



Legislative Bulletin.....June 21, 2006

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Summary of the Bills Under Consideration Today:

Total Number of New Government Programs: 0

Total Cost of Discretionary Authorizations: \$3.98 billion in FY07, \$20.83 billion over five years

Effect on Revenue: \$0

Total Change in Mandatory Spending: \$0

Total New State & Local Government Mandates: 0

Total New Private Sector Mandates: 0

Number of Bills Without Committee Reports: 4

Number of Reported Bills that Don’t Cite Specific Clauses of Constitutional Authority: 1

H.R. 5060 — To amend the Federal Financial Assistance Management Improvement Act of 1999 to require data with respect to Federal financial assistance to be available for public access in a searchable and user friendly form — as amended (Blunt, R-MO)

Order of Business: The bill is scheduled for consideration on Wednesday, June 21, 2006, under a motion to suspend the rules and pass the bill, as amended.

Summary: H.R. 5060 requires the Director of the Office of Management and Budget (OMB), within a year of the bill's enactment, to make certain financial information about federal funding recipients available on a public website. The public website must, at a minimum:

- include information searchable by the recipients' names;
- include information on federal "financial assistance awards" within 30 days of funds being awarded;
- identify the federal financial assistance that an entity has received during the preceding 10-year period (beginning with the year 2006), including an itemized breakdown of that assistance by agency and program source;
- include lists of federal financial assistance awards and the dates and amounts of federal fund disbursements; and
- identify sub-grantees that are non-federal entities.

The bill defines, by cross reference to current law, "federal financial assistance" as meaning:

"assistance that non-federal entities receive or administer in the form of grants, loans, loan guarantees, property, cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, or other assistance, but does not include amounts received as reimbursement for services rendered to individuals in accordance with guidance issued by the [OMB] Director"

Additional Information: According to news reports, GSA estimates the federal government gives out \$300 billion in grants to some 30,000 organizations every year. According to the sponsor's office, "This transparency is a vital tool to ensure that Congress and the American public have the information they need to conduct oversight of the use of our tax dollars."

According to one news report, a diverse group of 20 organizations sent a letter to Senate sponsors of similar legislation stating "Advocates from all points on the spectrum of opinion share the common notion that transparency of and public access to government information is vital to the health of our political system." Reports note that while there are databases the public can access to track government contracts, the systems are often hard to use and do not include all the contracts they should. Sources: <http://www.govexec.com/dailyfed/0306/033106cdpm2.htm>; http://www.hillnews.com/thehill/export/TheHill/Business/061306_omb.html.

NIH and the EPA are two agencies that have databases of funding recipients, though they do not currently meet the requirements laid out in H.R. 5060. See <http://www.epa.gov>, and search the term "grants" under the center section of the homepage labeled "Quick Finder" and also see <http://crisp.cit.nih.gov/> and <http://grants1.nih.gov/grants/award/state/state.htm>.

Committee Action: H.R. 5060 was introduced on March 30, 2006, and was referred to the Committee on Government Reform, which took no official action.

Cost to Taxpayers: While a CBO cost estimate is unavailable, the sponsor's office reports that the requirements of the bill would be paid for out of OMB's regular operating budget. The bill does not authorize any funds.

Does the Bill Expand the Size and Scope of the Federal Government?: No. The bill instructs OMB as part of the implementation of the Federal Financial Assistance Management Improvement Act of 1999 (Public Law 106-107) to work with the Administrator of General Services and other agencies to make available data with respect to federal financial assistance as defined under this bill and under section 204 of the E-Government Act of 2002 (Public Law 107-347).

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: No.

Constitutional Authority: A Committee Report citing constitutional authority is unavailable. House Rule XIII, Section 3(d)(1), requires that all committee reports contain “a statement citing the *specific* powers granted to Congress in the Constitution to enact the law proposed by the bill or joint resolution.” (*emphasis added*)

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H.R. 5603 - Second Higher Education Extension Act of 2006 — *as introduced* (Keller, R-FL)

Order of Business: The bill is scheduled for consideration on Wednesday, June 21, 2006, under a motion to suspend the rules and pass the bill.

Summary: H.R. 5603 would extend the authorization (at current, FY04 levels) for the Higher Education Act of 1965 (HEA) through September 30, 2006. The House previously passed a short-term extension through June 30, 2006 (signed into law on December 30, 2005). Current law allows for flexibility in the authorization depending upon amendments to HEA enacted during FY05 or FY06.

