

## **Prevention & Public Health Amendments Filed on December 8<sup>th</sup>, 2009**

1. **SA 3003 - HAGAN** – Directs the Secretary of Health and Human Services, in collaboration with the Director of the Centers for Disease Control and Prevention to (1) review uptake and utilization of diabetes screening benefits to identify and address any existing problems with regard to utilization and data collection mechanisms; (2) establish an outreach program to identify existing efforts by agencies and by the private and nonprofit sectors to increase awareness among seniors and providers of diabetes screening benefits; and (3) maximize cost effectiveness in increasing utilization of diabetes screening benefits.
2. **SA 3017 - ENSIGN** – Applies wellness program provisions to carriers providing federal employee health benefits plans.
3. **SA 3036 – ENSIGN** - States that, with respect to an area in which a major disaster has been declared in accordance with the Robert T. Stafford Disaster Relief and Emergency Assistance Act, a health care professional who is providing health or dental services on a voluntary basis in such area, or to a non-resident victim of the disaster involved, shall not be liable for damages in a medical malpractice lawsuit for a cause of action arising out of an act or omission of such professional in providing the services involved, with certain exceptions noted.
4. **SA 3070 - HAGAN** – Includes prescription weight loss drugs approved by the Food and Drug Administration when used for obese patients or for overweight patients with a weight-related co-morbidity such as hypertension, type 2 diabetes or dyslipidemia as covered Medicare Part D drugs.
5. **SA 3072 - HAGAN** – Directs the Secretary to provide for the implementation of a national public-private partnership to (1) promote the benefits of workplace wellness programs; (2) understand what types of disease prevention and workplace wellness programs are effective, considering different environments, factors, and circumstances; (3) understand the obstacles to the implementation of disease prevention and workplace wellness programs, issues relating to employer size and resources, and best practices for the scalable implementation of such programs; (4) understand what factors influence employees to participate in workplace disease prevention and wellness programs; (5) emphasize an integrated and coordinated approach to workplace disease management and wellness programs; (6) ensure informed decisions through the sharing of high quality information and best practices; and (7) recommend policies to encourage or stimulate the utilization of worksite disease management and wellness programs.
6. **SA 3075 – DURBIN** – Authorizes the Secretary of HHS directly or through grants, cooperative agreements, or contracts to eligible entities to conduct, support, and promote a comprehensive public education and awareness campaign to increase public and medical community awareness regarding congenital heart disease, including the need for life-long treatment of congenital heart disease survivors. Authorizes the Secretary to enhance and expand infrastructure (or award a grant) to track the epidemiology of congenital heart disease and to organize such information into a nationally-representative surveillance system with

development of a population-based registry of actual occurrences of congenital heart disease. Authorizes expansion of congenital heart disease research.

7. **SA 3076 – DURBIN** – Sec. 4107 of the bill currently provides coverage of comprehensive tobacco cessation services for pregnant women in Medicaid. The amendment broadens the scope of this section and would no longer apply only to pregnant women.
  
8. **SA 3078 – KLOBUCHAR** – Directs the HHS Secretary to conduct a national evidence-based education campaign to increase awareness of young women's knowledge regarding-- (A) breast health in young women of all racial, ethnic, and cultural backgrounds; (B) breast awareness and good breast health habits; (C) the occurrence of breast cancer and the general and specific risk factors in women who may be at high risk for breast cancer based on familial, racial, ethnic, and cultural backgrounds such as Ashkenazi Jewish populations; (D) evidence-based information that would encourage young women and their health care professional to increase early detection of breast cancers; and (E) the availability of health information and other resources for young women diagnosed with breast cancer on-- (i) fertility preservation; (ii) support, including social, emotional, psychosocial, financial, lifestyle, and caregiver support; (iii) familial risk factors; and (iv) prevention and early detection strategies to reduce recurrence or metastasis.

## Legislative Text

**SA 3003. Mrs. HAGAN submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. Reid (for himself, Mr. Baucus, Mr. Dodd, and Mr. Harkin) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:**

At the end of title III, insert the following:

Subtitle \_\_--Better Diabetes Care

SEC. \_\_1. SHORT TITLE.

This subtitle may be cited as the ``Catalyst to Better Diabetes Care Act of 2009''.

