

106TH CONGRESS  
2D SESSION

# H. R. 4807

To amend the Public Health Service Act to revise and extend programs established under the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 29, 2000

Mr. COBURN (for himself, Mr. WAXMAN, Mr. BILIRAKIS, Mr. GREENWOOD, Mr. BROWN of Ohio, Mr. STUPAK, Mr. ARMEY, Mr. BILBRAY, Mr. NORWOOD, Mr. COX, Mr. ROGAN, Mr. BARRETT of Wisconsin, Mrs. BONO, Mr. FOLEY, Mr. SHAYS, Mr. HINCHEY, Mr. WEYGAND, Mr. DEUTSCH, Mr. BURR of North Carolina, Mrs. MORELLA, Mr. WELDON of Florida, Mr. SHADEGG, and Mr. STEARNS) introduced the following bill; which was referred to the Committee on Commerce

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## A BILL

To amend the Public Health Service Act to revise and extend programs established under the Ryan White Comprehensive AIDS Resources Emergency 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 Act Amendments of 2000”.

4 **SEC. 2. TABLE OF CONTENTS.**

5       The table of contents for this Act is as follows:

TITLE I—EMERGENCY RELIEF FOR AREAS WITH SUBSTANTIAL  
NEED FOR SERVICES

Subtitle A—HIV Health Services Planning Councils

Sec. 101. Membership of councils.  
Sec. 102. Duties of councils.  
Sec. 103. Open meetings; other additional provisions.

Subtitle B—Type and Distribution of Grants

Sec. 111. Formula grants.  
Sec. 112. Supplemental grants.

Subtitle C—Other Provisions

Sec. 121. Use of amounts.  
Sec. 122. Application.  
Sec. 123. Review of administrative costs and compensation.

TITLE II—CARE GRANT PROGRAM

Subtitle A—General Grant Provisions

Sec. 201. Priority for women, infants, and children.  
Sec. 202. Use of grants.  
Sec. 203. Grants to establish HIV care consortia.  
Sec. 204. Provision of treatments.  
Sec. 205. State application.  
Sec. 206. Distribution of funds.  
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Subtitle B—Provisions Concerning Pregnancy and Perinatal Transmission of  
HIV

Sec. 211. Authorization of appropriations; repeals.  
Sec. 212. Grants.  
Sec. 213. Study by Institute of Medicine.

Subtitle C—Certain Partner Notification Programs

Sec. 221. Grants for compliant partner notification programs.

TITLE III—EARLY INTERVENTION SERVICES

Subtitle A—Formula Grants for States

Sec. 301. Repeal of program.

Subtitle B—Categorical Grants

- Sec. 311. Preferences in making grants.
- Sec. 312. Planning and development grants.
- Sec. 313. Authorization of appropriations.

Subtitle C—General Provisions

- Sec. 321. Provision of certain counseling services.
- Sec. 322. Additional required agreements.

TITLE IV—OTHER PROGRAMS AND ACTIVITIES

Subtitle A—Certain Programs for Research, Demonstrations, or Training

- Sec. 401. Grants for coordinated services and access to research for women, infants, children, and youth.
- Sec. 402. AIDS education and training centers.

Subtitle B—General Provisions in Title XXVI

- Sec. 411. Evaluations and reports.
- Sec. 412. Data collection through Centers for Disease Control and Prevention.
- Sec. 413. Coordination.
- Sec. 414. Plan regarding release of prisoners with HIV disease.
- Sec. 415. Audits.
- Sec. 416. Administrative simplification.
- Sec. 417. Authorization of appropriations for parts A and B.

TITLE V—GENERAL PROVISIONS

- Sec. 501. Studies by Institute of Medicine.
- Sec. 502. Development of rapid HIV test.
- Sec. 503. Program management.

TITLE VI—EFFECTIVE DATE

- Sec. 601. Effective date.

1 **TITLE I—EMERGENCY RELIEF**  
 2 **FOR AREAS WITH SUBSTAN-**  
 3 **TIAL NEED FOR SERVICES**  
 4 **Subtitle A—HIV Health Services**  
 5 **Planning Councils**

6 **SEC. 101. MEMBERSHIP OF COUNCILS.**

- 7 (a) IN GENERAL.—Section 2602(b) of the Public
- 8 Health Service Act (42 U.S.C. 300ff–12(b)) is amended—

1 (1) in paragraph (1), by striking “demographics  
2 of the epidemic in the eligible area involved,” and in-  
3 serting “demographics of the population of individ-  
4 uals with HIV disease in the eligible area involved,”;  
5 and

6 (2) in paragraph (2)—

7 (A) in subparagraph (G), striking “or  
8 AIDS”;

9 (B) in subparagraph (K), by striking  
10 “and” at the end;

11 (C) in subparagraph (L), by striking the  
12 period and inserting the following: “, including  
13 but not limited to providers of HIV prevention  
14 services; and”; and

15 (D) by adding at the end the following  
16 subparagraph:

17 “(M) representatives of individuals who  
18 formerly were Federal, State, or local prisoners,  
19 were released from the custody of the penal sys-  
20 tem during the preceding three years, and had  
21 HIV disease as of the date on which the indi-  
22 viduals were so released.”.

23 (b) CONFLICTS OF INTERESTS.—Section 2602(b)(5)  
24 of the Public Health Service Act (42 U.S.C. 300ff–

1 12(b)(5)) is amended by adding at the end the following  
2 subparagraph:

3 “(C) COMPOSITION OF COUNCIL.—The fol-  
4 lowing applies regarding the membership of a  
5 planning council under paragraph (1):

6 “(i) Not less than 33 percent of the  
7 council shall be individuals who are receiv-  
8 ing HIV-related services pursuant to a  
9 grant under section 2601(a), are not offi-  
10 cers, employees, or consultants to any enti-  
11 ty that receives amounts from such a  
12 grant, and do not represent any such enti-  
13 ty. For purposes of the preceding sentence,  
14 an individual shall be considered to be re-  
15 ceiving such services if the individual is a  
16 parent of, or a caregiver for, a minor child  
17 who is receiving such services.

18 “(ii) With respect to membership on  
19 the planning council, clause (i) may not be  
20 construed as having any effect on entities  
21 that receive funds from grants under any  
22 of parts B through F but do not receive  
23 funds from grants under section 2601(a),  
24 on officers or employees of such entities, or

1 on individuals who represent such enti-  
2 ties.”.

3 **SEC. 102. DUTIES OF COUNCILS.**

4 (a) IN GENERAL.—Section 2602(b)(4) of the Public  
5 Health Service Act (42 U.S.C. 300ff–12(b)(4)) is  
6 amended—

7 (1) by redesignating subparagraphs (A) through  
8 (E) as subparagraphs (C) through (G), respectively;

9 (2) by inserting before subparagraph (C) (as so  
10 redesignated) the following subparagraphs:

11 “(A) determine the size and demographics  
12 of the population of individuals with HIV dis-  
13 ease;

14 “(B) determine the needs of such popu-  
15 lation, with particular attention to—

16 “(i) individuals with HIV disease who  
17 are not receiving HIV-related services; and

18 “(ii) disparities in access and services  
19 among affected subpopulations and histori-  
20 cally underserved communities;”;

21 (3) in subparagraph (C) (as so redesignated),  
22 by striking clauses (i) through (iv) and inserting the  
23 following:

24 “(i) size and demographics of the pop-  
25 ulation of individuals with HIV disease (as

1 determined under subparagraph (A)) and  
2 the needs of such population (as deter-  
3 mined under subparagraph (B));

4 “(ii) demonstrated (or probable) cost  
5 effectiveness and outcome effectiveness of  
6 proposed strategies and interventions, to  
7 the extent that data are reasonably avail-  
8 able;

9 “(iii) priorities of the communities  
10 with HIV disease for whom the services  
11 are intended;

12 “(iv) availability of other govern-  
13 mental and nongovernmental resources to  
14 provide HIV-related services to individuals  
15 and families with HIV disease, including  
16 the State plan under title XIX of the So-  
17 cial Security Act (relating to the Medicaid  
18 program) and the program under title XXI  
19 of such Act (relating to the program for  
20 State children’s health insurance); and

21 “(v) capacity development needs re-  
22 sulting from disparities in the availability  
23 of HIV-related services in historically un-  
24 derserved communities;”;

1           (4) in subparagraph (D) (as so redesignated),  
2       by amending the subparagraph to read as follows:

3           “(D) develop a comprehensive plan for the  
4       organization and delivery of health and support  
5       services described in section 2604 that—

6           “(i) includes a strategy for identifying  
7       individuals with HIV disease who are not  
8       receiving such services and for informing  
9       the individuals of and enabling the individ-  
10      uals to utilize the services, giving par-  
11      ticular attention to eliminating disparities  
12      in access and services among affected sub-  
13      populations and historically underserved  
14      communities, and including discrete goals,  
15      a timetable, and an appropriate allocation  
16      of funds;

17          “(ii) includes a strategy to coordinate  
18      the provision of such services with pro-  
19      grams for HIV prevention and for the pre-  
20      vention and treatment of substance abuse,  
21      including programs that provide com-  
22      prehensive treatment services for such  
23      abuse; and



1 “(iii) is compatible with any State or  
 2 local plan for the provision of services to  
 3 individuals with HIV disease;”;

4 (5) in subparagraph (F) (as so redesignated),  
 5 by striking “and” at the end;

6 (6) in subparagraph (G) (as so redesignated)—

7 (A) by striking “public meetings,” and in-  
 8 serting “public meetings (in accordance with  
 9 paragraph (7)),”; and

10 (B) by striking the period and inserting “;  
 11 and”; and

12 (7) by adding at the end the following subpara-  
 13 graph:

14 “(H) coordinate with Federal grantees that  
 15 provide HIV-related services within the eligible  
 16 area.”.