Committee Action: The bill was introduced on June 14, 2006, and referred to the Committee on Education and the Workforce, which took no official action.

Cost to Taxpayers: A cost estimate for H.R. 5603 is not available.

Does the Bill Expand the Size and Scope of the Federal Government?: No.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: No.

Constitutional Authority: A Committee Report citing constitutional authority is unavailable. House Rule XIII, Section 3(d)(1), requires that all committee reports contain “a statement citing the *specific* powers granted to Congress in the Constitution to enact the law proposed by the bill or joint resolution.” (*emphasis added*)

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H.R. 5293 - Senior Independence Act of 2006 — *as reported* (Tiberi, R-OH)

Order of Business: The bill is scheduled for consideration on Wednesday, June 21, 2006, under a motion to suspend the rules and pass the bill.

Summary: H.R. 5293 reauthorizes the Older Americans Act (OAA) of 1965 through FY11, at such sums as necessary for all programs and titles. The OAA provides home- and community-based social services to the elderly, as well as their family caregivers. Authorization for OAA expired in 2005; however programs in the bill were funded through FY06 appropriations process at \$1.78 billion. The reauthorization makes a number of changes to current OAA law.

Highlights are as follows:

- Directs the Assistant Secretary for Aging at the Administration on Aging at the Department of Health and Human Services (HHS) to, acting through the person designated with responsibility for elder abuse prevention and services, to develop objectives, priorities, policy, and a long-term plan for:
 - “carrying out elder justice programs and activities relating elder abuse prevention, detection, treatment, and intervention, and response;
 - “collecting and disseminating data relating to the abuse, neglect, and exploitation of older individuals;
 - “disseminating information concerning best practices regarding, and providing training on, carrying out activities related to abuse, neglect, and exploitation of older individuals;
 - “conducting research related to abuse, neglect, and exploitation of older individuals;
 - “providing technical assistance to States; and
 - “promoting collaborative efforts and diminishing duplicative efforts in the development and carrying out of elder justice programs at the Federal, State, and local levels.”

- Adds the following to the functions of the Assistant Secretary for Aging, defined in current law:
 - To provide technical assistance and support for benefits enrollment assistance and outreach to support existing efforts to inform and enroll older individuals who may be eligible to participate, but who are not participating, in [OAA] programs for which they are eligible;
 - May, in cooperation with Federal partners, establish a National Center on Senior Benefits Outreach and Enrollment, which will develop and maintain web-based decision supports and enrollment tools and integrated, person-centered systems designed to inform older individuals about the full range of benefits for which they may be eligible, and develop and maintain an information clearinghouse on best practices and cost-effective methods for enrolling limited income older Americans in benefits for which they are eligible; and
 - Make available to states information and technical assistance to support the provision of evidence-based disease prevention and health promotion services.

- Redefines current duties of the Assistant Secretary regarding the development of policy alternatives in long-term care to include the following:
 - To conduct research and **demonstration projects** to identify innovative, cost-effective strategies for modifying state systems of long-term care to respond to the needs and

- preferences of older individuals and family caregivers and target services to individuals at risk for institutional placement, to permit such individuals to remain in home and community-based care settings;
- To establish criteria and promote the implementation of evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals;
 - To implement, in all states, Aging and Disability Resource Centers to serve as visible and trusted sources of information on the full range of long-term care options that are available in the community, including both institutional and home and community-based care, in addition to several other functions. These Centers are defined in the bill as “a program established by a State as part of the State’s system of long-term care, to provide a coordinated system for providing comprehensive information on available public and private long-term care programs, options, and sources.” According to the Education and Workforce Committee, 43 states currently operate an Aging and Disability Resource Center.
 - To establish, either directly, or through grants or contracts, national technical assistance programs to assist state agencies, area agencies on aging, and community-based service providers funded under this Act in implementing these home- and community-based long term care systems.
- Directs HHS to conduct outreach and provide technical assistance to agencies and organizations that serve older individuals to assist these agencies in carrying out integrated health promotion and disease prevention programs that are designed for older individuals and include nutrition education, physical activity, and other activities to modify behavior and improve health literacy.
 - Reauthorizes the following programs, funded through OAA, at “such sums as necessary.” The FY06 appropriation for each reauthorized program is listed beside each one:
 - Home and Community-Based Supportive Services: \$351 million;
 - Congregate Nutrition Services: \$385 million;
 - Home-Delivered Nutrition Services: \$182 million;
 - Nutrition Services Incentive Program: \$148 million;
 - Preventive Health Services: \$21 million;
 - Program Administration: \$18 million; and
 - Community Service Employment: \$432 million.
 - Adds several requirements to the area plan required under current law to be submitted by each area agency in order to be approved by their respective state agency to provide these home- and community-based services. Some of these requirements include collaborating and coordinating with other local public and private agencies and conducting analyses with respect to strategies for modifying their long-term care services.
 - Adds several requirements to the state plan required under current law to be submitted by each state agency in order to be approved by HHS for a grant under this act. Some of these requirements include identifying the number of low-income minority older individuals in the state, including those with limited English proficiency and describing the methods used to satisfy the service needs of these minority individuals.