SEC. \_\_2. DIABETES SCREENING COLLABORATION AND OUTREACH PROGRAM.

(a) *Establishment.*--With respect to diabetes screening tests and for the purposes of reducing the number of undiagnosed seniors with diabetes or prediabetes, the Secretary of Health and Human Services (referred to in this subtitle as the ``Secretary''), in collaboration with the Director of the Centers for Disease Control and Prevention (referred to in this section as the ``Director''), shall--

(1) review uptake and utilization of diabetes screening benefits to identify and address any existing problems with regard to utilization and data collection mechanisms;

(2) establish an outreach program to identify existing efforts by agencies and by the private and nonprofit sectors to increase awareness among seniors and providers of diabetes screening benefits; and

(3) maximize cost effectiveness in increasing utilization of diabetes screening benefits.

(b) *Consultation.*--In carrying out this section, the Secretary and the Director shall consult with--

(1) various units of the Federal Government, including the Centers for Medicare & Medicaid Services, the Surgeon General of the Public Health Service, the Agency for Healthcare Research and Quality, the Health Resources and Services Administration, and the National Institutes of Health; and

(2) entities with an interest in diabetes, including industry, voluntary health organizations, trade associations, and professional societies.

SEC. \_\_3. ADVISORY GROUP REGARDING EMPLOYEE WELLNESS AND DISEASE MANAGEMENT BEST PRACTICES.

(a) *Establishment.*--The Secretary shall establish an advisory group consisting of representatives of the public and private sector. The advisory group shall include--

(1) representatives of the Department of Health and Human Services;

(2) representatives of the Department of Commerce; and

(3) members of the public, representatives of the private sector, and representatives of the small business community, who have experience with diabetes or in administering and operating employee wellness and disease management programs.

(b) *Duties.*--The advisory group established under subsection (a) shall examine and make recommendations of best practices of employee wellness and disease management programs in order to--

(1) provide public and private sector entities with improved information in assessing the role of employee wellness and disease management programs in saving money and improving quality of life for patients with chronic illnesses; and

(2) encourage the adoption of effective employee wellness and disease management programs.

(c) *Report.*--Not later than 1 year after the date of the enactment of this Act, the advisory group established under subsection (a) shall submit to the Secretary the results of the examination under subsection (b)(1).

#### SEC. \_\_4. NATIONAL DIABETES REPORT CARD.

(a) *In General.*--The Secretary, in collaboration with the Director of the Centers for Disease Control and Prevention (referred to in this section as the "Director"), shall prepare on a biennial basis a national diabetes report card (referred to in this section as a "Report Card") and, to the extent possible, for each State.

(b) *Contents.*--

(1) IN GENERAL.--Each Report Card shall include aggregate health outcomes related to individuals diagnosed with diabetes and prediabetes including--

(A) preventative care practices and quality of care;

(B) risk factors; and

(C) outcomes.

(2) UPDATED REPORTS.--Each Report Card that is prepared after the initial Report Card shall include trend analysis for the Nation and, to the extent possible, for each State, for the purpose of--

(A) tracking progress in meeting established national goals and objectives for improving diabetes care, costs, and prevalence (including Healthy People 2010); and

(B) informing policy and program development.

(c) *Availability.*--The Secretary, in collaboration with the Director, shall make each Report Card publicly available, including by posting the Report Card on the Internet.

#### SEC. \_\_5. IMPROVEMENT OF VITAL STATISTICS COLLECTION.

(a) *In General.*--The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in collaboration with appropriate agencies and States, shall--

(1) promote the education and training of physicians on the importance of birth and death certificate data and how to properly complete these documents, including the collection of such data for diabetes and other chronic diseases;

(2) encourage State adoption of the latest standard revisions of birth and death certificates; and

(3) work with States to re-engineer their vital statistics systems in order to provide cost-effective, timely, and accurate vital systems data.

(b) *Death Certificate Additional Language.*--In carrying out this section, the Secretary may promote improvements to the collection of diabetes mortality data, including the addition of a question for the individual certifying the cause of death regarding whether the deceased had diabetes.