17 (b) PROCESS FOR ESTABLISHING ALLOCATION PRI-  
 18 ORITIES.—Section 2602) of the Public Health Service Act  
 19 (42 U.S.C. 300ff–12) is amended by adding at the end  
 20 the following subsection:

21 “(d) PROCESS FOR ESTABLISHING ALLOCATION PRI-  
 22 ORITIES.—Promptly after the date of the submission of  
 23 the report required in section 501(b) of the Ryan White  
 24 CARE Act Amendments of 2000 (relating to the relation-  
 25 ship between epidemiological measures and health care for

1 certain individuals with HIV disease), the Secretary, in  
2 consultation with entities that receive amounts from  
3 grants under section 2601(a) or 2611, shall develop epi-  
4 demiologic measures—

5 “(1) for establishing the number of individuals  
6 living with HIV disease who are not receiving HIV-  
7 related health services; and

8 “(2) for carrying out the duties under sub-  
9 section (b)(4).”.

10 (c) TRAINING.—Section 2602(b) of the Public Health  
11 Service Act (42 U.S.C. 300ff–12(b)) is amended by adding  
12 at the end the following subsection:

13 “(d) TRAINING GUIDANCE AND MATERIALS.—The  
14 Secretary shall provide to each chief elected official receiv-  
15 ing a grant under 2601(a) guidelines and materials for  
16 training members of the planning council under paragraph  
17 (1) regarding the duties of the council.”.

18 **SEC. 103. OPEN MEETINGS; OTHER ADDITIONAL PROVI-**  
19 **SIONS.**

20 Section 2602(b) of the Public Health Service Act (42  
21 U.S.C. 300ff–12(b)) is amended—

22 (1) in paragraph (3), by striking subparagraph  
23 (C); and

24 (2) by adding at the end the following para-  
25 graph:

1           “(7) PUBLIC DELIBERATIONS.—With respect to  
2           a planning council under paragraph (1), the fol-  
3           lowing applies:

4                   “(A) The council may not be chaired solely  
5                   by an employee of the grantee under section  
6                   2601(a).

7                   “(B) In accordance with criteria estab-  
8                   lished by the Secretary:

9                           “(i) The meetings of the council shall  
10                          be open to the public and shall be held  
11                          only after adequate notice to the public.

12                          “(ii) The records, reports, transcripts,  
13                          minutes, agenda, or other documents which  
14                          were made available to or prepared for or  
15                          by the council shall be available for public  
16                          inspection and copying at a single location.

17                          “(iii) Detailed minutes of each meet-  
18                          ing of the council shall be kept. The accu-  
19                          racy of all minutes shall be certified to by  
20                          the chair of the council.

21                          “(iv) This subparagraph does not  
22                          apply to any disclosure of information of a  
23                          personal nature that would constitute a  
24                          clearly unwarranted invasion of personal

privacy, including any disclosure of medical information or personnel matters.”.

## **Subtitle B—Type and Distribution of Grants**

### **SEC. 111. FORMULA GRANTS.**

(a) EXPEDITED DISTRIBUTION.—Section 2603(a)(2) of the Public Health Service Act (42 U.S.C. 300ff–13(a)(2)) is amended in the first sentence by striking “for each of the fiscal years 1996 through 2000” and inserting “for a fiscal year”.

(b) AMOUNT OF GRANT; ESTIMATE OF LIVING CASES.—

(1) IN GENERAL.—Section 2603(a)(3)) of the Public Health Service Act (42 U.S.C. 300ff–13(a)(3)) is amended—

(A) in subparagraph (C)(i), by inserting before the semicolon the following: “, except that (subject to subparagraph (D)), for grants made pursuant to this paragraph for fiscal year 2005 and subsequent fiscal years, the cases counted for each 12-month period beginning on or after July 1, 2004, shall be cases of HIV disease (as reported to and confirmed by such Director) rather than cases of acquired immune deficiency syndrome”; and

1 (B) in subparagraph (C), in the matter  
2 after and below clause (ii)(X)—

3 (i) in the first sentence, by inserting  
4 before the period the following: “, and  
5 shall be reported to the congressional com-  
6 mittees of jurisdiction”; and

7 (ii) by adding at the end the following  
8 sentence: “Updates shall as applicable take  
9 into account the counting of cases of HIV  
10 disease pursuant to clause (i).”

11 (2) DETERMINATION OF SECRETARY REGARD-  
12 ING DATA ON HIV CASES.—Section 2603(a)(3)) of  
13 the Public Health Service Act (42 U.S.C. 300ff–  
14 13(a)(3)) is amended—

15 (A) by redesignating subparagraph (D) as  
16 subparagraph (E); and

17 (B) by inserting after subparagraph (C)  
18 the following subparagraph:

19 “(D) DETERMINATION OF SECRETARY RE-  
20 GARDING DATA ON HIV CASES.—

21 “(i) IN GENERAL.—Not later than  
22 July 1, 2004, the Secretary shall deter-  
23 mine whether there is data on cases of  
24 HIV disease from all eligible areas (re-  
25 ported to and confirmed by the Director of

1 the Centers for Disease Control and Pre-  
2 vention) sufficiently accurate and reliable  
3 for use for purposes of subparagraph  
4 (C)(i). In making such a determination,  
5 the Secretary shall take into consideration  
6 the findings of the study under section  
7 501(b) of the Ryan White CARE Act  
8 Amendments of 2000 (relating to the rela-  
9 tionship between epidemiological measures  
10 and health care for certain individuals with  
11 HIV disease), the fiscal impact of the use  
12 of such data, the impact of the use of such  
13 data on the organization and delivery of  
14 HIV-related services in eligible areas, and  
15 the fiscal impact of not using such data.

16 “(ii) EFFECT OF ADVERSE DETER-  
17 MINATION.—If under clause (i) the Sec-  
18 retary determines that data on cases of  
19 HIV disease is not sufficiently accurate  
20 and reliable for use for purposes of sub-  
21 paragraph (C)(i), then notwithstanding  
22 such subparagraph, for any fiscal year  
23 prior to fiscal year 2007 the references in  
24 such subparagraph to cases of HIV disease  
25 do not have any legal effect.

1                   “(iii) GRANTS AND TECHNICAL AS-  
2                   SISTANCE REGARDING COUNTING OF HIV  
3                   CASES.—Of the amounts appropriated  
4                   under section 2675 for a fiscal year, the  
5                   Secretary shall reserve amounts to make  
6                   grants and provide technical assistance to  
7                   States and eligible areas with respect to  
8                   obtaining data on cases of HIV disease to  
9                   ensure that data on such cases is available  
10                  from all States and eligible areas as soon  
11                  as is practicable but not later than the be-  
12                  ginning of fiscal year 2007.”.