- Amends the Nutrition Services Incentive Program provided for in current law, authorizing a cash-only program through which grant recipients may purchase through school food authorities (in the Richard B. Russell National School Lunch Act), agricultural commodities (food) for its nutrition programs.
- Encourages voluntary contributions (optional cost sharing) for individuals whose self-declared income is at or above 125 percent of the poverty line.
- Adds to the current list of approved activities for grant recipients in the Supportive Services and Senior Centers Program, mental health services, activities including outreach, education screening, and referral for treatment of older individuals, as well as activities to promote and disseminate information about life-long learning programs, including opportunities for distance teaching. The bill also adds mental health services to the encouraged activities for several other grant programs, such as those offered to family caregivers.
- Adds to the list of encouraged activities for grant recipients in the Congregate Nutrition Program, to provide nutrition education, nutrition counseling, and other nutrition services, based on the needs of meal participants, as well as providing along with a meal, a multivitamin-mineral supplement as an addition to the meal.
- Adds to the list of foods to be offered by the Home Delivered Nutrition Services, “fresh and supplemental” foods. Also expands the program to allow for the nutrition education and counseling based on the needs of the recipients.
- Updates the requirements for current nutrition programs and also encourages individuals distributing meals to provide the homebound citizens with information on how to receive a flu shot in their local area.
- Directs the Assistant Secretary for Aging to enter into a contract with the Food and Nutrition Board of the Institute of Medicine for the purpose of establishing an independent panel of experts that will conduct an evidence-based evaluation of the nutrition programs authorized by OAA.
- Directs HHS to work in consultation with qualified experts to “provide information on methods of improving indoor air quality in buildings where seniors congregate.”
- Amends the definition of individuals who may be cared for under the programs offered to family caregivers to include children with disabilities and individuals with Alzheimer’s disease or a related neurological disorder. Also decreases the qualifying age for a grandparent caregiver from 60 to 55.
- Reauthorized the Title IV grant programs (family caregiver programs) through 2011, and authorizes several additional uses of funds for Title IV grant program grantees. The new uses of funds include additional activities to prepare communities for the aging of the population, promoting quality and continuous improvement in family support, intergenerational programs, and the development of technology-based service models.
- Significantly revises Title V of OAA, which includes community service employment-based training for older Americans and is operated out of the Department of Labor. Specifically, the

bill requires grant recipients under this title to serve individuals with the most significant need and gradually phases in provisions requiring increased percentages of program participants to be in unsubsidized employment, among other changes.

- Reauthorizes the Native Americans Caregiver Support program, the Vulnerable Elder Rights Protection Activities, and the Native American Program through FY11. **The Native American Program also serves the Native-Hawaiian population. Native Hawaiians are a racial group, not a tribe, and dispensing benefits to them would likely be subject to strict scrutiny in federal courts.**

Committee Action: H.R. 5293 was introduced on May 4, 2006 and was referred to the Committee on Education and the Workforce, which considered it, held a mark-up, and reported the bill, as amended, by voice vote on June 8, 2006.

Cost to Taxpayers: According to CBO, the bill would authorize \$1.78 billion in FY07, and \$9.23 billion over the FY07 to FY11 period.

Does the Bill Expand the Size and Scope of the Federal Government?: Yes. The bill expands current federal programs provided to senior citizens.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: No.

Constitutional Authority: Committee Report 109-493 cites constitutional authority in Article I, Section 8, Clause 18 (necessary and proper). However, House Rule XIII, Section 3(d)(1), requires that all committee reports contain “a statement citing the *specific* powers granted to Congress in the Constitution to enact the law proposed by the bill or joint resolution.” (*emphasis added*) The necessary and proper clause is not considered a specific power, as the Constitution requires citation of a “foregoing power” for use of a necessary and proper action.

