

Calendar No. 47

104TH CONGRESS
1ST SESSION

S. 641

[Report No. 104-25]

A BILL

To reauthorize the Ryan White CARE Act of 1990,
and for other purposes.

APRIL 3 (legislative day, MARCH 27), 1995
Reported without amendment

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[Report No. 104-25]

To reauthorize the Ryan White CARE Act of 1990, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 28 (legislative day, MARCH 27), 1995

Mrs. KASSEBAUM (for herself, Mr. KENNEDY, Mr. HATCH, Mr. JEFFORDS, Mr. FRIST, Mr. PELL, Mr. DODD, Mr. COATS, Mr. SIMON, Mr. WELLSTONE, Mrs. BOXER, Mrs. FEINSTEIN, Mr. GLENN, Mr. INOUE, Mr. SARBANES, Mr. BRYAN, Mr. LEAHY, Mr. FORD, Mr. BINGAMAN, Mr. KOHL, Mr. BREAUX, Mr. LEVIN, and Mr. AKAKA) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

APRIL 3 (legislative day, MARCH 27), 1995

Reported by Mrs. KASSEBAUM, without amendment

A BILL

To reauthorize the Ryan White CARE Act of 1990, and
for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Ryan White CARE
3 Reauthorization Act of 1995”.

4 **SEC. 2. REFERENCES.**

5 Whenever in this Act an amendment is expressed in
6 terms of an amendment to a section or other provision,
7 the reference shall be considered to be made to a section
8 or other provision of title XXVI of the Public Health Serv-
9 ice Act (42 U.S.C. 300ff–11 et seq.).

10 **SEC. 3. GENERAL AMENDMENTS.**

11 (a) ESTABLISHMENT OF GRANT PROGRAM.—Section
12 2601 (42 U.S.C. 300ff–11) is amended—

13 (1) in subsection (a)—

14 (A) by striking “March 31 of the most re-
15 cent fiscal year” and inserting “March 31,
16 1995, and December 31 of the most recent cal-
17 endar year thereafter”; and

18 (B) by striking “fiscal year—” and all that
19 follows through the period and inserting “fiscal
20 year, there has been reported to and confirmed
21 by, for the 5-year period prior to the fiscal year
22 for which the grant is being made, the Director
23 of the Centers for Disease Control and Preven-
24 tion a cumulative total of more than 2,000
25 cases of acquired immune deficiency syn-
26 drome.”; and

1 (2) by adding at the end thereof the following
2 new subsections:

3 “(c) POPULATION OF ELIGIBLE AREAS.—The Sec-
4 retary may not make a grant to an eligible area under
5 subsection (a) after the date of enactment of this sub-
6 section unless the area has a population of at least
7 500,000 individuals, except that this subsection shall not
8 apply to areas that are eligible as of March 31, 1994. For
9 purposes of eligibility under this title, the boundaries of
10 each metropolitan area shall be those in effect in fiscal
11 year 1994.

12 “(d) CONTINUED FUNDING.—A metropolitan area
13 that has received a grant under this section for the fiscal
14 year in which this subsection is enacted, shall be eligible
15 to receive such a grant in subsequent fiscal years.”.

16 (b) EMERGENCY RELIEF FOR AREAS WITH SUB-
17 STANTIAL NEED FOR SERVICES.—

18 (1) HIV HEALTH SERVICES PLANNING COUN-
19 CIL.—Subsection (b) of section 2602 (42 U.S.C.
20 300ff-12(b)) is amended—

21 (A) in paragraph (1)—

22 (i) by striking “include” and all that
23 follows through the end thereof, and in-
24 serting “reflect in its composition the de-
25 mographics of the epidemic in the eligible

1 area involved, with particular consideration
2 given to disproportionately affected and
3 historically underserved groups and sub-
4 populations.”; and

5 (ii) by adding at the end thereof the
6 following new sentences: “Nominations for
7 membership on the council shall be identi-
8 fied through an open process and can-
9 didates shall be selected based on locally
10 delineated and publicized criteria. Such cri-
11 teria shall include a conflict-of-interest
12 standard for each nominee.”;

13 (B) in paragraph (2), by adding at the end
14 thereof the following new subparagraph:

15 “(C) CHAIRPERSON.—A planning council
16 may not be chaired solely by an employee of the
17 grantee.”;

18 (C) in paragraph (3)—

19 (i) in subparagraph (A), by striking
20 “area;” and inserting “area based on
21 the—

22 “(i) documented needs of the HIV-in-
23 fected population;

24 “(ii) cost and outcome effectiveness of
25 proposed strategies and interventions, to

1 the extent that such data are reasonably
2 available, (either demonstrated or prob-
3 able);

4 “(iii) priorities of the HIV-infected
5 communities for whom the services are in-
6 tended; and

7 “(iv) availability of other govern-
8 mental and nongovernmental resources;”;

9 (ii) by striking “and” at the end of
10 subparagraph (B);

11 (iii) by striking the period at the end
12 of subparagraph (C) and inserting “, and
13 at the discretion of the planning council,
14 assess the effectiveness, either directly or
15 through contractual arrangements, of the
16 services offered in meeting the identified
17 needs; ”; and

18 (iv) by adding at the end thereof the
19 following new subparagraphs:

20 “(D) participate in the development of the
21 Statewide coordinated statement of need initi-
22 ated by the State health department;

23 “(E) establish operating procedures which
24 include specific policies for resolving disputes,

1 responding to grievances, and minimizing and
2 managing conflict-of-interests; and

3 “(F) establish methods for obtaining input
4 on community needs and priorities which may
5 include public meetings, conducting focus
6 groups, and convening ad-hoc panels.”;

7 (D) by redesignating paragraphs (2) and
8 (3) as paragraphs (3) and (4), respectively; and

9 (E) by inserting after paragraph (1), the
10 following new paragraph:

11 “(2) REPRESENTATION.—The HIV health serv-
12 ices planning council shall include representatives
13 of—

14 “(A) health care providers, including feder-
15 ally qualified health centers;

16 “(B) community-based organizations serv-
17 ing affected populations and AIDS service orga-
18 nizations;

19 “(C) social service providers;

20 “(D) mental health and substance abuse
21 providers;

22 “(E) local public health agencies;

23 “(F) hospital planning agencies or health
24 care planning agencies;

1 “(G) affected communities, including peo-
2 ple with HIV disease or AIDS and historically
3 underserved groups and subpopulations;

4 “(H) nonelected community leaders;

5 “(I) State government (including the State
6 medicaid agency and the agency administering
7 the program under part B);

8 “(J) grantees under subpart II of part C;

9 “(K) grantees under section 2671, or, if
10 none are operating in the area, representatives
11 of organizations with a history of serving chil-
12 dren, youth, women, and families living with
13 HIV and operating in the area; and

14 “(L) grantees under other Federal HIV
15 programs.”.