#### SEC. \_\_6. STUDY ON APPROPRIATE LEVEL OF DIABETES MEDICAL EDUCATION.

(a) *In General.*--The Secretary shall, in collaboration with the Institute of Medicine and appropriate associations and councils, conduct a study of the impact of diabetes on the practice of medicine in the United States and the appropriateness of the level of diabetes medical education that should be required prior to licensure, board certification, and board recertification.

(b) *Report.*--Not later than 2 years after the date of the enactment of this Act, the Secretary shall submit a report on the study under subsection (a) to the Committees on Ways and Means and Energy and Commerce of the House of Representatives and the Committees on Finance and Health, Education, Labor, and Pensions of the Senate.

SEC. \_\_7. AUTHORIZATION OF APPROPRIATIONS. There are authorized to be appropriated to carry out this subtitle such sums as may be necessary.

**SA 3017. Mr. ENSIGN submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. Reid (for himself, Mr. Baucus, Mr. Dodd, and Mr. Harkin) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:**

At the end of part I of subtitle C of title I, insert the following:

**SEC. 1202. APPLICATION OF WELLNESS PROGRAMS PROVISIONS TO CARRIERS PROVIDING FEDERAL EMPLOYEE HEALTH BENEFITS PLANS.**

(a) *In General.*--Notwithstanding section 8906 of title 5, United States Code (including subsections (b)(1) and (b)(2) of such section), section 2705(j) of the Public Health Service Act (as added by section 1201) (relating to wellness programs) shall apply to carriers entering into contracts under section 8902 of title 5, United States Code.

(b) *Proposals.*--Carriers may submit separate proposals relating to voluntary wellness program offerings as part of the annual call for benefit and rate proposals to the Office of Personnel Management.

(c) *Effective Date.*--This subsection shall take effect on the date of enactment of this Act and shall apply to contracts entered into under section 8902 of title 5, United States Code, that take effect with respect to calendar years that begin more than 1 year after that date.

**SA 3036. Mr. ENSIGN submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. Reid (for himself, Mr. Baucus, Mr. Dodd, and Mr. Harkin) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:**

At the appropriate place, insert the following:

SEC. \_\_. DISASTER VOLUNTEER HEALTH CARE PROFESSIONAL PROTECTION.

(a) *Limitation on Liability.*--Notwithstanding any other provision of law, with respect to an area in which a major disaster has been declared in accordance with the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5721 et seq.), a health care professional who is providing health or dental services on a voluntary basis in such area, or to a non-resident victim of the disaster involved, shall not be liable for damages in a medical malpractice lawsuit for a cause of action arising out of an act or omission of such professional in providing the services involved.

(b) *Requirements.*--Subsection (a) shall not apply--

(1) to any act or omission by a health care professional that is outside the scope of the services for which such professional is deemed to be licensed or certified to provide, unless such act or omission can reasonably be determined to be necessary to prevent serious bodily harm or preserve the life of the individual being treated;

(2) if the services on which the medical malpractice claim is based did not arise out of the rendering of voluntary care in the disaster area or were provided to an individual who was not a victim of the disaster; or

(3) to an act or omission by a health care professional that constitutes willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by such professional.

(c) *Limitation on Vicarious Liability.*--An individual or a health care institution that deploys or uses a volunteer described in subsection (a) shall not be vicariously liable in a medical malpractice lawsuit with respect to services described in such subsection unless the volunteer involved is determined to be liable.

(d) *Reciprocity With Respect to Licensed or Certified Health Care Professionals.*--A health care professional that is licensed or certified in a State and who is providing health or dental services on a voluntary basis in an area in which a major disaster has been declared in accordance with the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5721 et seq.), shall be deemed to be licensed or certified by the State in which such area is located with respect to such health or dental services, subject to any additional conditions, limitations, or expansions that may be applied by the chief executive of the State in which such area is located.

**SA 3070. Mrs. HAGAN submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. Reid (for himself, Mr. Baucus, Mr. Dodd, and Mr. Harkin) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:**

On page 510, between lines 9 and 10, insert the following:

**SEC. 2504. EXCEPTION TO MEDICAID COVERAGE EXCLUSION OF WEIGHT LOSS DRUGS AND INCLUSION OF WEIGHT LOSS DRUGS AS COVERED MEDICARE PART D DRUGS.**

(a) *Elimination of Medicaid Exclusion.*--Section 1927(d)(2)(A) of the Social Security Act (42 U.S.C. 1396r-8(d)(2)(A)) is amended by inserting `` , other than prescription weight loss agents approved by the Food and Drug Administration when used for obese patients or for overweight patients with a weight-related co-morbidity, such as hypertension, type 2 diabetes, or dyslipidemia" after ``weight gain".