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H.Con.Res. 426 - Recognizing the Food and Drug Administration of the Department of Health and Human Services on the occasion of the 100th anniversary of the passage of the Food and Drugs Act for the important service it provides to the Nation — *as amended* (Barton, R-TX)

Order of Business: The resolution is scheduled for consideration on Wednesday, June 21, 2006, under a motion to suspend the rules and pass the resolution, as amended.

Summary: H.Con.Res. 426 resolves that Congress recognizes the Food and Drug Administration of the Department of Health and Human Services and its employees for:

- “100 years of service in working to ensure the safety of our food and the safety and efficacy of our medical products;
- “providing leadership to the world in the regulatory sciences; and

- “their hard work and extraordinary dedication to the protection and promotion of our Nation’s public health.”

Additional Information: The resolution lists a number of findings, including the following:

- “the Food and Drugs Act of June 30, 1906, transformed the Food and Drug Administration (‘FDA’) into a scientific regulatory agency;
- “the FDA is the oldest consumer protection agency in the United States;
- “the centennial anniversary of the passage of the 1906 Food and Drugs Act occurs on June 30, 2006, marks the 100th anniversary of the Agency’s founding, and is a major milestone in FDA’s celebrated history; and
- “FDA has the critical mission of protecting the public health by ensuring that--
 - foods are safe, wholesome, sanitary, and properly labeled;
 - human and veterinary drugs are safe and effective;
 - devices intended for human use are safe and effective;
 - cosmetics are properly labeled; and
 - consumers are protected from electronic product radiation.”

Possible Conservative Concerns: Although the resolution commends the FDA for “100 years of service in working to ensure the ... safety and efficacy of our medical products,” in the case of one FDA approved drug, RU-486, this is not the case. Under the Clinton Administration, the FDA approved RU-486 (mifepristone), a drug whose sole purpose is to take the life of an unborn child. The drug was approved under suspicious circumstances under a category of drugs approved only for severe or life-threatening diseases or illnesses (previously used for cancer, AIDS, and leprosy drugs). Since the approval, FDA has received reports that eight US women have died following their use of the drug and through March 31, 2006, the FDA has received reports of 950 serious side effects after the use of RU-486, including nine life-threatening incidents, 232 hospitalizations, 116 cases of heavy bleeding that required transfusions, and 88 infections. The FDA has yet to remove the drug’s approval, despite Congressional hearings and the introduction of legislation calling for its withdrawal. For more information on the questionable circumstances surrounding the drug’s approval please visit: http://www.cwfa.org/familyvoice/2003-01/RU-486_January_February.pdf, and to read about the deaths caused by this drug, please visit: <http://www.lifeissues.org/ru486/deaths.htm>.

Committee Action: H.Con.Res. 426 was introduced on June 12, 2006 and was referred to the Committee on Energy and Commerce, which considered it, held a mark-up, and reported the bill by unanimous consent on June 15, 2006.

Cost to Taxpayers: The resolution authorizes no expenditures.

Does the Bill Expand the Size and Scope of the Federal Government?: No.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: No.

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H.R. 5573 - Health Centers Renewal Act of 2006 — *as reported (Deal, R-GA)*

Order of Business: The bill is scheduled for consideration on Wednesday, June 21, 2006, under a motion to suspend the rules and pass the bill.

Summary: HR. 5573 reauthorizes the Community Health Centers program, until FY11, at the following amounts:

- \$1.96 billion in FY07;
- \$1.99 billion in FY08;
- \$2.02 billion in FY09;
- \$2.04 billion in FY10: and
- \$2.04 billion in FY11.

The Community Health Centers program, which is set to expire in September 2006, was last reauthorized at \$1.34 billion in FY02 and such sums as necessary through FY06.

H.R. 5573 lists a number of findings, including the following:

- “Community, migrant, public housing, and homeless health centers are vital to thousands of communities across the United States;
- “There are more than 1,000 such health centers serving over 15,000,000 people at over 3,700 health delivery sites, located in all 50 States of the United States, the District of Columbia, and Puerto Rico, Guam, the Virgin Islands, and other territories of the United States;
- “Health centers provide cost-effective, quality health care to poor and medically underserved people in the States, the District of Columbia, and the territories, including the working poor, the uninsured, and many high-risk and vulnerable populations, and have done so for over 40 years;
- “Congress established the program as a unique public-private partnership, and has continued to provide direct funding to community organizations for the development and operation of health centers systems that address pressing local health needs and meet national performance standards;
- “Federal grants assist participating communities in finding partners and recruiting doctors and other health professionals; and
- “Federal grants constitute, on average, 24 percent of the annual budget of such health centers, with the remainder provided by State and local governments, Medicare, Medicaid, private contributions, private insurance, and patient fees.”