13           (c) INCREASES IN GRANT.—Section 2603(a)(4)) of  
14 the Public Health Service Act (42 U.S.C. 300ff–13(a)(4))  
15 is amended to read as follows:

16                   “(4) INCREASES IN GRANT.—

17                   “(A) IN GENERAL.—For each fiscal year in  
18 a protection period for an eligible area, the Sec-  
19 retary shall increase the amount of the grant  
20 made pursuant to paragraph (2) for the area to  
21 ensure that—

22                   “(i) for the first fiscal year in the pro-  
23 tection period, the grant is not less than  
24 98 percent of the amount of the grant  
25 made for the eligible area pursuant to such

1 paragraph for the base year for the protec-  
2 tion period;

3 “(ii) for any second fiscal year in such  
4 period, the grant is not less than 95.7 per-  
5 cent of the amount of such base year  
6 grant;

7 “(iii) for any third fiscal year in such  
8 period, the grant is not less than 91.1 per-  
9 cent of the amount of the base year grant;

10 “(iv) for any fourth fiscal year in such  
11 period, the grant is not less than 84.2 per-  
12 cent of the amount of the base year grant;  
13 and

14 “(v) for any fifth or subsequent fiscal  
15 year in such period, the grant is not less  
16 than 75 percent of the amount of the base  
17 year grant.

18 “(B) BASE YEAR; PROTECTION PERIOD.—

19 With respect to grants made pursuant to para-  
20 graph (2) for an eligible area:

21 “(i) The base year for a protection pe-  
22 riod is the fiscal year preceding the trigger  
23 grant-reduction year.

24 “(ii) The first trigger grant-reduction  
25 year is the first fiscal year (after fiscal



year 2000) for which the grant for the area is less than the grant for the area for the preceding fiscal year.

“(iii) A protection period begins with the trigger grant-reduction year and continues until the beginning of the first fiscal year for which the amount of the grant for the area equals or exceeds the amount of the grant for the base year for the period.

“(iv) Any subsequent trigger grant-reduction year is the first fiscal year, after the end of the preceding protection period, for which the amount of the grant is less than the amount of the grant for the preceding fiscal year.”.

**SEC. 112. SUPPLEMENTAL GRANTS.**

(a) IN GENERAL.—Section 2603(b)(2) of the Public Health Service Act (42 U.S.C. 300ff–13(b)(2)) is amended—

(1) in the heading for the paragraph, by striking “DEFINITION” and inserting “AMOUNT OF GRANT”;

(2) by redesignating subparagraphs (A) through (C) as subparagraphs (B) through (D), respectively;

1           (3) by inserting before subparagraph (B) (as so  
2 redesignated) the following subparagraph:

3                   “(A) IN GENERAL.—The amount of each  
4 grant made for purposes of this subsection shall  
5 be determined by the Secretary based on a  
6 weighting of factors under paragraph (1), with  
7 severe need under subparagraph (B) of such  
8 paragraph counting one-third.”;

9           (4) in subparagraph (B) (as so redesignated)—

10                   (A) in clause (ii), by striking “and” at the  
11 end;

12                   (B) in clause (iii), by striking the period  
13 and inserting a semicolon; and

14                   (C) by adding at the end the following  
15 clauses:

16                           “(iv) the current prevalence of HIV  
17 disease;

18                           “(v) an increasing need for HIV-re-  
19 lated services, including relative rates of  
20 increase in the number of cases of HIV  
21 disease; as

22                           “(vi) unmet need for such services, as  
23 determined under section 2602(b)(4).”;

24           (5) in subparagraph (C) (as so redesignated)—

1 (A) by striking “subparagraph (A)” each  
2 place such term appears and inserting “sub-  
3 paragraph (B)”;

4 (B) in the second sentence, by striking “2  
5 years after the date of enactment of this para-  
6 graph” and inserting “18 months after the date  
7 of the enactment of the Ryan White CARE Act  
8 Amendments of 2000”; and

9 (C) by inserting after the second sentence  
10 the following sentence: “Such a mechanism  
11 shall be modified to reflect the findings of the  
12 study under section 501(b) of the Ryan White  
13 CARE Act Amendments of 2000 (relating to  
14 the relationship between epidemiological meas-  
15 ures and health care for certain individuals with  
16 HIV disease).”; and

17 (6) in subparagraph (D) (as so redesignated),  
18 by striking “subparagraph (B)” and inserting “sub-  
19 paragraph (C)”.

20 (b) CONFORMING AMENDMENT.—Section 2603(b) of  
21 the Public Health Service Act (42 U.S.C. 300ff–13(b)) is  
22 amended—

23 (1) by striking paragraph (4); and

24 (2) by redesignating paragraph (5) as para-  
25 graph (4).

## 1       **Subtitle C—Other Provisions**

### 2       **SEC. 121. USE OF AMOUNTS.**

3           (a) PRIMARY PURPOSES.—Section 2604(b)(1) of the  
4       Public Health Service Act (42 U.S.C. 300ff–14(b)(1)) is  
5       amended—

6           (1) in the matter preceding subparagraph (A),  
7       by striking “HIV-related—” and inserting “HIV-re-  
8       lated services, as follows:”;

9           (2) in subparagraph (A)—

10           (A) by striking “outpatient” and all that  
11       follows through “substance abuse treatment  
12       and” and inserting the following: “Outpatient  
13       and ambulatory health services, including sub-  
14       stance abuse treatment,”; and

15           (B) by striking “; and” and inserting a pe-  
16       riod;

17           (3) in subparagraph (B), by striking “(B) inpa-  
18       tient case management” and inserting “(C) Inpa-  
19       tient case management”;

20           (4) by inserting after subparagraph (A) the fol-  
21       lowing subparagraph:

22           “(B) Outpatient and ambulatory support  
23       services (including case management), to the  
24       extent that such services facilitate, support, or  
25       sustain the delivery, or benefits of health serv-

1           ices for individuals and families with HIV dis-  
2           ease.”; and

3           (5) by adding at the end the following:

4                   “(D) Outreach activities that are intended  
5           to identify individuals with HIV disease who are  
6           not receiving HIV-related services, and that  
7           are—

8                           “(i) necessary to implement the strat-  
9                   egy under section 2602(b)(4)(D);

10                           “(ii) conducted in a manner consistent  
11           with the requirement under section  
12           2605(a)(3); and

13                           “(iii) supplement, and do not sup-  
14           plant, such activities that are carried out  
15           with amounts appropriated under section  
16           317.”.

17           (b) ADDITIONAL PURPOSES.—Section 2604(b) (42  
18   U.S.C. 300ff-14(b)) of the Public Health Service Act is  
19   amended—

20                   (1) by redesignating paragraph (3) as para-  
21           graph (4);

22                   (2) by inserting after paragraph (2) the fol-  
23           lowing:

24                           “(3) EARLY INTERVENTION SERVICES.—

1           “(A) IN GENERAL.—The purposes for  
2           which a grant under section 2601 may be used  
3           include providing to individuals with HIV dis-  
4           ease early intervention services described in sec-  
5           tion 2651(b)(2) (including referrals under sub-  
6           paragraph (C) of such section), subject to sub-  
7           paragraph (B). The entities through which such  
8           services may be provided under the grant in-  
9           clude public health departments, emergency  
10          rooms, substance abuse and mental health  
11          treatment programs, detoxification centers, de-  
12          tention facilities, clinics regarding sexually  
13          transmitted diseases, homeless shelters, HIV  
14          disease counseling and testing sites, health care  
15          points of entry specified by States or eligible  
16          areas, federally qualified health centers, and en-  
17          tities described in section 2652(a).

18          “(B) CONDITIONS.—With respect to an en-  
19          tity that proposes to provide early intervention  
20          services under subparagraph (A), such subpara-  
21          graph applies only if the entity demonstrates to  
22          the satisfaction of the chief elected official for  
23          the eligible area involved that—

24                  “(i) Federal, State, or local funds are  
25                  otherwise inadequate for the early inter-

1                   vention services the entity proposes to pro-  
2                   vide; and

3                   “(ii) the entity will expend funds pur-  
4                   suant to such subparagraph to supplement  
5                   and not supplant other funds available to  
6                   the entity for the provision of early inter-  
7                   vention services for the fiscal year in-  
8                   volved.”; and

9                   (3) in paragraph (4) (as so redesignated), by  
10                  inserting “youth,” after “children,” each place such  
11                  term appears;

12                  (c) QUALITY MANAGEMENT.—Section 2604 of the  
13                  Public Health Service Act (42 U.S.C. 300ff–14) is  
14                  amended—

15                   (1) by redesignating subsections (c) through (f)  
16                   as subsections (d) through (g), respectively; and

17                   (2) by inserting after subsection (b) the fol-  
18                   lowing:

19                   “(c) QUALITY MANAGEMENT.—

20                   “(1) REQUIREMENT.—The chief elected official  
21                   of an eligible area that receives a grant under this  
22                   part shall provide for the establishment of a quality  
23                   management program to assess the extent to which  
24                   HIV health services provided to patients under the  
25                   grant are consistent with the most recent Public

1 Health Service guidelines for the treatment of HIV  
2 disease and related opportunistic infection, and as  
3 applicable, to develop strategies for ensuring that  
4 such services are consistent with the guidelines.