(b) *Inclusion of Coverage Under Medicare Part D.*--Section 1860D-2(e)(1) of the Social Security Act (42 U.S.C. 1395w-102(e)(1)) is amended in the flush matter after and below subparagraph (B), by inserting `` and prescription weight loss agents approved by the Food and Drug Administration when used for obese patients or for overweight patients with a weight-related co-morbidity such as hypertension, type 2 diabetes or dyslipidemia," before the period.

(c) *Effective Date.*--The amendments made by this section shall apply to services furnished on or after January 1, 2011.

**SA 3072. Mrs. HAGAN submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. Reid (for himself, Mr. Baucus, Mr. Dodd, and Mr. Harkin) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:**

On page 1255, line 14, after the first period insert the following:

``SEC. 399MM-4. WORKPLACE DISEASE MANAGEMENT AND WELLNESS PUBLIC-PRIVATE PARTNERSHIP.

``(a) *In General.*--The Secretary, in coordination with the Secretary of Labor, the Secretary of the Treasury, the Secretary of Commerce, the Administrator of the Small Business Administration, employers (including small, medium, and large employers), employer organizations, worksite health promotion organizations, State and local health departments, Indian tribes and tribal organizations, and academic institutions, shall provide for the implementation of a national public-private partnership to--

``(1) promote the benefits of workplace wellness programs;

``(2) understand what types of disease prevention and workplace wellness programs are effective, considering different environments, factors, and circumstances;

``(3) understand the obstacles to the implementation of disease prevention and workplace wellness programs, issues relating to employer size and resources, and best practices for the scalable implementation of such programs;

``(4) understand what factors influence employees to participate in workplace disease prevention and wellness programs;

``(5) emphasize an integrated and coordinated approach to workplace disease management and wellness programs;

``(6) ensure informed decisions through the sharing of high quality information and best practices; and

``(7) recommend policies to encourage or stimulate the utilization of worksite disease management and wellness programs, including specific recommendations as to the types of technical and other assistance that may be necessary to fully implement section 399MM.

``(b) *Report.*--Not later than 180 days after the date of enactment of this Act, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, a report that contains--

``(1) the findings of the public-private partnership implemented under subsection (a); and

“(2) recommendations for statutory changes that may be required or useful to implement the findings described in paragraph (1) and to encourage the development of worksite disease management and wellness programs.

“(c) *Recommendations by CDC.*--The Director of the Centers for Disease Control and Prevention shall collect information concerning workplace wellness programs and make recommendations to the Secretary on ways to improve such programs.”.

**SA 3075. Mr. DURBIN submitted an amendment intended to be proposed to amend SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:**

On page 1266, between lines 17 and 18, insert the following:

Subtitle F--Programs Relating to Congenital Heart Disease

SEC. 4501. PROGRAMS RELATING TO CONGENITAL HEART DISEASE.

(a) *Short Title.*--This subtitle may be cited as the "Congenital Heart Futures Act".

(b) *Programs Relating to Congenital Heart Disease.*--

(1) PUBLIC EDUCATION AND AWARENESS; NATIONAL REGISTRY; ADVISORY COMMITTEE.--Title III of the Public Health Service Act (42 U.S.C. 241 et seq.), as amended by section 4303, is further amended by adding at the end the following:

"PART V--PROGRAMS RELATING TO CONGENITAL HEART DISEASE

"SEC. 399NN-1. PUBLIC EDUCATION AND AWARENESS OF CONGENITAL HEART DISEASE.

"(a) *In General.*--The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in collaboration with appropriate congenital heart disease patient organizations and professional organizations, may directly or through grants, cooperative agreements, or contracts to eligible entities conduct, support, and promote a comprehensive public education and awareness campaign to increase public and medical community awareness regarding congenital heart disease, including the need for life-long treatment of congenital heart disease survivors.