16 (2) DISTRIBUTION OF GRANTS.—Section 2603
17 (42 U.S.C. 300ff-13) is amended—

18 (A) in subsection (a)(2), by striking “Not
19 later than—” and all that follows through “the
20 Secretary shall” and inserting the following:
21 “Not later than 60 days after an appropriation
22 becomes available to carry out this part for
23 each of the fiscal years 1996 through 2000, the
24 Secretary shall”; and

25 (B) in subsection (b)

1 (i) in paragraph (1)—

2 (I) by striking “and” at the end
3 of subparagraph (D);

4 (II) by striking the period at the
5 end of subparagraph (E) and insert-
6 ing a semicolon; and

7 (III) by adding at the end thereof
8 the following new subparagraphs:

9 “(F) demonstrates the inclusiveness of the
10 planning council membership, with particular
11 emphasis on affected communities and individ-
12 uals with HIV disease; and

13 “(G) demonstrates the manner in which
14 the proposed services are consistent with the
15 local needs assessment and the Statewide co-
16 ordinated statement of need.”; and

17 (ii) by redesignating paragraphs (2),
18 (3), and (4) as paragraphs (3), (4), and
19 (5), respectively; and

20 (iii) by inserting after paragraph (1),
21 the following new paragraph:

22 “(2) PRIORITY.—

23 “(A) SEVERE NEED.—In determining se-
24 vere need in accordance with paragraph (1)(B),
25 the Secretary shall give priority consideration in

1 awarding grants under this section to any quali-
2 fied applicant that demonstrates an ability to
3 spend funds efficiently and demonstrates a
4 more severe need based on prevalence of—

5 “(i) sexually transmitted diseases,
6 substance abuse, tuberculosis, severe men-
7 tal illness, or other diseases determined
8 relevant by the Secretary, which signifi-
9 cantly affect the impact of HIV disease in
10 affected individuals and communities;

11 “(ii) AIDS in individuals, and sub-
12 populations, previously unknown in the eli-
13 gible metropolitan area; or

14 “(iii) homelessness.

15 “(B) PREVALENCE.—In determining prev-
16 alence of diseases under subparagraph (A), the
17 Secretary shall use data on the prevalence of
18 the illnesses described in such subparagraph in
19 HIV-infected individuals unless such data is not
20 available nationally. Where such data is not na-
21 tionally available, the Secretary may use the
22 prevalence (with respect to such illnesses) in the
23 general population.”.

24 (3) DISTRIBUTION OF FUNDS.—

1 (A) IN GENERAL.—Section 2603(a)(2) (42
2 U.S.C. 300ff-13(a)(2)) (as amended by para-
3 graph (2)) is further amended—

4 (i) by inserting “, in accordance with
5 paragraph (3)” before the period; and

6 (ii) by adding at the end thereof the
7 following new sentence: “The Secretary
8 shall reserve an additional percentage of
9 the amount appropriated under section
10 2677 for a fiscal year for grants under
11 part A to make grants to eligible areas
12 under section 2601(a) in accordance with
13 paragraph (4).”.

14 (B) INCREASE IN GRANT.—Section
15 2603(a) (42 U.S.C. 300ff-13(a)) is amended by
16 adding at the end thereof the following new
17 paragraph:

18 “(4) INCREASE IN GRANT.—With respect to an
19 eligible area under section 2601(a), the Secretary
20 shall increase the amount of a grant under para-
21 graph (2) for a fiscal year to ensure that such eligi-
22 ble area receives not less than—

23 “(A) with respect to fiscal year 1996, 98
24 percent;

1 “(B) with respect to fiscal year 1997, 97
2 percent;

3 “(C) with respect to fiscal year 1998, 95.5
4 percent;

5 “(D) with respect to fiscal year 1999, 94
6 percent; and

7 “(E) with respect to fiscal year 2000, 92.5
8 percent;

9 of the amount allocated for fiscal year 1995 to such
10 entity under this subsection.”.

11 (4) USE OF AMOUNTS.—Section 2604 (42
12 U.S.C. 300ff-14) is amended—

13 (A) in subsection (b)(1)(A)—

14 (i) by inserting “, substance abuse
15 treatment and mental health treatment,”
16 after “case management”; and

17 (ii) by inserting “which shall include
18 treatment education and prophylactic
19 treatment for opportunistic infections,”
20 after “treatment services,”;

21 (B) in subsection (b)(2)(A)—

22 (i) by inserting “, or private for-profit
23 entities if such entities are the only avail-
24 able provider of quality HIV care in the

1 area,” after “nonprofit private entities,”;
2 and

3 (ii) by striking “and homeless health
4 centers” and inserting “homeless health
5 centers, substance abuse treatment pro-
6 grams, and mental health programs”; and
7 (C) in subsection (e)—

8 (i) in the subsection heading, by strik-
9 ing “AND PLANNING;

10 (ii) by striking “The chief” and in-
11 serring:

12 “(1) IN GENERAL.—The chief”;

13 (iii) by striking “accounting, report-
14 ing, and program oversight functions”;

15 (iv) by adding at the end thereof the
16 following new sentence: “An entity (includ-
17 ing subcontractors) receiving an allocation
18 from the grant awarded to the chief execu-
19 tive officer under this part shall not use in
20 excess of 12.5 percent of amounts received
21 under such allocation for administration.”;
22 and

23 (v) by adding at the end thereof the
24 following new paragraphs:

1 “(2) ADMINISTRATIVE ACTIVITIES.—For the
2 purposes of paragraph (1), amounts may be used for
3 administrative activities that include—

4 “(A) routine grant administration and
5 monitoring activities, including the development
6 of applications for part A funds, the receipt and
7 disbursement of program funds, the development
8 and establishment of reimbursement and ac-
9 counting systems, the preparation of routine
10 programmatic and financial reports, and com-
11 pliance with grant conditions and audit require-
12 ments; and

13 “(B) all activities associated with the
14 grantee’s contract award procedures, including
15 the development of requests for proposals, con-
16 tract proposal review activities, negotiation and
17 awarding of contracts, monitoring of contracts
18 through telephone consultation, written docu-
19 mentation or onsite visits, reporting on con-
20 tracts, and funding reallocation activities.”.

21 “(3) SUBCONTRACTOR ADMINISTRATIVE
22 COSTS.—For the purposes of this subsection, sub-
23 contractor administrative activities include—

24 “(A) usual and recognized overhead, in-
25 cluding established indirect rates for agencies;

1 “(B) management oversight of specific pro-
2 grams funded under this title; and

3 “(C) other types of program support such
4 as quality assurance, quality control, and relat-
5 ed activities.”.