5 “(2) USE OF FUNDS.—From amounts received  
6 under a grant awarded under this part for a fiscal  
7 year, the chief elected official of an eligible area may  
8 (in addition to amounts to which section 2604(e)(1)  
9 applies) use for activities associated with the quality  
10 management program required in paragraph (1) not  
11 more than the lesser of—

12 “(A) 5 percent of amounts received under  
13 the grant; or

14 “(B) \$3,000,000.”.

15 **SEC. 122. APPLICATION.**

16 Section 2605(a) of the Public Health Service Act (42  
17 U.S.C. 300ff–15(a)) is amended—

18 (1) by redesignating paragraphs (3) through  
19 (6) as paragraphs (4) through (7), respectively; and

20 (2) by inserting after paragraph (2) the fol-  
21 lowing paragraph:

22 “(3) that entities within the eligible area that  
23 receive funds under a grant under section 2601(a)  
24 will maintain relationships with appropriate entities



1 in the area, including entities described in section  
2 2604(b)(3);”.

3 **SEC. 123. REVIEW OF ADMINISTRATIVE COSTS AND COM-**  
4 **PENSATION.**

5 Each chief elected official of an eligible area (as de-  
6 fined in section 2607 of the Public Health Service Act)  
7 shall ensure that, not later than one year after the date  
8 of the enactment of this Act, the planning council for the  
9 eligible area—

10 (1) conducts a review of the existing, available  
11 data on the extent to which entities in the area that  
12 receive amounts from a grant under section 2601(a)  
13 of the Public Health Service Act have from their  
14 overall budget expended amounts for administrative  
15 costs (including financial compensation and bene-  
16 fits), expressed as a proportion and indicating the  
17 growth in such expenditures, including a statement  
18 of the average amount expended for such costs per  
19 client served and the average amount expended for  
20 such costs per client served in providing HIV-related  
21 services; and

22 (2) makes a determination of whether the fi-  
23 nancial compensation of any officers or employees of  
24 such entities exceeds that of the chief elected official  
25 of the eligible area.

**TITLE II—CARE GRANT  
PROGRAM  
Subtitle A—General Grant  
Provisions**

**SEC. 201. PRIORITY FOR WOMEN, INFANTS, AND CHILDREN.**

Section 2611(b) of the Public Health Service Act (42 U.S.C. 300ff–21(b)) is amended by inserting “youth,” after “children,” each place such term appears.

**SEC. 202. USE OF GRANTS.**

Section 2612 of the Public Health Service Act (42 U.S.C. 300ff–22) is amended—

(1) by striking “A State may use” and inserting “(a) IN GENERAL.—A State may use”; and

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

“(b) SUPPORT SERVICES; OUTREACH.—The purposes for which a grant under this part may be used include delivering or enhancing the following:

“(1) Support services under section 2611(a) (including case management) to the extent that such services facilitate, support, or sustain the delivery, or benefits of health services for individuals and families with HIV disease.

1           “(2) Outreach activities that are intended to  
2       identify individuals with HIV disease who are not re-  
3       ceiving HIV-related services, and that are—

4           “(A) necessary to implement the strategy  
5       under section 2617(b)(4)(B);

6           “(B) conducted in a manner consistent  
7       with the requirement under section  
8       2617(b)(6)(G); and

9           “(C) supplement, and do not supplant,  
10       such activities that are carried out with  
11       amounts appropriated under section 317.”.

12       “(c) EARLY INTERVENTION SERVICES.—

13           “(1) IN GENERAL.—The purposes for which a  
14       grant under this part may be used include providing  
15       to individuals with HIV disease early intervention  
16       services described in section 2651(b)(2) (including  
17       referrals under subparagraph (C) of such section),  
18       subject to paragraph (2). The entities through which  
19       such services may be provided under the grant in-  
20       clude public health departments, emergency rooms,  
21       substance abuse and mental health treatment pro-  
22       grams, detoxification centers, detention facilities,  
23       clinics regarding sexually transmitted diseases,  
24       homeless shelters, HIV disease counseling and test-  
25       ing sites, health care points of entry specified by

1 States or eligible areas, federally qualified health  
2 centers, and entities described in section 2652(a).

3 “(2) CONDITIONS.—With respect to an entity  
4 that proposes to provide early intervention services  
5 under paragraph (1), such paragraph applies only if  
6 the entity demonstrates to the satisfaction of the  
7 State area involved that—

8 “(A) Federal, State, or local funds are oth-  
9 erwise inadequate for the early intervention  
10 services the entity proposes to provide; and

11 “(B) the entity will expend funds pursuant  
12 to such paragraph to supplement and not sup-  
13 plant other funds available to the entity for the  
14 provision of early intervention services for the  
15 fiscal year involved.

16 “(d) QUALITY MANAGEMENT.—

17 “(1) REQUIREMENT.—Each State that receives  
18 a grant under this part shall provide for the estab-  
19 lishment of a quality management program to assess  
20 the extent to which HIV health services provided to  
21 patients under the grant are consistent with the  
22 most recent Public Health Service guidelines for the  
23 treatment of HIV disease and related opportunistic  
24 infection, and as applicable, to develop strategies for

1 ensuring that such services are consistent with the  
2 guidelines.

3 “(2) USE OF FUNDS.—From amounts received  
4 under a grant awarded under this part for a fiscal  
5 year, the State may (in addition to amounts to  
6 which section 2618(c)(5) applies) use for activities  
7 associated with the quality management program re-  
8 quired in paragraph (1) not more than the lesser  
9 of—

10 “(A) 5 percent of amounts received under  
11 the grant; or

12 “(B) \$3,000,000.”.

13 **SEC. 203. GRANTS TO ESTABLISH HIV CARE CONSORTIA.**

14 Section 2613 of the Public Health Service Act (42  
15 U.S.C. 300ff–23) is amended—

16 (1) in subsection (b)(1)—

17 (A) in subparagraph (A), by inserting be-  
18 fore the semicolon the following: “, particularly  
19 those experiencing disparities in access and  
20 services and those who reside in historically un-  
21 derserved communities”; and

22 (B) in subparagraph (B), by inserting  
23 after “by such consortium” the following: “is  
24 consistent with the comprehensive plan under  
25 2617(b)(4) and”; and

1 (2) in subsection (c)(1)—

2 (A) in subparagraph (D), by striking  
3 “and” after the semicolon at the end;

4 (B) in subparagraph (E), by striking the  
5 period and inserting “; and”; and

6 (C) by adding at the end the following sub-  
7 paragraph:

8 “(F) demonstrates that adequate planning  
9 occurred to address disparities in access and  
10 services and historically underserved commu-  
11 nities.”.

12 **SEC. 204. PROVISION OF TREATMENTS.**

13 Section 2616 of the Public Health Service Act (42  
14 U.S.C. 300ff–26) is amended by adding at the end the  
15 following subsection:

16 “(e) USE OF HEALTH INSURANCE AND PLANS.—In  
17 carrying out subsection (a), a State may expend a grant  
18 under this part to provide the therapeutics described in  
19 such subsection by paying on behalf of individuals with  
20 HIV disease the costs of purchasing or maintaining health  
21 insurance or plans whose coverage includes a full range  
22 of such therapeutics and appropriate primary care serv-  
23 ices.”.