"(b) *Eligibility for Grants.*--To be eligible to receive a grant, cooperative agreement, or contract under this section, an entity shall be a State or private nonprofit entity and shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require."

"SEC. 399NN-2. NATIONAL CONGENITAL HEART DISEASE REGISTRY.

"(a) *In General.*--The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may--

"(1) enhance and expand infrastructure to track the epidemiology of congenital heart disease and to organize such information into a nationally-representative surveillance system with

development of a population-based registry of actual occurrences of congenital heart disease, to be known as the 'National Congenital Heart Disease Registry'; or

“(2) award a grant to one eligible entity to undertake the activities described in paragraph (1).

“(b) *Purpose.*--The purpose of the Congenital Heart Disease Registry shall be to facilitate further research into the types of health services patients use and to identify possible areas for educational outreach and prevention in accordance with standard practices of the Centers for Disease Control and Prevention.

“(c) *Content.*--The Congenital Heart Disease Registry--

“(1) may include information concerning the incidence and prevalence of congenital heart disease in the United States;

“(2) may be used to collect and store data on congenital heart disease, including data concerning--

“(A) demographic factors associated with congenital heart disease, such as age, race, ethnicity, sex, and family history of individuals who are diagnosed with the disease;

“(B) risk factors associated with the disease;

“(C) causation of the disease;

“(D) treatment approaches; and

“(E) outcome measures, such that analysis of the outcome measures will allow derivation of evidence-based best practices and guidelines for congenital heart disease patients; and

“(3) may ensure the collection and analysis of longitudinal data related to individuals of all ages with congenital heart disease, including infants, young children, adolescents, and adults of all ages.

“(d) *Coordination With Federal, State, and Local Registries.*--In establishing the National Congenital Heart Registry, the Secretary may identify, build upon, expand, and coordinate among existing data and surveillance systems, surveys, registries, and other

Federal public health infrastructure, including--

“(1) State birth defects surveillance systems;

“(2) the State birth defects tracking systems of the Centers for Disease Control and Prevention;

“(3) the Metropolitan Atlanta Congenital Defects Program; and

“(4) the National Birth Defects Prevention Network.

“(e) *Public Access*.--The Congenital Heart Disease Registry shall be made available to the public, as appropriate, including congenital heart disease researchers.

“(f) *Patient Privacy*.--The Secretary shall ensure that the Congenital Heart Disease Registry is maintained in a manner that complies with the regulations promulgated under section 264 of the Health Insurance Portability and Accountability Act of 1996.

“(g) *Eligibility for Grant*.--To be eligible to receive a grant under subsection (a)(2), an entity shall--

“(1) be a public or private nonprofit entity with specialized experience in congenital heart disease; and

“(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(h) *Authorization of Appropriations*.--There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2010 through 2014.”.

#### “SEC. 399NN-3. ADVISORY COMMITTEE ON CONGENITAL HEART DISEASE.

“(a) *Establishment*.--The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may establish an advisory committee, to be known as the ‘Advisory Committee on Congenital Heart Disease’ (referred to in this section as the ‘Advisory Committee’).

“(b) *Membership*.--The members of the Advisory Committee may be appointed by the Secretary, acting through the Centers for Disease Control and Prevention, and shall include--

“(1) at least one representative from--

“(A) the National Institutes of Health;

“(B) the Centers for Disease Control and Prevention; and

“(C) a national patient advocacy organization with experience advocating on behalf of patients living with congenital heart disease;

“(2) at least one epidemiologist who has experience working with data registries;

“(3) clinicians, including--

“(A) at least one with experience diagnosing or treating congenital heart disease; and

“(B) at least one with experience using medical data registries; and

“(4) at least one publicly or privately funded researcher with experience researching congenital heart disease.

“(c) *Duties.*--The Advisory Committee may review information and make recommendations to the Secretary concerning--

“(1) the development and maintenance of the National Congenital Heart Disease Registry established under section 399NN-2;

“(2) the type of data to be collected and stored in the National Congenital Heart Disease Registry;

“(3) the manner in which such data is to be collected;

“(4) the use and availability of such data, including guidelines for such use; and

“(5) other matters, as the Secretary determines to be appropriate.