6 (5) APPLICATION.—Section 2605 (42 U.S.C.
7 300ff-15) is amended—

8 (A) in subsection (a)—

9 (i) in the matter preceding paragraph
10 (1), by inserting “, in accordance with sub-
11 section (c) regarding a single application
12 and grant award,” after “application”;

13 (ii) in paragraph (1)(B), by striking
14 “1-year period” and all that follows
15 through “eligible area” and inserting “pre-
16 ceding fiscal year”;

17 (iii) in paragraph (4), by striking
18 “and” at the end thereof;

19 (iv) in paragraph (5), by striking the
20 period at the end thereof and inserting “;
21 and”;

22 (v) by adding at the end thereof the
23 following new paragraph:

24 “(6) that the applicant has participated, or will
25 agree to participate, in the Statewide coordinated

1 statement of need process where it has been initiated
2 by the State, and ensure that the services provided
3 under the comprehensive plan are consistent with
4 the Statewide coordinated statement of need.”;

5 (B) in subsection (b)—

6 (i) in the subsection heading, by strik-
7 ing “ADDITIONAL”;

8 (ii) in the matter preceding paragraph
9 (1), by striking “additional application”
10 and inserting “application, in accordance
11 with subsection (c) regarding a single ap-
12 plication and grant award,”;

13 (iii) in paragraph (3), by striking
14 “and” at the end thereof; and

15 (iv) in paragraph (4), by striking the
16 period and inserting “; and”;

17 (C) by redesignating subsections (c) and
18 (d) as subsections (d) and (e), respectively; and

19 (D) by inserting after subsection (b), the
20 following new subsection:

21 “(c) SINGLE APPLICATION AND GRANT AWARD.—

22 “(1) APPLICATION.—The Secretary may phase
23 in the use of a single application that meets the re-
24 quirements of subsections (a) and (b) of section

1 2603 with respect to an eligible area that desires to
2 receive grants under section 2603 for a fiscal year.

3 “(2) GRANT AWARD.—The Secretary may phase
4 in the awarding of a single grant to an eligible area
5 that submits an approved application under para-
6 graph (1) for a fiscal year.”.

7 (6) TECHNICAL ASSISTANCE.—Section 2606
8 (42 U.S.C. 300ff-16) is amended—

9 (A) by striking “may” and inserting
10 “shall”;

11 (B) by inserting after “technical assist-
12 ance” the following: “, including peer based as-
13 sistance to assist newly eligible metropolitan
14 areas in the establishment of HIV health serv-
15 ices planning councils and,”; and

16 (C) by adding at the end thereof the fol-
17 lowing new sentences: “The Administrator may
18 make planning grants available to metropolitan
19 areas, in an amount not to exceed \$75,000 for
20 any metropolitan area, projected to be eligible
21 for funding under section 2601 in the following
22 fiscal year. Such grant amounts shall be de-
23 ducted from the first year formula award to eli-
24 gible areas accepting such grants. Not to exceed
25 1 percent of the amount appropriated for a fis-

1 cal year under section 2677 for grants under
2 part A may be used to carry out this section.”.

3 (b) CARE GRANT PROGRAM.—

4 (1) HIV CARE CONSORTIA.—Section 2613 (42
5 U.S.C. 300ff-23) is amended—

6 (A) in subsection (a)—

7 (i) in paragraph (1), by inserting “(or
8 private for-profit providers or organiza-
9 tions if such entities are the only available
10 providers of quality HIV care in the area)”
11 after “nonprofit private,”; and

12 (ii) in paragraph (2)(A)—

13 (I) by inserting “substance abuse
14 treatment, mental health treatment,”
15 after “nursing,”; and

16 (II) by inserting “prophylactic
17 treatment for opportunistic infections,
18 treatment education to take place in
19 the context of health care delivery,”
20 after “monitoring,”;

21 (B) in subsection (c)—

22 (i) in subparagraph (C) of paragraph
23 (1), by inserting before “care” “and youth
24 centered”;

25 (ii) in paragraph (2)—

1 (I) in clause (ii) of subparagraph
2 (A), by striking “served; and” and in-
3 serting “served;”;

4 (II) in subparagraph (B), by
5 striking the period at the end; and

6 (III) by adding after subpara-
7 graph (B), the following new subpara-
8 graphs:

9 “(C) grantees under section 2671 and rep-
10 resentatives of organizations with a history of
11 serving children, youth, women, and families
12 with HIV and operating in the community to be
13 served; and

14 “(D) representatives of community-based
15 providers that are necessary to provide the full
16 continuum of HIV-related health care services,
17 which are available within the geographic area
18 to be served.”; and

19 (C) in subsection (d), to read as follows:

20 “(d) DEFINITION.—As used in this part, the terms
21 ‘family centered care’ and ‘youth centered care’ mean the
22 system of services described in this section that is targeted
23 specifically to the special needs of infants, children (in-
24 cluding those orphaned by the AIDS epidemic), youth,
25 women, and families. Family centered and youth centered

1 care shall be based on a partnership among parents, ex-
2 tended family members, children and youth, professionals,
3 and the community designed to ensure an integrated, co-
4 ordinated, culturally sensitive, and community-based con-
5 tinuum of care.”.

6 (2) PROVISION OF TREATMENTS.—Section 2616
7 (42 U.S.C. 300ff–26) is amended by striking sub-
8 section (c) and inserting the following new sub-
9 sections:

10 “(c) STANDARDS FOR TREATMENT PROGRAMS.—In
11 carrying out this section, the Secretary shall—

12 “(1) review the current status of State drug re-
13 imbursement programs and assess barriers to the
14 expended availability of prophylactic treatments for
15 opportunistic infections (including active tuber-
16 culosis); and

17 “(2) establish, in consultation with States, pro-
18 viders, and affected communities, a recommended
19 minimum formulary of pharmaceutical drug thera-
20 pies approved by the Food and Drug Administra-
21 tion.

22 In carrying out paragraph (2), the Secretary shall identify
23 those treatments in the recommended minimum formulary
24 that are for the prevention of opportunistic infections (in-
25 cluding the prevention of active tuberculosis).

1 “(d) STATE DUTIES.—

2 “(1) IN GENERAL.—In implementing subsection
3 (a), States shall document the progress made in
4 making treatments described in subsection (c)(2)
5 available to individuals eligible for assistance under
6 this section, and to develop plans to implement fully
7 the recommended minimum formulary of pharma-
8 ceutical drug therapies approved by the Food and
9 Drug Administration.

10 “(2) OTHER MECHANISMS FOR PROVIDING
11 TREATMENTS.—In meeting the standards of the rec-
12 ommended minimum formulary developed under sub-
13 section (c), a State may identify other mechanisms
14 such as consortia and public programs for providing
15 such treatments to individuals with HIV.”.

