is amended by adding at the end the following new part:

"PART D—TRAUMA CENTERS OPERATING IN AREAS SEVERELY AFFECTED BY DRUG-RELATED VIOLENCE"

"SEC. 1241. GRANTS FOR CERTAIN TRAUMA CENTERS.

"(a) IN GENERAL.—The Secretary may make grants for the purpose of providing for the operating expenses of trauma centers that have incurred substantial uncompensated costs in providing trauma care in geographic areas with a significant incidence of violence arising directly or indirectly from illicit trafficking in drugs. Grants under this subsection may be made only to such trauma centers.

"(b) MINIMUM QUALIFICATIONS OF CENTERS.—

"(1) SIGNIFICANT INCIDENCE OF TREATING CERTAIN PATIENTS.—

"(A) The Secretary may not make a grant under subsection (a) to a trauma center unless the population of patients that has been served by the center for the period specified in subparagraph (B) includes a significant number of patients who were treated for—

"(i) trauma resulting from the penetration of the skin by knives, bullets, or any other implement that can be used as a weapon; or

"(ii) trauma that the center reasonably believes results from violence arising directly or indirectly from illicit trafficking in drugs.

"(B) The period specified in this subparagraph is the 2-year period preceding the fiscal year for which the trauma center involved is applying to receive a grant under subsection (a).

"(2) PARTICIPATION IN TRAUMA CARE SYSTEM OPERATING UNDER CERTAIN PROFESSIONAL GUIDELINES.—The Secretary may not make a grant under subsection (a) unless the trauma center involved is a participant in a system that—

"(A) provides comprehensive medical care to victims of trauma in the geographic area in which the trauma center is located;

"(B) is established by the State or political subdivision in which such center is located; and

"(C)(i) has adopted guidelines for the designation of trauma centers, and for triage, transfer, and transportation policies, equivalent to (or more protective than) the applicable guidelines developed by the American College of Surgeons or utilized in the model plan established under section 1213(c); or
“(ii) agrees that such guidelines will be adopted by the system not later than 6 months after the date on which the trauma center submits to the Secretary the application for the grant.

“(3) SUBMISSION AND APPROVAL OF LONG-TERM PLAN.—The Secretary may not make a grant under subsection (a) unless the trauma center involved—

“(A) submits to the Secretary a plan satisfactory to the Secretary that—

“(i) is developed on the assumption that the center will continue to incur substantial uncompensated costs in providing trauma care; and

“(ii) provides for the long-term continued operation of the center with an acceptable standard of medical care, notwithstanding such uncompensated costs; and

“(B) agrees to implement the plan according to a schedule approved by the Secretary.

SEC. 1242. PREFERENCES IN MAKING GRANTS.

“(a) IN GENERAL.—In making grants under section 1241(a), the Secretary shall give preference to any application—

“(1) made by a trauma center that, for the purpose specified in such section, will receive financial assistance from the State or political subdivision involved for each fiscal year during which payments are made to the center from the grant, which financial assistance is exclusive of any assistance provided by the State or political subdivision as a non-Federal contribution under any Federal program requiring such a contribution; or

“(2) made by a trauma center that, with respect to the system described in section 1241(b)(2) in which the center is a participant—

“(A) is providing trauma care in a geographic area in which the availability of trauma care has significantly decreased as a result of a trauma center in the area permanently ceasing participation in such system as of a date occurring during the 2-year period specified in section 1241(b)(1)(B); or

“(B) will, in providing trauma care during the 1-year period beginning on the date on which the application for the grant is submitted, incur uncompensated costs in an amount rendering the center unable to continue participation in such system, resulting in a significant decrease in the availability of trauma care in the geographic area.

“(b) FURTHER PREFERENCE FOR CERTAIN APPLICATIONS.—With respect to applications for grants under section 1241(a) that are receiving preference for purposes of subsection (a), the Secretary shall give further preference to any such application made by a trauma center for which a disproportionate percentage of the uncompensated costs of the center result from the provision of trauma care to individuals who neither are citizens nor aliens lawfully admitted to the United States for permanent residence.

SEC. 1243. CERTAIN AGREEMENTS.

“(a) COMMITMENT REGARDING CONTINUED PARTICIPATION IN TRAUMA CARE SYSTEM.—The Secretary may not make a grant under subsection (a) of section 1241 unless the trauma center involved agrees that—
"(1) the center will continue participation in the system described in subsection (b) of such section throughout the 3-year period beginning on the date that the center first receives payments under the grant; and

"(2) if the agreement made pursuant to paragraph (1) is violated by the center, the center will be liable to the United States for an amount equal to the sum of—

"(A) the amount of assistance provided to the center under subsection (a) of such section; and

"(B) an amount representing interest on the amount specified in subparagraph (A).