1 **SEC. 205. STATE APPLICATION.**

2 (a) DETERMINATION OF SIZE AND NEEDS OF POPU-  
3 LATION; COMPREHENSIVE PLAN.—Section 2617(b) of the  
4 Public Health Service Act (42 U.S.C. 300ff–27(b)) is  
5 amended—

6 (1) by redesignating paragraphs (2) through  
7 (4) as paragraphs (4) through (6), respectively;

8 (2) by inserting after paragraph (1) the fol-  
9 lowing paragraphs:

10 “(2) a determination of the size and demo-  
11 graphics of the population of individuals with HIV  
12 disease in the State;

13 “(3) a determination of the needs of such popu-  
14 lation, with particular attention to—

15 “(A) individuals with HIV disease who are  
16 not receiving HIV-related services; and

17 “(B) disparities in access and services  
18 among affected subpopulations and historically  
19 underserved communities;”; and

20 (3) in paragraph (4) (as so redesignated)—

21 (A) by striking “comprehensive plan for  
22 the organization” and inserting “comprehensive  
23 plan that describes the organization”;

24 (B) by striking “, including—” and insert-  
25 ing “, and that—”;

1 (C) by redesignating subparagraphs (A)  
2 through (C) as subparagraphs (D) through (F),  
3 respectively;

4 (D) by inserting before subparagraph (C)  
5 the following subparagraphs:

6 “(A) establishes priorities for the allocation  
7 of funds within the State based on—

8 “(i) size and demographics of the pop-  
9 ulation of individuals with HIV disease (as  
10 determined under paragraph (2)) and the  
11 needs of such population (as determined  
12 under paragraph (3));

13 “(ii) availability of other governmental  
14 and nongovernmental resources to provide  
15 HIV-related services to individuals and  
16 families with HIV disease;

17 “(iii) capacity development needs re-  
18 sulting from disparities in the availability  
19 of HIV-related services in historically un-  
20 derserved communities and rural commu-  
21 nities; and

22 “(iv) the efficiency of the administra-  
23 tive mechanism of the State for rapidly al-  
24 locating funds to the areas of greatest need  
25 within the State;



1           “(B) includes a strategy for identifying in-  
2           dividuals with HIV disease who are not receiv-  
3           ing such services and for informing the individ-  
4           uals of and enabling the individuals to utilize  
5           the services, giving particular attention to elimi-  
6           nating disparities in access and services among  
7           affected subpopulations and historically under-  
8           served communities, and including discrete  
9           goals, a timetable, and an appropriate alloca-  
10          tion of funds;

11          “(C) includes a strategy to coordinate the  
12          provision of such services with programs for  
13          HIV prevention and for the prevention and  
14          treatment of substance abuse, including pro-  
15          grams that provide comprehensive treatment  
16          services for such abuse;”;

17          (E) in subparagraph (D) (as redesignated  
18          by subparagraph (C) of this paragraph), by in-  
19          serting “describes” before “the services and ac-  
20          tivities”;

21          (F) in subparagraph (E) (as so redesign-  
22          ated), by inserting “provides” before “a de-  
23          scription”; and

1 (G) in subparagraph (F) (as so redesignated), by inserting “provides” before “a description”.

4 (b) PUBLIC PARTICIPATION.—Section 2617(b) of the  
5 Public Health Service Act, as amended by subsection (a)  
6 of this section, is amended—

7 (1) in paragraph (5), by striking “HIV” and inserting “HIV disease”; and

9 (2) in paragraph (6), by amending subparagraph (A) to read as follows:

11 “(A) the public health agency that is administering the grant for the State engages in  
12 a public advisory planning process, including  
13 public hearings, that includes the participants  
14 under paragraph (5) in developing the comprehensive plan under paragraph (4) and commenting on the implementation of such plan;”.

18 (c) HEALTH CARE RELATIONSHIPS.—Section  
19 2617(b) of the Public Health Service Act, as amended by  
20 subsection (a) of this section, is amended in paragraph  
21 (6)—

22 (1) in subparagraph (E), by striking “and” at  
23 the end;

24 (2) in subparagraph (F), by striking the period  
25 and inserting “; and”; and

1 (3) by adding at the end the following subpara-  
 2 graph:

3 “(G) entities within areas in which activi-  
 4 ties under the grant are carried out will main-  
 5 tain relationships with appropriate entities in  
 6 the area, including entities described in section  
 7 2612(c);”.

8 **SEC. 206. DISTRIBUTION OF FUNDS.**

9 (a) MINIMUM ALLOTMENT.— Section 2618(b)(1) of  
 10 the Public Health Service Act (42 U.S.C. 300ff–28(b)(1))  
 11 is amended—

12 (1) in subparagraph (A)(i)—

13 (A) in subclause (I), by striking  
 14 “\$100,000” and inserting “\$200,000”; and

15 (B) in subclause (II), by striking  
 16 “\$250,000” and inserting “\$500,000”; and

17 (2) in subparagraph (B), by inserting after  
 18 “shall be” the following: “the greater of \$50,000  
 19 or”.

20 (b) AMOUNT OF GRANT; ESTIMATE OF LIVING  
 21 CASES.—Section 2618(b)(2) of the Public Health Service  
 22 Act (42 U.S.C. 300ff–28(b)(2)) is amended—

23 (1) in subparagraph (A)(i), by striking “sub-  
 24 paragraph (H)” and inserting “subparagraph (I)”;

1           (2) in subparagraph (D)(i), by inserting before  
2           the semicolon the following: “, except that (subject  
3           to subparagraph (E)), for grants made pursuant to  
4           this paragraph for fiscal year 2005 and subsequent  
5           fiscal years, the cases counted for each 12-month pe-  
6           riod beginning on or after July 1, 2004, shall be  
7           cases of HIV disease (as reported to and confirmed  
8           by such Director) rather than cases of acquired im-  
9           mune deficiency syndrome”;

10          (3) by redesignating subparagraphs (E)  
11          through (H) as subparagraphs (F) through (I), re-  
12          spectively; and

13          (4) by inserting after subparagraph (D) the fol-  
14          lowing subparagraph:

15                 “(E) DETERMINATION OF SECRETARY RE-  
16                 GARDING DATA ON HIV CASES.—If under  
17                 2603(a)(3)(D)(i) the Secretary determines that  
18                 data on cases of HIV disease is not sufficiently  
19                 accurate and reliable, then notwithstanding sub-  
20                 paragraph (D) of this paragraph, for any fiscal  
21                 year prior to fiscal year 2007 the references in  
22                 such subparagraph to cases of HIV disease do  
23                 not have any legal effect.”.

1       (c) INCREASES IN FORMULA AMOUNT.—Section  
2 2618(b) of the Public Health Service Act (42 U.S.C.  
3 300ff–28(b)) is amended—

4           (1) in paragraph (1)(A)(ii), by inserting before  
5 the semicolon the following: “and then, as applica-  
6 ble, increased under paragraph (3)”;

7           (2) in paragraph (2)(A)(i), by inserting before  
8 the semicolon the following: “and paragraph (3)”;

9           (3) by redesignating paragraph (3) as para-  
10 graph (4); and

11          (4) by inserting after paragraph (2) the fol-  
12 lowing paragraph:

13           “(3) INCREASES IN FORMULA AMOUNT.—

14           “(A) ALLOCATION.—Of the amount appro-  
15 priated under section 2677 for the fiscal year  
16 involved for grants under part B, the Secretary  
17 shall reserve a percentage to increase, in ac-  
18 cordance with this paragraph, the amounts de-  
19 termined for the States for the fiscal year under  
20 paragraph ((2)(A) (in this paragraph referred  
21 to as the ‘formula amount’).

22           “(B) INCREASES FOR CERTAIN STATES.—  
23 For each fiscal year in a protection period for  
24 a State, the Secretary shall increase the for-  
25 mula amount for the State to ensure that—

1           “(i) for the first fiscal year in the pro-  
2           tection period, the formula amount is not  
3           less than 98 percent of the formula  
4           amount for the State for the base year for  
5           the protection period;

6           “(ii) for any second fiscal year in such  
7           period, the formula amount is not less  
8           than 95.7 percent of the formula amount  
9           for such base year;

10          “(iii) for any third fiscal year in such  
11          period, the formula amount is not less  
12          than 91.1 percent of the formula amount  
13          for the base year;

14          “(iv) for any fourth fiscal year in such  
15          period, the formula amount is not less  
16          than 84.2 percent of the formula amount  
17          for the base year; and

18          “(v) for any fifth or subsequent fiscal  
19          year in such period, the formula amount is  
20          not less than 75 percent of the formula  
21          amount for the base year.

22          “(B) BASE YEAR; PROTECTION PERIOD.—  
23          With respect to a formula amount for a State:

1 “(i) The base year for a protection pe-  
2 riod is the fiscal year preceding the trigger  
3 formula-reduction year.

4 “(ii) The first trigger formula-reduc-  
5 tion year is the first fiscal year (after fiscal  
6 year 2000) for which the formula amount  
7 grant for the State is less than the formula  
8 amount for the State for the preceding fis-  
9 cal year.

10 “(iii) A protection period begins with  
11 the trigger formula-reduction year and  
12 continues until the beginning of the first  
13 fiscal year for which the formula amount  
14 for the State equals or exceeds the formula  
15 amount for the base year for the period.

16 “(iv) Any subsequent trigger formula-  
17 reduction year is the first fiscal year, after  
18 the end of the preceding protection period,  
19 for which the formula amount is less than  
20 the formula amount for the preceding fis-  
21 cal year.”.

22 (d) TERRITORIES.—Section 2618(b)(1)(B) of the  
23 Public Health Service Act (42 U.S.C. 300ff–28(b)(1)(B))  
24 is amended by inserting “the greater of \$50,000 or” after  
25 “shall be”.