“(d) *Report.*--Not later than 180 days after the date on which the Advisory Committee is established and annually thereafter, the Advisory Committee shall submit a report to the Secretary concerning the information described in subsection (c), including recommendations with respect to the results of the Advisory Committee's review of such information.”.

(2) CONGENITAL HEART DISEASE RESEARCH.--Subpart 2 of part C of title IV of the Public Health Service Act (42 U.S.C. 285b et seq.) is amended by adding at the end the following:

“SEC. 425. CONGENITAL HEART DISEASE.

“(a) *In General.*--The Director of the Institute may expand, intensify, and coordinate research and related activities of the Institute with respect to congenital heart disease, which may include congenital heart disease research with respect to--

“(1) causation of congenital heart disease, including genetic causes;

“(2) long-term outcomes in individuals with congenital heart disease, including infants, children, teenagers, adults, and elderly individuals;

“(3) diagnosis, treatment, and prevention;

“(4) studies using longitudinal data and retrospective analysis to identify effective treatments and outcomes for individuals with congenital heart disease; and

“(5) identifying barriers to life-long care for individuals with congenital heart disease.

*“(b) Coordination of Research Activities.--*The Director of the Institute may coordinate research efforts related to congenital heart disease among multiple research institutions and may develop research networks.

*“(c) Minority and Medically Underserved Communities.--*In carrying out the activities described in this section, the Director of the Institute shall consider the application of such research and other activities to minority and medically underserved communities.”.

*(c) Authorization of Appropriations.--*There are authorized to be appropriated to carry out the amendments made by this section such sums as may be necessary for each of fiscal years 2010 through 2014.

**SA 3076. Mr. DURBIN (for himself and Mr. SANDERS) submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:**

Strike section 4107 and insert the following:

SEC. 4107. COVERAGE OF COMPREHENSIVE TOBACCO CESSATION SERVICES IN MEDICAID.

*(a) Requiring Coverage of Counseling and Pharmacotherapy for Cessation of Tobacco Use.--* Section 1905 of the Social Security Act (42 U.S.C. 1396d), as amended by sections 2001(a)(3)(B) and 2303, is further amended--

(1) in subsection (a)(4)--

(A) by striking "and" before "(C)"; and

(B) by inserting before the semicolon at the end the following new subparagraph: "; and (D) counseling and pharmacotherapy for cessation of tobacco use (as defined in subsection (bb))"; and

(2) by adding at the end the following:

"(bb)(1) For purposes of this title, the term 'counseling and pharmacotherapy for cessation of tobacco use' means diagnostic, therapy, and counseling services and pharmacotherapy (including the coverage of prescription and nonprescription tobacco cessation agents approved by the Food and Drug Administration) for cessation of tobacco use by individuals who use tobacco products or who are being treated for tobacco use that is furnished--

(A) by or under the supervision of a physician; or

(B) by any other health care professional who--

(i) is legally authorized to furnish such services under State law (or the State regulatory mechanism provided by State law) of the State in which the services are furnished; and

(ii) is authorized to receive payment for other services under this title or is designated by the Secretary for this purpose.

(2) Subject to paragraph (3), such term is limited to--

“(A) services recommended with respect to individuals in ‘Treating Tobacco Use and Dependence: 2008 Update: A Clinical Practice Guideline’, published by the Public Health Service in May 2008, or any subsequent modification of such Guideline; and

“(B) such other services that the Secretary recognizes to be effective for cessation of tobacco use.

“(3) Such term shall not include coverage for drugs or biologicals that are not otherwise covered under this title.”.

(b) *Exception From Optional Restriction Under Medicaid Prescription Drug Coverage.*--Section 1927(d)(2)(F) of the Social Security Act (42 U.S.C. 1396r-8(d)(2)(F)), as redesignated by section 2502(a), is amended by inserting before the period at the end the following: “, except when recommended in accordance with the Guideline referred to in section 1905(bb)(2)(A), agents approved by the Food and Drug Administration under the over-the-counter monograph process for purposes of promoting, and when used to promote, tobacco cessation”.