Committee Action: H.R. 5573 was introduced on June 9, 2006 and was referred to the Committee on Energy and Commerce, which considered it, held a mark-up, and reported it on June 15, 2006.

Cost to Taxpayers: According to CBO, H.R. 5573 will authorize \$1.9 billion in FY07, and \$10.1 billion over the FY07-FY11 period.

Does the Bill Expand the Size and Scope of the Federal Government?: No.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: No.

Constitutional Authority: As of press time, a Committee Report citing constitutional authority is unavailable. House Rule XIII, Section 3(d)(1), requires that all committee reports contain “a statement citing the *specific* powers granted to Congress in the Constitution to enact the law proposed by the bill or joint resolution.” (*emphasis added*)

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H.R. 5574 — Children’s Hospital GME Support Reauthorization Act of 2006 — *as reported (Deal, R-GA)*

Order of Business: The bill is scheduled for consideration on Wednesday, June 21, 2006, under a motion to suspend the rules and pass the bill.

Summary: H.R. 5574 reauthorizes at \$300 million each year from FY07 through FY11, the Children’s Hospital GME Support program. This program, which expired in 2005, provides payments to children’s hospitals that operate graduate medical education (GME) programs. These payments could be used for direct costs, such as salaries, and indirect costs, such as patient costs that are higher in a teaching hospital than in a non-teaching hospital. H.R. 5574 directs hospitals receiving a payment under this program, to annually submit a report detailing certain information relating to the residency training program sponsored by the hospital. The bill provides that the payments to a hospital are to be reduced by 25% if the hospital has failed to provide this required report. H.R. 5574 also requires Health and Human Services (HHS) to submit, not later than FY11, a report to Congress summarizing the information submitted to HHS by the hospitals receiving funding, describing the results of the new program, and making recommendations for improvements to the program.

Committee Action: H.R. 5574 was introduced on June 9, 2006 and was referred to the Committee on Energy and Commerce, which considered it, held a mark-up, and reported the bill, as amended, on June 15, 2006.

Cost to Taxpayers: According to CBO, H.R. 5574 will authorize \$300 million in FY07, and \$1.5 billion over the FY07-FY11 period.

Does the Bill Expand the Size and Scope of the Federal Government?: No.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: No.

Constitutional Authority: As of press time, a Committee Report citing constitutional authority is unavailable. House Rule XIII, Section 3(d)(1), requires that all committee reports contain “a statement citing the *specific* powers granted to Congress in the Constitution to enact the law proposed by the bill or joint resolution.” (*emphasis added*)

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H.Res. 323 — Supporting efforts to increase childhood cancer awareness, treatment, and research — *as amended* (Pryce, R-OH)

Order of Business: The resolution is scheduled for consideration on Wednesday, June 21, 2006, under a motion to suspend the rules and pass the resolution.

Summary: H.Res. 323 resolves that Congress should support:

- “public and private sector efforts to promote awareness about the incidence of cancer among children, the signs and symptoms of cancer in children, treatment options, and long-term follow-up;
- “pediatric cancer research to improve prevention, diagnosis, treatment, rehabilitation, post-treatment monitoring, and long-term survival;
- “policies that encourage the development of drugs and biologics designed to treat pediatric cancers;
- “policies that encourage participation in clinical trials;
- “efforts to encourage the incorporation of pain management for pediatric cancer patients into medical education curricula; and
- “policies that enhance education, services, and other resources related to late effects from treatment.”

The resolution also lists a number of findings, including the following:

- “an estimated 12,400 children will be diagnosed with cancer in the year 2005;
- “an estimated 2,300 children will die from cancer in the year 2005;
- “the incidence of cancer among children in the United States is rising by about one percent each year;
- “1 in every 330 Americans develops cancer before age 20; and
- “approximately 8 percent of deaths of those between 1 and 19 years old are caused by cancer.”

Committee Action: H.Res. 323 was introduced on June 15, 2005, and referred to the Energy and Commerce Committee’s Subcommittee on Health, which took no official action.

Cost to Taxpayers: The resolution authorizes no expenditure.

Does the Bill Expand the Size and Scope of the Federal Government?: No.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: No.

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