1 (e) SEPARATE TREATMENT DRUG GRANTS.—Section  
 2 2618(b)(2) of the Public Health Service Act, as amended  
 3 by subsection (b)(3) of this section, is amended in sub-  
 4 paragraph (I)—

5 (1) by redesignating clauses (i) and (ii) as sub-  
 6 clauses (I) and (II), respectively;

7 (2) by striking “(I) APPROPRIATIONS” and all  
 8 that follows through “With respect to” and inserting  
 9 the following:

10 “(I) APPROPRIATIONS FOR TREATMENT  
 11 DRUG PROGRAM.—

12 “(i) FORMULA GRANTS.—With respect  
 13 to”;

14 (3) in subclause (I) of clause (i) (as designated  
 15 by paragraphs (1) and (2)), by striking “100 per-  
 16 cent” and inserting “98 percent”; and

17 (4) by adding at the end the following clause:

18 “(ii) SUPPLEMENTAL TREATMENT  
 19 DRUG GRANTS.—

20 “(I) IN GENERAL.—With respect  
 21 to the fiscal year involved, if under  
 22 section 2677 an appropriations Act  
 23 provides an amount exclusively for  
 24 carrying out section 2616, and such  
 25 amount is not less than the amount so



1 provided for the preceding fiscal year,  
2 the Secretary shall reserve 2 percent  
3 of such amount for making grants to  
4 States whose population of individuals  
5 with HIV disease has, as determined  
6 by the Secretary, a need for quantities  
7 of therapeutics described in section  
8 2616(a) greater than the quantities  
9 available pursuant to clause (i). Such  
10 a grant is available for purposes of  
11 obtaining such therapeutics. The Sec-  
12 retary shall carry out this clause as a  
13 program of discretionary grants, and  
14 not as a program of formula grants.

15 “(II) DISTRIBUTION OF  
16 GRANTS.—The Secretary shall dis-  
17 burse all amounts under grants under  
18 subclause (I) for a fiscal year not  
19 later than 240 days after the date on  
20 which the amount referred to in such  
21 subclause with respect to section 2616  
22 becomes available.

23 “(III) REQUIREMENT OF MATCH-  
24 ING FUNDS.—A condition for receiv-  
25 ing a grant under subclause (I) is

1           that the State agree to make available  
2           (directly or through donations from  
3           public or private entities) non-Federal  
4           contributions toward the costs of ob-  
5           taining the therapeutics involved in an  
6           amount that is not less than 25 per-  
7           cent of such costs (determined in the  
8           same manner as under  
9           2617(d)(2)(A)).”.

10       (f) TECHNICAL AMENDMENT.—Section 2618(b) of  
11 the Public Health Service Act, as amended by subsection  
12 (c)(3) of this section, is amended in paragraph (4)(B) by  
13 striking “and the Republic of the Marshall Islands” and  
14 inserting “, the Republic of the Marshall Islands, the Fed-  
15 erated States of Micronesia, and the Republic of Palau,  
16 and only for purposes of paragraph (1) the Commonwealth  
17 of Puerto Rico”.

18 **SEC. 207. SUPPLEMENTAL GRANTS FOR CERTAIN STATES.**

19       Subpart I of part B of title XXVI of the Public  
20 Health Service Act (42 U.S.C. 300ff–11 et seq.) is  
21 amended—

22           (1) by striking section 2621; and

23           (2) by inserting after section 2620 the following  
24       section:

1 **“SEC. 2621. SUPPLEMENTAL GRANTS.**

2 “(a) IN GENERAL.—From amounts available pursu-  
3 ant to subsection (d) for a fiscal year, the Secretary shall  
4 make grants to States that meet the conditions to receive  
5 grants under section 2611, and that have one or more eli-  
6 gible communities, for the purpose of providing in such  
7 communities comprehensive services of the type described  
8 in section 2612(a) to supplement the development and  
9 care activities, primary care, and support services other-  
10 wise provided in such communities by the State under a  
11 grant under section 2611.

12 “(b) ELIGIBLE COMMUNITY.—For purposes of this  
13 section, the term ‘eligible community’ means a geographic  
14 area that—

15 “(1) is not within any eligible area as defined  
16 in section 2607; and

17 “(2) has a severe need for supplemental finan-  
18 cial assistance to combat the HIV epidemic, as dem-  
19 onstrated by the State according to criteria under  
20 section 2603(b)(2).

21 “(c) APPLICATION.—A grant under subsection (a)  
22 may be made to a State only if the State submits to the  
23 Secretary, as part of the State application submitted  
24 under section 2617, a detailed description of the following:

25 “(1) Evidence that in the eligible communities  
26 involved here are disparities in access and services

1 among affected subpopulations and historically un-  
2 derserved communities.

3 “(2) A report concerning the dissemination of  
4 amounts from a grant under subsection (a) and the  
5 plan for the utilization of such amounts in the eligi-  
6 ble communities involved.

7 “(3) A demonstration of the existing commit-  
8 ment of local resources, both financial and in-kind.

9 “(4) A demonstration that the State will main-  
10 tain HIV-related activities at a level that is equal to  
11 not less than the level of such activities in the State  
12 for the 1-year period preceding the fiscal year for  
13 which the State is applying to receive a grant under  
14 this part.

15 “(5) A demonstration of the ability of the State  
16 to utilize such supplemental financial resources in a  
17 manner that is immediately responsive and cost ef-  
18 fective.

19 “(6) A demonstration that the resources will be  
20 allocated in accordance with the comprehensive plan  
21 under section 2617(b)(4), including appropriate allo-  
22 cations for services for infants, children, women, and  
23 families with HIV disease.

24 “(7) A demonstration of the inclusiveness of the  
25 planning process, with particular emphasis on af-

1        fected communities and individuals with HIV dis-  
2        ease.

3            “(8) A demonstration of the manner in which  
4        the proposed services are consistent with local needs  
5        assessments and the statewide coordinated state-  
6        ment of need.

7        “(d) FUNDING.—

8            “(1) IN GENERAL.—For the purpose of making  
9        grants under subsection (a) for a fiscal year, the  
10       Secretary shall reserve 50 percent of the amount  
11       specified in paragraph (2).

12        “(2) INCREASES IN PART B FUNDING.—

13            “(A) IN GENERAL.—For purposes of para-  
14       graph (1), the amount specified in this para-  
15       graph is the amount by which the amount ap-  
16       propriated under section 2677 for the fiscal  
17       year involved and available for carrying out  
18       part B is an increase over the amount so appro-  
19       priated and available for the preceding fiscal  
20       year, subject to subparagraphs (B) and (C).

21            “(B) INITIAL ALLOCATION YEAR.—The al-  
22       location under paragraph (1) shall not made  
23       until the first fiscal year for which the amount  
24       appropriated under section 2677 for the fiscal  
25       year involved and available for carrying out

part B is an increase of not less than \$20,000,000 over the amount so appropriated and available for fiscal year 2000, subject to subparagraph (C).

“(C) EXCLUSION REGARDING SEPARATE TREATMENT DRUG GRANTS.—Each determination under subparagraph (A) or (B) of the amount appropriated under section 2677 for a fiscal year and available for carrying out part B shall be made without regard to any amount to which section 2618(b)(2)(I)(i) applies.”.

## **Subtitle B—Provisions Concerning Pregnancy and Perinatal Transmission of HIV**

### **SEC. 211. AUTHORIZATION OF APPROPRIATIONS; REPEALS.**

Subpart II of part B of title XXVI of the Public Health Service Act (42 U.S.C. 300ff–33 et seq.) is amended—

(1) in section 2626, by striking each of subsections (d) through (f); and

(2) by striking section 2627.

### **SEC. 212. GRANTS.**

(a) IN GENERAL.—Section 2625(c) of the Public Health Service Act (42 U.S.C. 300ff–33) is amended—

1           (1) in paragraph (1), by inserting at the end  
2       the following subparagraph:

3           “(F) Making available to pregnant women  
4       with HIV disease, and to the infants of women  
5       with such disease, treatment services for such  
6       disease in accordance with applicable rec-  
7       ommendations of the Secretary.”;

8           (2) by amending paragraph (2) to read as fol-  
9       lows:

10          “(2) FUNDING.—

11           “(A) AUTHORIZATION OF APPROPRIA-  
12       TIONS.—For the purpose of carrying out this  
13       subsection, there are authorized to be appro-  
14       priated \$30,000,000 for each of the fiscal years  
15       2001 through 2005. Amounts made available  
16       under section 2677 for carrying out this part  
17       are not available for carrying out this section  
18       unless otherwise authorized.