16 (3) STATE APPLICATION.—Section 2617(b) (42
17 U.S.C. 300ff-27(b)) is amended—

18 (A) in paragraph (2)—

19 (i) in subparagraph (A), by striking
20 “and” at the end thereof; and

21 (ii) by adding at the end thereof the
22 following new subparagraph:

23 “(C) a description of how the allocation
24 and utilization of resources are consistent with
25 the Statewide coordinated statement of need

1 (including traditionally underserved populations
2 and subpopulations) developed in partnership
3 with other grantees in the State that receive
4 funding under this title;”;

5 (B) by redesignating paragraph (3) as
6 paragraph (4);

7 (C) by inserting after paragraph (2), the
8 following new paragraph:

9 “(3) the public health agency administering the
10 grant for the State shall convene a meeting at least
11 annually of individuals with HIV who utilize services
12 under this part (including those individuals from
13 traditionally underserved populations and subpopula-
14 tions) and representatives of grantees funded under
15 this title (including HIV health services planning
16 councils, early intervention programs, children,
17 youth and family service projects, special projects of
18 national significance, and HIV care consortia) and
19 other providers (including federally qualified health
20 centers) and public agency representatives within the
21 State currently delivering HIV services to affected
22 communities for the purpose of developing a State-
23 wide coordinated statement of need; and”;

24 (D) by adding at the end thereof the fol-
25 lowing flush sentence:

1 “The State shall not be required to finance attendance at
2 the meetings described in paragraph (3). A State may pay
3 the travel-related expenses of individuals attending such
4 meetings where appropriate and necessary to ensure ade-
5 quate participation.”.

6 (4) PLANNING, EVALUATION AND ADMINISTRA-
7 TION.—Section 2618(c) (42 U.S.C. 300ff-28(c)) is
8 amended—

9 (A) in paragraphs (3) and (4), to read as
10 follows:

11 “(3) PLANNING AND EVALUATIONS.—Subject to
12 paragraph (5) and except as provided in paragraph
13 (6), a State may not use more than 10 percent of
14 amounts received under a grant awarded under this
15 part for planning and evaluation activities.

16 “(4) ADMINISTRATION.—

17 “(A) IN GENERAL.—Subject to paragraph
18 (5) and except as provided in paragraph (6), a
19 State may not use more than 10 percent of
20 amounts received under a grant awarded under
21 this part for administration. An entity (includ-
22 ing subcontractors) receiving an allocation from
23 the grant awarded to the State under this part
24 shall not use in excess of 12.5 percent of

1 amounts received under such allocation for ad-
2 ministration.

3 “(B) ADMINISTRATIVE ACTIVITIES.—For
4 the purposes of subparagraph (A), amounts
5 may be used for administrative activities that
6 include routine grant administration and mon-
7 itoring activities.

8 “(C) SUBCONTRACTOR ADMINISTRATIVE
9 COSTS.—For the purposes of this paragraph,
10 subcontractor administrative activities in-
11 clude—

12 “(i) usual and recognized overhead,
13 including established indirect rates for
14 agencies;

15 “(ii) management oversight of specific
16 programs funded under this title; and

17 “(iii) other types of program support
18 such as quality assurance, quality control,
19 and related activities.”;

20 (B) by redesignating paragraph (5) as
21 paragraph (7); and

22 (C) by inserting after paragraph (4), the
23 following new paragraphs:

24 “(5) LIMITATION ON USE OF FUNDS.—Except
25 as provided in paragraph (6), a State may not use

1 more than a total of 15 percent of amounts received
2 under a grant awarded under this part for the pur-
3 poses described in paragraphs (3) and (4).

4 “(6) EXCEPTION.—With respect to a State that
5 receives the minimum allotment under subsection
6 (a)(1) for a fiscal year, such State, from the
7 amounts received under a grant awarded under this
8 part for such fiscal year for the activities described
9 in paragraphs (3) and (4), may, notwithstanding
10 paragraphs (3), (4), and (5), use not more than that
11 amount required to support one full-time-equivalent
12 employee.”.

13 (5) TECHNICAL ASSISTANCE.—Section 2619
14 (42 U.S.C. 300ff-29) is amended—

15 (A) by striking “may” and inserting
16 “shall”; and

17 (B) by inserting before the period the fol-
18 lowing: “, including technical assistance for the
19 development and implementation of Statewide
20 coordinated statements of need”.

21 (6) GRIEVANCE PROCEDURES AND COORDINA-
22 TION.—Part B of title XXVI (42 U.S.C. 300ff-21)
23 is amended by adding at the end thereof the follow-
24 ing new sections:

1 **“SEC. 2621. GRIEVANCE PROCEDURES.**

2 “Not later than 90 days after the date of enactment
3 of this section, the Administration, in consultation with
4 affected parties, shall establish grievance procedures, spe-
5 cific to each part of this title, to address allegations of
6 egregious violations of each such part. Such procedures
7 shall include an appropriate enforcement mechanism.

8 **“SEC. 2622. COORDINATION.**

9 “The Secretary shall ensure that the Health Re-
10 sources and Services Administration, the Centers for Dis-
11 ease Control and Prevention, and the Substance Abuse
12 and Mental Health Services Administration coordinate the
13 planning and implementation of Federal HIV programs
14 in order to facilitate the local development of a complete
15 continuum of HIV-related services for individuals with
16 HIV disease and those at risk of such disease. The Sec-
17 retary shall periodically prepare and submit to the relevant
18 committees of Congress a report concerning such coordi-
19 nation efforts at the Federal, State, and local levels as
20 well as the existence of Federal barriers to HIV program
21 integration.”.

22 (c) EARLY INTERVENTION SERVICES.—

23 (1) ESTABLISHMENT OF PROGRAM.—Section
24 2651(b) (42 U.S.C. 300ff-51(b)) is amended—

1 (A) in paragraph (1), by striking “grant
2 agrees to” and all that follows through the pe-
3 riod and inserting: “grant agrees to—

4 “(A) expend the grant for the purposes of
5 providing, on an out-patient basis, each of the
6 early intervention services specified in para-
7 graph (2) with respect to HIV disease; and

8 “(B) expend not less than 50 percent of
9 the amount received under the grant to provide
10 a continuum of primary care services, including,
11 as appropriate, dental care services, to individ-
12 uals confirmed to be living with HIV.”; and

13 (B) in paragraph (4)—

14 (i) by striking “The Secretary” and
15 inserting “(A) IN GENERAL.—The Sec-
16 retary”;

17 (ii) by inserting “, or private for-prof-
18 it entities if such entities are the only
19 available provider of quality HIV care in
20 the area,” after “nonprofit private enti-
21 ties”;

22 (iii) by realigning the margin of sub-
23 paragraph (A) so as to align with the mar-
24 gin of paragraph (3)(A); and

1 (iv) by adding at the end thereof the
2 following new subparagraph:

3 “(B) OTHER REQUIREMENTS.—Grantees
4 described in—

5 “(i) paragraphs (1), (2), (5), and (6)
6 of section 2652(a) shall use not less than
7 50 percent of the amount of such a grant
8 to provide the services described in sub-
9 paragraphs (A), (B), (D), and (E) of sec-
10 tion 2651(b)(2) directly and on-site or at
11 sites where other primary care services are
12 rendered; and

13 “(ii) paragraphs (3) and (4) of section
14 2652(a) shall ensure the availability of
15 early intervention services through a sys-
16 tem of linkages to community-based pri-
17 mary care providers, and to establish
18 mechanisms for the referrals described in
19 section 2651(b)(2)(C), and for follow-up
20 concerning such referrals.”.