(c) *Removal of Cost-Sharing for Counseling and Pharmacotherapy for Cessation of Tobacco Use.*--

(1) GENERAL COST-SHARING LIMITATIONS.--Section 1916 of the Social Security Act (42 U.S.C. 1396o) is amended in each of subsections (a)(2)(D) and (b)(2)(D) by inserting “and counseling and pharmacotherapy for cessation of tobacco use (as defined in section 1905(bb)) and covered outpatient drugs (as defined in subsection (k)(2) of section 1927 and including nonprescription drugs described in subsection (d)(2) of such section) that are prescribed for purposes of promoting, and when used to promote, tobacco cessation in accordance with the Guideline referred to in section 1905(bb)(2)(A)” after “section 1905(a)(4)(C),”.

(2) APPLICATION TO ALTERNATIVE COST-SHARING.--Section 1916A(b)(3)(B) of such Act (42 U.S.C. 1396o-1(b)(3)(B)) is amended by adding at the end the following:

“(xi) Counseling and pharmacotherapy for cessation of tobacco use (as defined in section 1905(bb)) and covered outpatient drugs (as defined in subsection (k)(2) of section 1927 and including nonprescription drugs described in subsection (d)(2) of such section) that are prescribed for purposes of promoting, and when used to promote, tobacco cessation in accordance with the Guideline referred to in section 1905(bb)(2)(A).”.

(d) *Effective Date.*--The amendments made by this section shall take effect on October 1, 2010.

**SA 3078. Ms. KLOBUCHAR (for herself and Ms. SNOWE) submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:**

At the appropriate place in title IV, insert the following:

SEC. \_\_. YOUNG WOMEN'S BREAST HEALTH AWARENESS AND SUPPORT OF YOUNG WOMEN DIAGNOSED WITH BREAST CANCER.

(a) *Short Title.*--This section may be cited as the "Young Women's Breast Health Education and Awareness Requires Learning Young Act of 2009" or "EARLY Act".

(b) *Amendment.*--Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

"PART S--PROGRAMS RELATING TO BREAST HEALTH AND CANCER

"SEC. 399HH. YOUNG WOMEN'S BREAST HEALTH AWARENESS AND SUPPORT OF YOUNG WOMEN DIAGNOSED WITH BREAST CANCER.

"(a) *Public Education Campaign.*--

"(1) IN GENERAL.--The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall conduct a national evidence-based education campaign to increase awareness of young women's knowledge regarding--

"(A) breast health in young women of all racial, ethnic, and cultural backgrounds;

"(B) breast awareness and good breast health habits;

"(C) the occurrence of breast cancer and the general and specific risk factors in women who may be at high risk for breast cancer based on familial, racial, ethnic, and cultural backgrounds such as Ashkenazi Jewish populations;

"(D) evidence-based information that would encourage young women and their health care professional to increase early detection of breast cancers; and

"(E) the availability of health information and other resources for young women diagnosed with breast cancer on--

"(i) fertility preservation;

“(ii) support, including social, emotional, psychosocial, financial, lifestyle, and caregiver support;

“(iii) familial risk factors; and

“(iv) prevention and early detection strategies to reduce recurrence or metastasis;

“(2) EVIDENCE-BASED, AGE APPROPRIATE MESSAGES.--The campaign shall provide evidence-based, age-appropriate messages and materials as developed by the Centers for Disease Control and Prevention and the Advisory Committee established under paragraph (4).

“(3) MEDIA CAMPAIGN.--In conducting the education campaign under paragraph (1), the Secretary shall award grants to entities to establish national multimedia campaigns oriented to young women that may include advertising through television, radio, print media, billboards, posters, all forms of existing and especially emerging social networking media, other Internet media, and any other medium determined appropriate by the Secretary.

“(4) ADVISORY COMMITTEE.--

“(A) ESTABLISHMENT.--Not later than 60 days after the date of the enactment of this section, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish an advisory committee to assist in creating and conducting the education campaigns under paragraph (1) and subsection (b)(1).

“(B) MEMBERSHIP.--The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall appoint to the advisory committee under subparagraph (A) such members as deemed necessary to properly advise the Secretary, and shall include organizations and individuals with expertise in breast cancer, disease prevention, early detection, diagnosis, public health, social marketing, genetic screening and counseling, treatment, rehabilitation, palliative care, and survivorship in young women.