19           “(B) ALLOCATIONS FOR CERTAIN  
20       STATES.—

21           “(i) IN GENERAL.—Of the amounts  
22       appropriated under subparagraph (A) for a  
23       fiscal year in excess of \$10,000,000, the  
24       Secretary shall reserve the applicable per-  
25       centage under clause (ii) for making grants

1 under paragraph (1) to States that under  
2 law (including under regulations or the dis-  
3 cretion of State officials) have—

4 “(I) a requirement that all new-  
5 born infants born in the State be test-  
6 ed for HIV disease; or

7 “(II) a requirement that newborn  
8 infants born in the State be tested for  
9 HIV disease in circumstances in  
10 which the attending obstetrician for  
11 the birth does not know the HIV sta-  
12 tus of the mother of the infant.

13 “(ii) APPLICABLE PERCENTAGE.—For  
14 purposes of clause (i), the applicable  
15 amount for a fiscal year is as follows:

16 “(I) For fiscal year 2001, 25 per-  
17 cent.

18 “(II) For fiscal year 2002, 50  
19 percent.

20 “(III) For fiscal year 2003, 50  
21 percent.

22 “(IV) For fiscal year 2004, 75  
23 percent.

24 “(V) For fiscal year 2005, 75  
25 percent.



1           “(C) CERTAIN PROVISIONS.—With respect  
2           to grants under paragraph (1) that are made  
3           with amounts reserved under subparagraph (B)  
4           of this paragraph:

5                   “(i) Such a grant may not be made in  
6                   an amount exceeding \$4,000,000.

7                   “(ii) If pursuant to clause (i) or pur-  
8                   suant to an insufficient number of quali-  
9                   fying applications for such grants (or  
10                  both), the full amount reserved under sub-  
11                  paragraph (B) for a fiscal year is not obli-  
12                  gated, the requirement under such sub-  
13                  paragraph to reserve amounts ceases to  
14                  apply.”; and

15           (3) by adding at the end the following para-  
16           graph:

17                   “(4) MAINTENANCE OF EFFORT.—A condition  
18                   for the receipt of a grant under paragraph (1) is  
19                   that the State involved agree that the grant will be  
20                   used to supplement and not supplant other funds  
21                   available to the State to carry out the purposes of  
22                   the grant.”.

23           (b) SPECIAL FUNDING RULE FOR FISCAL YEAR  
24           2001.—

1           (1) IN GENERAL.—If for fiscal year 2001 the  
2           amount appropriated under paragraph (2)(A) of sec-  
3           tion 2625(c) of the Public Health Service Act is less  
4           than \$14,000,000—

5                   (A) the Secretary of Health and Human  
6           Services shall, for the purpose of making grants  
7           under paragraph (1) of such section, reserve  
8           from the amount specified in paragraph (2) of  
9           this subsection an amount equal to the dif-  
10          ference between \$14,000,000 and the amount  
11          appropriated under paragraph (2)(A) of such  
12          section for such fiscal year;

13                  (B) the amount so reserved shall, for pur-  
14          poses of paragraph (2)(B)(i) of such section, be  
15          considered to have been appropriated under  
16          paragraph (2)(A) of such section; and

17                  (C) the percentage specified in paragraph  
18          (2)(B)(ii)(I) of such section is deemed to be 50  
19          percent.

20          (2) ALLOCATION FROM INCREASES IN FUNDING  
21          FOR PART B.—For purposes of paragraph (1), the  
22          amount specified in this paragraph is the amount by  
23          which the amount appropriated under section 2677  
24          of the Public Health Service Act for fiscal year 2001  
25          and available for grants under section 2611 of such

1 Act is an increase over the amount so appropriated  
2 and available for fiscal year 2000.

3 **SEC. 213. STUDY BY INSTITUTE OF MEDICINE.**

4 Subpart II of part B of title XXVI of the Public  
5 Health Service Act (42 U.S.C. 300ff–33 et seq.) is amend-  
6 ed by adding at the end the following section:

7 **“SEC. 2630. RECOMMENDATIONS FOR REDUCING INCI-**  
8 **DENCE OF PERINATAL TRANSMISSION.**

9 “(a) STUDY BY INSTITUTE OF MEDICINE.—

10 “(1) IN GENERAL.—The Secretary shall request  
11 the Institute of Medicine to enter into an agreement  
12 with the Secretary under which such Institute con-  
13 ducts a study to provide the following:

14 “(A) For the most recent fiscal year for  
15 which the information is available, a determina-  
16 tion of the number of newborn infants with  
17 HIV born in the United States with respect to  
18 whom the attending obstetrician for the birth  
19 did not know the HIV status of the mother.

20 “(B) A determination for each State of  
21 any barriers, including legal barriers, that pre-  
22 vent or discourage an obstetrician from making  
23 it a routine practice to offer pregnant women  
24 an HIV test and a routine practice to test new-  
25 born infants for HIV disease in circumstances

1 in which the obstetrician does not know the  
2 HIV status of the mother of the infant.

3 “(C) Recommendations for each State for  
4 reducing the incidence of cases of the perinatal  
5 transmission of HIV, including recommenda-  
6 tions on removing the barriers identified under  
7 subparagraph (B).

8 If such Institute declines to conduct the study, the  
9 Secretary shall enter into an agreement with another  
10 appropriate public or nonprofit private entity to con-  
11 duct the study.

12 “(2) REPORT.—The Secretary shall ensure  
13 that, not later than 18 months after the effective  
14 date of this section, the study required in paragraph  
15 (1) is completed and a report describing the findings  
16 made in the study is submitted to the appropriate  
17 committees of the Congress, the Secretary, and the  
18 chief public health official of each of the States.

19 “(b) PROGRESS TOWARD RECOMMENDATIONS.—  
20 Each State shall comply with the following (as applicable  
21 to the fiscal year involved):

22 “(1) For fiscal year 2004, the State shall sub-  
23 mit to the Secretary a report describing the actions  
24 taken by the State toward meeting the recommenda-

1        tions specified for the State under subsection  
2        (a)(1)(C).

3            “(2) For fiscal year 2005 and each subsequent  
4        fiscal year—

5            “(A) the State shall make reasonable  
6        progress toward meeting such recommenda-  
7        tions; or

8            “(B) if the State has not made such  
9        progress—

10           “(i) the State shall cooperate with the  
11           Director of the Centers for Disease Control  
12           and Prevention in carrying out activities  
13           toward meeting the recommendations; and

14           “(ii) the State shall submit to the  
15           Secretary a report containing a description  
16           of any barriers identified under subsection  
17           (a)(1)(B) that continue to exist in the  
18           State; as applicable, the factors underlying  
19           the continued existence of such barriers;  
20           and a description of how the State intends  
21           to reduce the incidence of cases of the  
22           perinatal transmission of HIV.

23           “(c) SUBMISSION OF REPORTS TO CONGRESS.—The  
24        Secretary shall submit to the appropriate committees of

1 the Congress each report received by the Secretary under  
 2 subsection (b)(2)(B)(ii).”.

3 **Subtitle C—Certain Partner**  
 4 **Notification Programs**

5 **SEC. 221. GRANTS FOR COMPLIANT PARTNER NOTIFICA-**  
 6 **TION PROGRAMS.**

7 Part B of title XXVI of the Public Health Service  
 8 Act (42 U.S.C. 300ff–21 et seq.) is amended by adding  
 9 at the end the following subpart:

10 **“Subpart III—Certain Partner Notification Programs**

11 **“SEC. 2631. GRANTS FOR PARTNER NOTIFICATION PRO-**  
 12 **GRAMS.**

13 “(a) IN GENERAL.—In the case of States whose laws  
 14 or regulations are in accordance with subsection (b), the  
 15 Secretary, subject to subsection (c)(2), may make grants  
 16 to the States for carrying out programs to provide partner  
 17 counseling and referral services.

18 “(b) DESCRIPTION OF COMPLIANT STATE PRO-  
 19 GRAMS.—For purposes of subsection (a), the laws or regu-  
 20 lations of a State are in accordance with this subsection  
 21 if under such laws or regulations (including programs car-  
 22 ried out pursuant to the discretion of State officials) the  
 23 following policies are in effect:

24 “(1) The State requires that the public health  
 25 officer of the State carry out a program of partner

1 notification to inform partners of individuals with  
2 HIV disease that the partners may have been ex-  
3 posed to the disease.