21 (2) MINIMUM QUALIFICATIONS.—Section
22 2652(b)(1)(B) (42 U.S.C. 300ff-52(b)(1)(B)) is
23 amended by inserting “, or a private for-profit entity
24 if such entity is the only available provider of quality

1 HIV care in the area,” after “nonprofit private en-
2 tity”;

3 (3) MISCELLANEOUS PROVISIONS.—Section
4 2654 (42 U.S.C. 300ff–54) is amended by adding at
5 the end thereof the following new subsection:

6 “(c) PLANNING AND DEVELOPMENT GRANTS.—

7 “(1) IN GENERAL.—The Secretary may provide
8 planning grants, in an amount not to exceed
9 \$50,000 for each such grant, to public and nonprofit
10 private entities that are not direct providers of pri-
11 mary care services for the purpose of enabling such
12 providers to provide HIV primary care services.

13 “(2) REQUIREMENT.—The Secretary may only
14 award a grant to an entity under paragraph (1) if
15 the Secretary determines that the entity will use
16 such grant to assist the entity in qualifying for a
17 grant under section 2651.

18 “(3) PREFERENCE.—In awarding grants under
19 paragraph (1), the Secretary shall give preference to
20 entities that would provide HIV primary care serv-
21 ices in rural or underserved communities.

22 “(4) LIMITATION.—Not to exceed 1 percent of
23 the amount appropriated for a fiscal year under sec-
24 tion 2655 may be used to carry out this section.”.

1 (4) AUTHORIZATION OF APPROPRIATIONS.—
2 Section 2655 (42 U.S.C. 300ff-55) is amended by
3 striking “\$75,000,000” and all that follows through
4 the end of the section, and inserting “such sums as
5 may be necessary in each of the fiscal years 1996,
6 1997, 1998, 1999, and 2000.”.

7 (5) REQUIRED AGREEMENTS.—Section 2664(g)
8 (42 U.S.C. 300ff-64(g)) is amended—

9 (A) in paragraph (2), by striking “and” at
10 the end thereof;

11 (B) in paragraph (3)—

12 (i) by striking “5 percent” and insert-
13 ing “10 percent including planning, evalua-
14 tion and technical assistance”; and

15 (ii) by striking the period and insert-
16 ing “; and”; and

17 (C) by adding at the end thereof the fol-
18 lowing new paragraph:

19 “(4) the applicant will submit evidence that the
20 proposed program is consistent with the Statewide
21 coordinated statement of need and agree to partici-
22 pate in the ongoing revision of such statement of
23 need.”.

24 (d) GRANTS.—

1 (1) IN GENERAL.—Section 2671 (42 U.S.C.
2 300ff-71) is amended to read as follows:

3 **“SEC. 2671. GRANTS FOR COORDINATED SERVICES AND AC-**
4 **CESS TO RESEARCH FOR CHILDREN, YOUTH,**
5 **AND FAMILIES.**

6 “(a) IN GENERAL.—The Secretary, acting through
7 the Administrator of the Health Resources and Services
8 Administration, and in consultation with the Director of
9 the National Institutes of Health, shall award grants to
10 appropriate public or nonprofit private entities that, di-
11 rectly or through contractual arrangements, provide pri-
12 mary care to the public for the purpose of—

13 “(1) providing out-patient health care and sup-
14 port services (which may include family-centered and
15 youth-centered care, as defined in this title, family
16 and youth support services, and services for or-
17 phans) to children, youth, women with HIV disease,
18 and the families of such individuals, and supporting
19 the provision of such care with programs of HIV
20 prevention and HIV research; and

21 “(2) facilitating the voluntary participation of
22 children, youth, and women with HIV disease in
23 qualified research protocols at the facilities of such
24 entities or by direct referral.

1 “(b) ELIGIBLE ENTITIES.—The Secretary may not
2 make a grant to an entity under subsection (a) unless the
3 entity involved provides assurances that—

4 “(1) the grant will be used primarily to serve
5 children, youth, and women with HIV disease;

6 “(2) the entity will enter into arrangements
7 with one or more qualified research entities to col-
8 laborate in the conduct or facilitation of voluntary
9 patient participation in qualified research protocols;

10 “(3) the entity will coordinate activities under
11 the grant with other providers of health care services
12 under this title, and under title V of the Social Secu-
13 rity Act;

14 “(4) the entity will participate in the Statewide
15 coordinated statement of need under section 2619
16 and in the revision of such statement; and

17 “(5) the entity will offer appropriate research
18 opportunities to each patient, with informed consent.

19 “(c) APPLICATION.—The Secretary may not make a
20 grant under subsection (a) unless an application for the
21 grant is submitted to the Secretary and the application
22 is in such form, is made in such manner, and contains
23 such agreements, assurances, and information as the Sec-
24 retary determines to be necessary to carry out this section.

1 “(d) PATIENT PARTICIPATION IN RESEARCH PROTO-
2 COLS.—

3 “(1) IN GENERAL.—The Secretary, acting
4 through the Administrator of the Health Resources
5 and Services Administration and the Director of the
6 Office of AIDS Research, shall establish procedures
7 to ensure that accepted standards of protection of
8 human subjects (including the provision of written
9 informed consent) are implemented in projects sup-
10 ported under this section. Receipt of services by a
11 patient shall not be conditioned upon the consent of
12 the patient to participate in research.

13 “(2) RESEARCH PROTOCOLS.—

14 “(A) IN GENERAL.—The Secretary shall
15 establish mechanisms to ensure that research
16 protocols proposed to be carried out to meet the
17 requirements of this section, are of potential
18 clinical benefit to the study participants, and
19 meet accepted standards of research design.

20 “(B) REVIEW PANEL.—Mechanisms estab-
21 lished under subparagraph (A) shall include an
22 independent research review panel that shall re-
23 view all protocols proposed to be carried out to
24 meet the requirements of this section to ensure
25 that such protocols meet the requirements of

1 this section. Such panel shall make rec-
2 ommendations to the Secretary as to the proto-
3 cols that should be approved. The panel shall
4 include representatives of public and private re-
5 searchers, providers of services, and recipients
6 of services.

7 “(e) TRAINING AND TECHNICAL ASSISTANCE.—The
8 Secretary, acting through the Administrator of the Health
9 Resources and Services Administration, may use not to
10 exceed five percent of the amounts appropriated under
11 subsection (h) in each fiscal year to conduct training and
12 technical assistance (including peer-based models of tech-
13 nical assistance) to assist applicants and grantees under
14 this section in complying with the requirements of this sec-
15 tion.

16 “(f) EVALUATIONS AND DATA COLLECTION.—

17 “(1) EVALUATIONS.—The Secretary shall pro-
18 vide for the review of programs carried out under
19 this section at the end of each grant year. Such eval-
20 uations may include recommendations as to the im-
21 provement of access to and participation in services
22 and access to and participation in qualified research
23 protocols supported under this section.

24 “(2) REPORTING REQUIREMENTS.—The Sec-
25 retary may establish data reporting requirements

1 and schedules as necessary to administer the pro-
2 gram established under this section and conduct
3 evaluations, measure outcomes, and document the
4 clients served, services provided, and participation in
5 qualified research protocols.