“(b) *Health Care Professional Education Campaign*--

“(1) IN GENERAL.--The Secretary, acting through the Director of the Centers for Disease Control and Prevention, and in consultation with the Administrator of the Health Resources and Services Administration, shall conduct an education campaign among physicians and other health care professionals to increase awareness--

“(A) of breast health, symptoms, and early diagnosis and treatment of breast cancer in young women, including specific risk factors such as family history of cancer and women that may be at high risk for breast cancer, such as Ashkenazi Jewish population;

“(B) on how to provide counseling to young women about their breast health, including knowledge of their family cancer history and importance of providing regular clinical breast examinations;

“(C) concerning the importance of discussing healthy behaviors, and increasing awareness of services and programs available to address overall health and wellness, and making patient referrals to address tobacco cessation, good nutrition, and physical activity;

“(D) on when to refer patients to a health care provider with genetics expertise;

“(E) on how to provide counseling that addresses long-term survivorship and health concerns of young women diagnosed with breast cancer; and

“(F) on when to provide referrals to organizations and institutions that provide credible health information and substantive assistance and support to young women diagnosed with breast cancer, including--

“(i) re-entry into the workforce or school;

“(ii) infertility as a result of treatment;

“(iii) neuro-cognitive effects;

“(iv) important effects of cardiac, vascular, muscle, and skeletal complications; and

“(v) secondary malignancies.

“(2) MATERIALS.--The education campaign under paragraph (1) may include the distribution of print, video, and Web-based materials on assisting physicians and other health care professionals in achieving the goals of this section.

“(c) *Prevention Research Activities*.--The Secretary, acting through--

“(1) the Director of the Centers for Disease Control and Prevention, shall conduct prevention research on breast cancer in younger women, including--

“(A) behavioral, survivorship studies, and other research on the impact of breast cancer diagnosis on young women;

“(B) formative research to assist with the development of educational messages and information for the public, targeted populations, and their families about breast health, breast cancer, and healthy lifestyles;

“(C) testing and evaluating existing and new social marketing strategies targeted at young women; and

“(D) surveys of health care providers and the public regarding knowledge, attitudes, and practices related to breast health and breast cancer prevention and control in high-risk populations; and

“(2) the Director of the National Institutes of Health, shall conduct research to develop and validate new screening tests and methods for prevention and early detection of breast cancer in young women.

“(d) *Support for Young Women Diagnosed With Breast Cancer.*--

“(1) IN GENERAL.--The Secretary shall award grants to organizations and institutions to provide health information from credible sources and substantive assistance directed to young women diagnosed with breast cancer and pre-neoplastic breast diseases on issues such as--

“(A) education and counseling regarding fertility preservation;

“(B) support, including social, emotional, psychosocial, financial, lifestyle, and caregiver support;

“(C) familial risk factors; and

“(D) prevention and early education strategies to reduce recurrence or metastasis.

“(2) PRIORITY.--In making grants under paragraph (1), the Secretary shall give priority to applicants that deal specifically with young women diagnosed with breast cancer and pre-neoplastic breast disease.

“(e) *No Duplication of Effort.*--In conducting an education campaign or other program under subsections (a), (b), (c), or (d), the Secretary shall avoid duplicating other existing Federal breast cancer education efforts.

“(f) *Measurement; Reporting.*--The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall--

“(1) measure--

“(A) young women's awareness regarding breast health, including knowledge of family cancer history, specific risk factors and early warning signs, and young women's proactive efforts at early detection;

“(B) the number or percentage of young women utilizing information regarding lifestyle interventions that foster healthy behaviors such as tobacco cessation, nutrition, and physical activity;

“(C) the number or percentage of young women receiving regular clinical breast exams; and

“(D) the number or percentage of young women who perform breast self exams, and the frequency of such exams, before the implementation of this section;

“(2) establish quantitative benchmarks to measure the impact of activities under this section;

“(3) not less than every 3 years, measure the impact of such activities; and

“(4) submit reports to the Congress on the results of such measurements.

“(g) *Definitions.*--In this section--

“(1) the term ‘State’ means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the United States Virgin Islands, and the Trust Territory of the Pacific Islands; and

“(2) the term ‘young women’ means women 15 to 44 years of age.

“(h) *Authorization of Appropriations.*--To carry out subsections (a), (b), (c)(1), and (d), there are authorized to be appropriated \$9,000,000 for each of the fiscal years 2010 through 2014.”.