"(b) MAINTENANCE OF FINANCIAL SUPPORT.—With respect to activities for which a grant under section 1241 is authorized to be expended, the Secretary may not make such a grant unless the trauma center involved agrees that, during the period in which the center is receiving payments under the grant, the center will maintain expenditures for such activities at a level that is not less than the level maintained by the center during the fiscal year preceding the first fiscal year for which the center receives such payments.

"(c) TRAUMA CARE REGISTRY.—The Secretary may not make a grant under section 1241(a) unless the trauma center involved agrees that—

"(1) the center will operate a registry of trauma cases in accordance with the applicable guidelines described in section 1241(b)(2)(C), and will begin operation of the registry not later than 6 months after the date on which the center submits to the Secretary the application for the grant; and

"(2) in carrying out paragraph (1), the center will maintain information on the number of trauma cases treated by the center and, for each such case, the extent to which the center incurs uncompensated costs in providing trauma care.

"SEC. 1244. GENERAL PROVISIONS.

"(a) APPLICATION.—The Secretary may not make a grant under section 1241(a) unless an application for the grant is submitted to the Secretary and 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 part.

"(b) LIMITATION ON DURATION OF SUPPORT.—The period during which a trauma center receives payments under section 1241(a) may not exceed 3 fiscal years, except that the Secretary may waive such requirement for the center and authorize the center to receive such payments for 1 additional fiscal year.

"(c) LIMITATION ON AMOUNT OF GRANT.—A grant under section 1241 may not be made in an amount exceeding $2,000,000.

"SEC. 1245. AUTHORIZATION OF APPROPRIATIONS.

"For the purpose of carrying out this part, there are authorized to be appropriated $100,000,000 for fiscal year 1993, and such sums as may be necessary for fiscal year 1994. Such authorization of appropriations is in addition to any other authorization of appropriations or amounts that are available for such purpose.”.

SEC. 602. CONFORMING AMENDMENTS.

Title XII of the Public Health Service Act (42 U.S.C. 300d et seq.) is amended—
(1) in the heading for part C, by inserting "REGARDING PARTS A AND B" after "PROVISIONS";
(2) in section 1231, in the matter preceding paragraph (1), by striking "this title" and inserting "this part and parts A and B"; and
(3) in section 1232(a), by striking "this title" and inserting "parts A and B".

TITLe VII—STUDIES

SEC. 701. REPORT BY THE INSTITUTE ON MEDICINE.

(a) Study.—The Secretary of Health and Human Services shall enter into a contract with a public or nonprofit private entity to conduct a study concerning—

(1) the role of the private sector in the development of anti-addiction medications, including legislative proposals designed to encourage private sector development of such medications;
(2) the process by which anti-addiction medications receive marketing approval from the Food and Drug Administration, including an assessment of the feasibility of expediting the marketing approval process in a manner consistent with maintaining the safety and effectiveness of such medications;
(3) with respect to pharmacotherapeutic treatments for drug addiction—
(A) recommendations with respect to a national strategy for developing such treatments and improvements in such strategy;
(B) the state of the scientific knowledge concerning such treatments; and
(C) an assessment of the progress toward the development of safe, effective pharmacological treatments for drug addiction; and
(4) other related information determined appropriate by the authors of the study.

(b) NATIONAL ACADEMY OF SCIENCES.—The Secretary of Health and Human Services shall request the Institute of Medicine of the National Academy of Sciences to enter into the contract under subsection (a) to conduct the study described in such subsection. If such Academy declines to conduct the study, the Secretary shall carry out such subsection through another public or nonprofit private entity.

(c) report.—The Secretary of Health and Human Services shall ensure that, not later than 18 months after the date of enactment of this Act, the study required in subsection (a) is completed and a report describing the findings made as a result of the study is submitted to the Committee on Energy and Commerce of the House of Representatives and to the Committee on Labor and Human Resources of the Senate.

(d) Availability.—The report prepared under subsection (c) shall be made available for use by the public.

SEC. 702. SENSE OF THE SENATE.

It is the sense of the Senate that the Medications Development Division of the National Institute on Drug Abuse shall devote special attention and adequate resources to achieve the following urgent goals—