6 “(3) WAIVERS.—Notwithstanding the require-
7 ments of subsection (b), the Secretary may award
8 new grants under this section to an entity if the en-
9 tity provide assurances, satisfactory to the Sec-
10 retary, that the entity will implement the assurances
11 required under paragraph (2), (3), (4), or (5) of
12 subsection (b) by the end of the second grant year.
13 If the Secretary determines through the evaluation
14 process that a recipient of funds under this section
15 is in material noncompliance with the assurances
16 provided under paragraph (2), (3), (4), or (5) of
17 subsection (b), the Secretary may provide for contin-
18 ued funding of up to one year if the recipient pro-
19 vides assurances, satisfactory to the Secretary, that
20 such noncompliance will be remedied within such pe-
21 riod.

22 “(g) DEFINITIONS.—For purposes of this section:

23 “(1) QUALIFIED RESEARCH ENTITY.—The term
24 ‘qualified research entity’ means a public or private

1 entity with expertise in the conduct of research that
2 has demonstrated clinical benefit to patients.

3 “(2) QUALIFIED RESEARCH PROTOCOL.—The
4 term ‘qualified research protocol’ means a research
5 study design of a public or private clinical program
6 that meets the requirements of subsection (d).

7 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
8 are authorized to be appropriated to carry out this section,
9 such sums as may be necessary for each of the fiscal years
10 1996 through 2000.”.

11 (2) CONFORMING AMENDMENT.—The heading
12 for part D of title XXVI of the Public Health Serv-
13 ice Act is amended to read as follows:

14 **“PART D—GRANTS FOR COORDINATED SERVICES**
15 **AND ACCESS TO RESEARCH FOR CHILDREN,**
16 **YOUTH, AND FAMILIES”.**

17 (e) DEMONSTRATION AND TRAINING.—

18 (1) IN GENERAL.—Title XXVI is amended by
19 adding at the end, the following new part:

20 **“PART F—DEMONSTRATION AND TRAINING**
21 **“Subpart I—Special Projects of National Significance**
22 **“SEC. 2691. SPECIAL PROJECTS OF NATIONAL SIGNIFI-**
23 **CANCE.**

24 “(a) IN GENERAL.—Of the amount appropriated
25 under each of parts A, B, C, and D of this title for each

1 fiscal year, the Secretary shall use the greater of
2 \$20,000,000 or 3 percent of such amount appropriated
3 under each such part, but not to exceed \$25,000,000, to
4 administer a special projects of national significance pro-
5 gram to award direct grants to public and nonprofit pri-
6 vate entities including community-based organizations to
7 fund special programs for the care and treatment of indi-
8 viduals with HIV disease.

9 “(b) GRANTS.—The Secretary shall award grants
10 under subsection (a) based on—

11 “(1) the need to assess the effectiveness of a
12 particular model for the care and treatment of indi-
13 viduals with HIV disease;

14 “(2) the innovative nature of the proposed ac-
15 tivity; and

16 “(3) the potential replicability of the proposed
17 activity in other similar localities or nationally.

18 “(c) SPECIAL PROJECTS.—Special projects of na-
19 tional significance shall include the development and as-
20 sessment of innovative service delivery models that are de-
21 signed to—

22 “(1) address the needs of special populations;

23 “(2) assist in the development of essential com-
24 munity-based service delivery infrastructure; and

1 “(3) ensure the ongoing availability of services
2 for Native American communities to enable such
3 communities to care for Native Americans with HIV
4 disease.

5 “(d) SPECIAL POPULATIONS.—Special projects of na-
6 tional significance may include the delivery of HIV health
7 care and support services to traditionally underserved pop-
8 ulations including—

9 “(1) individuals and families with HIV disease
10 living in rural communities;

11 “(2) adolescents with HIV disease;

12 “(3) Indian individuals and families with HIV
13 disease;

14 “(4) homeless individuals and families with
15 HIV disease;

16 “(5) hemophiliacs with HIV disease; and

17 “(6) incarcerated individuals with HIV disease.

18 “(e) SERVICE DEVELOPMENT GRANTS.—Special
19 projects of national significance may include the develop-
20 ment of model approaches to delivering HIV care and sup-
21 port services including—

22 “(1) programs that support family-based care
23 networks critical to the delivery of care in minority
24 communities;

1 “(2) programs that build organizational capac-
2 ity in disenfranchised communities;

3 “(3) programs designed to prepare AIDS serv-
4 ice organizations and grantees under this title for
5 operation within the changing health care environ-
6 ment; and

7 “(4) programs designed to integrate the deliv-
8 ery of mental health and substance abuse treatment
9 with HIV services.

10 “(f) COORDINATION.—The Secretary may not make
11 a grant under this section unless the applicant submits
12 evidence that the proposed program is consistent with the
13 Statewide coordinated statement of need, and the appli-
14 cant agrees to participate in the ongoing revision process
15 of such statement of need.

16 “(g) REPLICATION.—The Secretary shall make infor-
17 mation concerning successful models developed under this
18 part available to grantees under this title for the purpose
19 of coordination, replication, and integration. To facilitate
20 efforts under this subsection, the Secretary may provide
21 for peer-based technical assistance from grantees funded
22 under this part.”.

23 (2) REPEAL.—Subsection (a) of section 2618
24 (42 U.S.C. 300ff-28(a)) is repealed.

1 (f) HIV/AIDS COMMUNITIES, SCHOOLS, CEN-
2 TERS.—

3 (1) NEW PART.—Part F of title XXVI (as
4 added by subsection (e)) is further amended by add-
5 ing at the end, the following new subpart:

6 **“Subpart II—AIDS Education and Training Centers**

7 **“SEC. 2692. HIV/AIDS COMMUNITIES, SCHOOLS, AND CEN-
8 TERS.”.**

9 (2) AMENDMENTS.—Section 776(a)(1) (42
10 U.S.C. 294n(a)) is amended—

11 (A) by striking subparagraphs (B) and
12 (C);

13 (B) by redesignating subparagraphs (A)
14 and (D) as subparagraphs (B) and (C), respec-
15 tively;

16 (C) by inserting before subparagraph (B)
17 (as so redesignated) the following new subpara-
18 graph:

19 “(A) training health personnel, including
20 practitioners in title XXVI programs and other
21 community providers, in the diagnosis, treat-
22 ment, and prevention of HIV infection and dis-
23 ease;”; and

24 (D) in subparagraph (B) (as so redesign-
25 ated) by adding “and” after the semicolon.

1 (3) TRANSFER.—Subsection (a) of section 776
2 (42 U.S.C. 294n(a)) (as amended by paragraph (2))
3 is amended by transferring such subsection to sec-
4 tion 2692 (as added by paragraph (1)).

5 (4) AUTHORIZATION OF APPROPRIATIONS.—
6 Section 2692 (as added by paragraph (1)) is amend-
7 ed by adding at the end thereof the following new
8 subsection:

9 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated to carry out this section,
11 such sums as may be necessary for each of the fiscal years
12 1996 through 2000.”.

13 **SEC. 4. AMOUNT OF EMERGENCY RELIEF GRANTS.**

14 Paragraph (3) of section 2603(a) (42 U.S.C. 300ff-
15 13(a)(3)) is amended to read as follows:

16 “(3) AMOUNT OF GRANT.—

17 “(A) IN GENERAL.—Subject to the extent
18 of amounts made available in appropriations
19 Acts, a grant made for purposes of this para-
20 graph to an eligible area shall be made in an
21 amount equal to the product of—

22 “(i) an amount equal to the amount
23 available for distribution under paragraph
24 (2) for the fiscal year involved; and

1 “(ii) the percentage constituted by the
2 ratio of the distribution factor for the eligi-
3 ble area to the sum of the respective dis-
4 tribution factors for all eligible areas.

5 “(B) DISTRIBUTION FACTOR.—For pur-
6 poses of subparagraph (A)(ii), the term ‘dis-
7 tribution factor’ means the product of—

8 “(i) an amount equal to the estimated
9 number of living cases of acquired immune
10 deficiency syndrome in the eligible area in-
11 volved, as determined under subparagraph
12 (C); and

13 “(ii) the cost index for the eligible
14 area involved, as determined under sub-
15 paragraph (D).

16 “(C) ESTIMATE OF LIVING CASES.—The
17 amount determined in this subparagraph is an
18 amount equal to the product of—

19 “(i) the number of cases of acquired
20 immune deficiency syndrome in the eligible
21 area during each year in the most recent
22 120-month period for which data are avail-
23 able with respect to all eligible areas, as in-
24 dicated by the number of such cases re-
25 ported to and confirmed by the Director of

1 the Centers for Disease Control and Pre-
2 vention for each year during such period;
3 and

4 “(ii) with respect to—

5 “(I) the first year during such
6 period, .06;

7 “(II) the second year during such
8 period, .06;

9 “(III) the third year during such
10 period, .08;

11 “(IV) the fourth year during
12 such period, .10;

13 “(V) the fifth year during such
14 period, .16;

15 “(VI) the sixth year during such
16 period, .16;

17 “(VII) the seventh year during
18 such period, .24;

19 “(VIII) the eighth year during
20 such period, .40;

21 “(IX) the ninth year during such
22 period, .57; and

23 “(X) the tenth year during such
24 period, .88.

1 “(D) COST INDEX.—The amount deter-
2 mined in this subparagraph is an amount equal
3 to the sum of—

4 “(i) the product of—

5 “(I) the average hospital wage
6 index reported by hospitals in the eli-
7 gible area involved under section
8 1886(d)(3)(E) of the Social Security
9 Act for the 3-year period immediately
10 preceding the year for which the grant
11 is being awarded; and

12 “(II) .70; and

13 “(ii) .30.

14 “(E) UNEXPENDED FUNDS.—The Sec-
15 retary may, in determining the amount of a
16 grant for a fiscal year under this paragraph,
17 adjust the grant amount to reflect the amount
18 of unexpended and uncanceled grant funds re-
19 maining at the end of the fiscal year preceding
20 the year for which the grant determination is to
21 be made. The amount of any such unexpended
22 funds shall be determined using the financial
23 status report of the grantee.

24 “(F) PUERTO RICO, VIRGIN ISLANDS,
25 GUAM.—For purposes of subparagraph (D), the

1 cost index for an eligible area within Puerto
2 Rico, the Virgin Islands, or Guam shall be
3 1.0.”.

4 **SEC. 5. AMOUNT OF CARE GRANTS.**

5 Paragraphs (1) and (2) of section 2618(b) (42 U.S.C.
6 300ff-28(b)(1) and (2)) are amended to read as follows:

7 “(1) MINIMUM ALLOTMENT.—Subject to the ex-
8 tent of amounts made available under section 2677,
9 the amount of a grant to be made under this part
10 for—

11 “(A) each of the several States and the
12 District of Columbia for a fiscal year shall be
13 the greater of—

14 “(i)(I) with respect to a State or Dis-
15 trict that has less than 90 living cases of
16 acquired immune deficiency syndrome, as
17 determined under paragraph (2)(D),
18 \$100,000; or

19 “(i)(I) with respect to a State or Dis-
20 trict that has 90 or more living cases of
21 acquired immune deficiency syndrome, as
22 determined under paragraph (2)(D),
23 \$250,000;

24 “(ii) an amount determined under
25 paragraph (2); and

1 “(B) each territory of the United States,
2 as defined in paragraph (3), shall be an amount
3 determined under paragraph (2).

4 “(2) DETERMINATION.—

5 “(A) FORMULA.—The amount referred to
6 in paragraph (1)(A)(ii) for a State and para-
7 graph (1)(B) for a territory of the United
8 States shall be the product of—

9 “(i) an amount equal to the amount
10 appropriated under section 2677 for the
11 fiscal year involved for grants under part
12 B; and

13 “(ii) the percentage constituted by the
14 sum of—

15 “(I) the product of .50 and the
16 ratio of the State distribution factor
17 for the State or territory (as deter-
18 mined under subsection (B)) to the
19 sum of the respective State distribu-
20 tion factors for all States or terri-
21 tories; and

22 “(II) the product of .50 and the
23 ratio of the non-EMA distribution fac-
24 tor for the State or territory (as de-
25 termined under subparagraph (C)) to

1 the sum of the respective distribution
2 factors for all States or territories.

3 “(B) STATE DISTRIBUTION FACTOR.—For
4 purposes of subparagraph (A)(ii)(I), the term
5 ‘State distribution factor’ means the product
6 of—

7 “(i) an amount equal to the estimated
8 number of living cases of acquired immune
9 deficiency syndrome in the State or terri-
10 tory involved, as determined under sub-
11 paragraph (D); and

12 “(ii) the cost index for the State or
13 territory involved, as determined under
14 subparagraph (E).

15 “(C) NON-EMA DISTRIBUTION FACTOR.—
16 For purposes of subparagraph (A)(ii)(II), the
17 term ‘non-ema distribution factor’ means the
18 product of—

19 “(i) an amount equal to the sum of—

20 “(I) the estimated number of liv-
21 ing cases of acquired immune defi-
22 ciency syndrome in the State or terri-
23 tory involved, as determined under
24 subparagraph (D); less

1 “(II) the estimated number of
2 living cases of acquired immune defi-
3 ciency syndrome in such State or ter-
4 ritory that are within an eligible area
5 (as determined under part A); and

6 “(ii) the cost index for the State or
7 territory involved, as determined under
8 subparagraph (E).

9 “(D) ESTIMATE OF LIVING CASES.—The
10 amount determined in this subparagraph is an
11 amount equal to the product of—

12 “(i) the number of cases of acquired
13 immune deficiency syndrome in the State
14 or territory during each year in the most
15 recent 120-month period for which data
16 are available with respect to all States and
17 territories, as indicated by the number of
18 such cases reported to and confirmed by
19 the Director of the Centers for Disease
20 Control and Prevention for each year dur-
21 ing such period; and

22 “(ii) with respect to each of the first
23 through the tenth year during such period,
24 the amount referred to in
25 2603(a)(3)(C)(ii).

1 “(E) COST INDEX.—

2 “(i) The amount determined in this
3 subparagraph is an amount equal to the
4 sum of—

5 “(I) the amount determined
6 under clause (ii) for a fiscal year;

7 “(II) the product of—

8 “(aa) the average hospital
9 wage index reported by hospitals
10 in the State or territory involved
11 under section 1886(d)(3)(E) of
12 the Social Security Act for the 3-
13 year period immediately preced-
14 ing the year for with the grant is
15 being awarded; and

16 “(bb) .70; and

17 “(III) .30.

18 “(ii) The amount determined in this
19 clause for a fiscal year is an amount equal
20 to the percentage constituted by the ratio
21 of—

22 “(I) the total amount—

23 “(aa) of salaries reported by
24 each hospital within the State or
25 territory under the medicare pro-

1 spective payment system under
2 title XVIII of the Social Security
3 Act for the fiscal year involved;
4 divided by

5 “(bb) the total number of
6 hours worked by those included
7 in the reported salaries under
8 subclause (II) for the fiscal year
9 involved, as determined under
10 regulations promulgated by the
11 Secretary; and

12 “(II) the sum of the amount de-
13 termined under subclause (I) with re-
14 spect to all States and territories.

15 “(F) PUERTO RICO, VIRGIN ISLANDS,
16 GUAM.—For purposes of subparagraph (D), the
17 cost index for Puerto Rico, the Virgin Islands,
18 and Guam shall be 1.0.”.

19 “(G) UNEXPENDED FUNDS.—The Sec-
20 retary may, in determining the amount of a
21 grant for a fiscal year under this subsection,
22 adjust the grant amount to reflect the amount
23 of unexpended and uncanceled grant funds re-
24 maining at the end of the fiscal year preceding
25 the year for which the grant determination is to

1 be made. The amount of any such unexpended
2 funds shall be determined using the financial
3 status report of the grantee.

4 “(H) LIMITATION.—

5 “(i) IN GENERAL.—The Secretary
6 shall ensure that the amount of a grant
7 awarded to a State or territory for a fiscal
8 year under this part is equal to not less
9 than—

10 “(I) with respect to fiscal year

11 1996, 98 percent;

12 “(II) with respect to fiscal year

13 1997, 97 percent;

14 “(III) with respect to fiscal year

15 1998, 95.5 percent;

16 “(IV) with respect to fiscal year

17 1999, 94 percent; and

18 “(V) with respect to fiscal year

19 2000, 92.5 percent;

20 of the amount such State or territory re-
21 ceived for fiscal year 1995 under this part.

22 In administering this subparagraph, the
23 Secretary shall, with respect to States that
24 will receive grants in amounts that exceed
25 the amounts that such States received

1 under this part in fiscal year 1995, propor-
2 tionally reduce such amounts to ensure
3 compliance with this subparagraph. In
4 making such reductions, the Secretary
5 shall ensure that no such State receives
6 less than that State received for fiscal year
7 1995.

8 “(ii) RATABLE REDUCTION.—If the
9 amount appropriated under section 2677
10 and available for allocation under this part
11 is less than the amount appropriated and
12 available under this part for fiscal year
13 1995, the limitation contained in clause (i)
14 shall be reduced by a percentage equal to
15 the percentage of the reduction in such
16 amounts appropriated and available.”.

17 **SEC. 6. CONSOLIDATION OF AUTHORIZATIONS OF APPRO-**
18 **PRIATIONS.**

19 (a) IN GENERAL.—Part D of title XXVI (42 U.S.C.
20 300ff–71) is amended by adding at the end thereof the
21 following new section:

22 **“SEC. 2677. AUTHORIZATION OF APPROPRIATIONS.**

23 “(a) IN GENERAL.—Subject to subsection (b), there
24 are authorized to be appropriated to make grants under
25 parts A and B, such sums as may be necessary for each

1 of the fiscal years 1996 through 2000. Of the amount ap-
2 propriated under this section for fiscal year 1996, the Sec-
3 retary shall make available 64 percent of such amount to
4 carry out part A and 36 percent of such amount to carry
5 out part B.

6 “(b) DEVELOPMENT OF METHODOLOGY.—

7 “(1) IN GENERAL.—With respect to each of the
8 fiscal years 1997 through 2000, the Secretary shall
9 develop and implement a methodology for adjusting
10 the percentages referred to in subsection (a) to ac-
11 count for grants to new eligible areas under part A
12 and other relevant factors. Not later than 1 year
13 after the date of enactment of this section, the Sec-
14 retary shall prepare and submit to the appropriate
15 committees of Congress a report regarding the find-
16 ings with respect to the methodology developed
17 under this paragraph.

18 “(2) FAILURE TO IMPLEMENT.—If the Sec-
19 retary fails to implement a methodology under para-
20 graph (1) by October 1, 1996, there are authorized
21 to be appropriated—

22 “(A) such sums as may be necessary to
23 carry out part A for each of the fiscal years
24 1997 through 2000; and

1 “(B) such sums as may be necessary to
2 carry out part B for each of the fiscal years
3 1997 through 2000.”.

4 (b) REPEALS.—Sections 2608 and 2620 (42 U.S.C.
5 300ff-18 and 300ff-30) are repealed.

6 (c) CONFORMING AMENDMENTS.—Title XXVI is
7 amended—

8 (1) in section 2603 (42 U.S.C. 300ff-13)—

9 (A) in subsection (a)(2), by striking
10 “2608” and inserting “2677”; and

11 (B) in subsection (b)(1), by striking
12 “2608” and inserting “2677”;

13 (2) in section 2605(c)(1) (42 U.S.C. 300ff-
14 15(c)(1)) is amended by striking “2608” and insert-
15 ing “2677”; and

16 (3) in section 2618 (42 U.S.C. 300ff-28)—

17 (A) in subsection (a)(1), is amended by
18 striking “2620” and inserting “2677”; and

19 (B) in subsection (b)(1), is amended by
20 striking “2620” and inserting “2677”.

21 **SEC. 7. EFFECTIVE DATE.**

22 (a) IN GENERAL.—Except as provided in subsection
23 (b), this Act, and the amendments made by this Act, shall
24 become effective on October 1, 1995.

25 (b) ELIGIBLE AREAS.—

1 (1) IN GENERAL.—The amendments made by
2 subsections (a)(1)(A), (a)(2), and (b)(4)(A) of sec-
3 tion 3 shall become effective on the date of enact-
4 ment of this Act.

5 (2) REPORTED CASES.—The amendment made
6 by subsection (a)(1)(B) of section 3 shall become ef-
7 fective on October 1, 1997.

8 S 641 RS—2

9 S 641 RS—3

10 S 641 RS—4