4 “(2)(A) In the case of a health entity that pro-  
5 vides for the performance on an individual of a test  
6 for HIV disease, or that treats the individual for the  
7 disease, the State requires, subject to subparagraph  
8 (B), that the entity confidentially report the positive  
9 test results to the State public health officer in a  
10 manner recommended and approved by the Director  
11 of the Centers for Disease Control and Prevention,  
12 together with such additional information as may be  
13 necessary for carrying out such program.

14 “(B) The State may provide that the require-  
15 ment of subparagraph (A) does not apply to the  
16 testing of an individual for HIV disease if the indi-  
17 vidual underwent the testing through a program de-  
18 signed to perform the test and provide the results to  
19 the individual without the individual disclosing his or  
20 her identity to the program. This subparagraph may  
21 not be construed as affecting the requirement of  
22 subparagraph (A) with respect to a health entity  
23 that treats an individual for HIV disease.

24 “(3) The program under paragraph (1) is car-  
25 ried out in accordance with the following:

1           “(A) Partners are provided with an appro-  
2           priate opportunity to learn that the partners  
3           have been exposed to HIV disease, subject to  
4           subparagraph (B).

5           “(B) The State does not inform partners  
6           of the identity of the infected individuals in-  
7           volved.

8           “(C) Counseling and testing for HIV dis-  
9           ease are made available to the partners and to  
10          infected individuals, and such counseling in-  
11          cludes information on modes of transmission for  
12          the disease, including information on prenatal  
13          and perinatal transmission and preventing  
14          transmission.

15          “(D) Counseling of infected individuals  
16          and their partners includes the provision of in-  
17          formation regarding therapeutic measures for  
18          preventing and treating the deterioration of the  
19          immune system and conditions arising from the  
20          disease, and the provision of other prevention-  
21          related information.

22          “(E) Referrals for appropriate services are  
23          provided to partners and infected individuals,  
24          including referrals for support services and  
25          legal aid.



1           “(F) Notifications under subparagraph (A)  
2           are provided in person, unless doing so is an  
3           unreasonable burden on the State.

4           “(G) There is no criminal or civil penalty  
5           on, or civil liability for, an infected individual if  
6           the individual chooses not to identify the part-  
7           ners of the individual, or the individual does not  
8           otherwise cooperate with such program.

9           “(H) The failure of the State to notify  
10          partners is not a basis for the civil liability of  
11          any health entity who under the program re-  
12          ported to the State the identity of the infected  
13          individual involved.

14          “(I) The State provides that the provisions  
15          of the program may not be construed as prohib-  
16          iting the State from providing a notification  
17          under subparagraph (A) without the consent of  
18          the infected individual involved.

19          “(4) The State annually reports to the Director  
20          of the Centers for Disease Control and Prevention  
21          the number of individuals from whom the names of  
22          partners have been sought under the program under  
23          paragraph (1), the number of such individuals who  
24          provided the names of partners, and the number of

1 partners so named who were notified under the pro-  
2 gram.

3 “(5) The State cooperates with such Director in  
4 carrying out a national program of partner notifica-  
5 tion, including the sharing of information between  
6 the public health officers of the States.

7 “(c) REPORTING SYSTEM FOR CASES OF HIV DIS-  
8 EASE.—

9 “(1) PREFERENCE IN MAKING GRANTS  
10 THROUGH FISCAL YEAR 2003.—In making grants  
11 under subsection (a) for each of the fiscal years  
12 2001 through 2003, the Secretary shall give pref-  
13 erence to States whose reporting systems for cases  
14 of HIV disease produce data on such cases that is  
15 sufficiently accurate and reliable for use for pur-  
16 poses of section 2618(b)(2)(D)(i).

17 “(2) ELIGIBILITY CONDITION AFTER FISCAL  
18 YEAR 2003.—For fiscal year 2004 and subsequent  
19 fiscal years, a State may not receive a grant under  
20 subsection (a) unless the reporting system of the  
21 State for cases of HIV disease produces data on  
22 such cases that is sufficiently accurate and reliable  
23 for purposes of section 2618(b)(2)(D)(i).

24 “(d) AUTHORIZATION OF APPROPRIATIONS.—For the  
25 purpose of carrying out this section, there are authorized

1 to be appropriated \$30,000,000 for fiscal year 2001, and  
 2 such sums as may be necessary for each of the fiscal years  
 3 2002 through 2005.”.

4 **TITLE III—EARLY**  
 5 **INTERVENTION SERVICES**  
 6 **Subtitle A—Formula Grants for**  
 7 **States**

8 **SEC. 301. REPEAL OF PROGRAM.**

9 Subpart I of part C of title XXVI of the Public  
 10 Health Service Act (42 U.S.C. 300ff–41 et seq.) is re-  
 11 pealed.

12 **Subtitle B—Categorical Grants**

13 **SEC. 311. PREFERENCES IN MAKING GRANTS.**

14 Section 2653 of the Public Health Service Act (42  
 15 U.S.C. 300ff–53) is amended by adding at the end the  
 16 following subsection:

17 “(d) UNDERSERVED AND RURAL AREAS.—Of the ap-  
 18 plicants who qualify for preference under this section, the  
 19 Secretary shall give preference to applicants that will ex-  
 20 pend the grant under section 2651 to provide early inter-  
 21 vention under such section in rural areas or in areas that  
 22 are underserved with respect to such services.”.

23 **SEC. 312. PLANNING AND DEVELOPMENT GRANTS.**

24 (a) IN GENERAL.—Section 2654(c)(1) of the Public  
 25 Health Service Act (42 U.S.C. 300ff–54(c)(1)) is amended

1 by striking “for the purpose of” and all that follows and  
2 inserting the following: “for purposes of—

3 “(A) enabling such entities to provide HIV  
4 early intervention services; and

5 “(B) assisting the entities in expanding  
6 their capacity to provide HIV-related health  
7 services, including early intervention services, in  
8 low-income communities and affected sub-  
9 populations that are underserved with respect  
10 to such services (subject to the condition that a  
11 grant pursuant to this subparagraph may not  
12 be expended to purchase or improve land, or to  
13 purchase, construct, or permanently improve,  
14 other than minor remodeling, any building or  
15 other facility).”.

16 (b) AMOUNT; DURATION.—Section 2654(c) of the  
17 Public Health Service Act (42 U.S.C. 300ff–54(c)) is fur-  
18 ther amended—

19 (1) by redesignating paragraph (4) as para-  
20 graph (5); and

21 (2) by inserting after paragraph (3) the fol-  
22 lowing:

23 “(4) AMOUNT AND DURATION OF GRANTS.—

1           “(A) EARLY INTERVENTION SERVICES.—A  
 2           grant under paragraph (1)(A) may be made in  
 3           an amount not to exceed \$50,000.

4           “(B) CAPACITY DEVELOPMENT.—

5           “(i) AMOUNT.—A grant under para-  
 6           graph (1)(B) may be made in an amount  
 7           not to exceed \$150,000.

8           “(ii) DURATION.—The total duration  
 9           of a grant under paragraph (1)(B), includ-  
 10          ing any renewal, may not exceed 3 years.”.

11          (c) INCREASE IN LIMITATION.—Section 2654(c)(5)  
 12          of the Public Health Service Act (42 U.S.C. 300ff-  
 13          54(c)(5)), as redesignated by subsection (b), is amended  
 14          by striking “1 percent” and inserting “5 percent”.

15       **SEC. 313. AUTHORIZATION OF APPROPRIATIONS.**

16          Section 2655 of the Public Health Service Act (42  
 17          U.S.C. 300ff-55) is amended by striking “in each of” and  
 18          all that follows and inserting “for each of the fiscal years  
 19          2001 through 2005.”.

20       **Subtitle C—General Provisions**

21       **SEC. 321. PROVISION OF CERTAIN COUNSELING SERVICES.**

22          Section 2662(c)(3) of the Public Health Service Act  
 23          (42 U.S.C. 300ff-62(c)(3)) is amended—

1 (1) in the matter preceding subparagraph (A),  
2 by striking “counseling on—” and inserting “coun-  
3 seling—”;

4 (2) in each of subparagraphs (A), (B), and (D),  
5 by inserting “on” after the subparagraph designa-  
6 tion; and

7 (3) in subparagraph (C)—

8 (A) by striking “(C) the benefits” and in-  
9 serting “(C)(i) that explains the benefits”; and

10 (B) by inserting after clause (i) (as des-  
11 ignated by subparagraph (A) of this paragraph)  
12 the following clause:

13 “(ii) that emphasizes it is the duty of in-  
14 fected individuals to disclose their infected sta-  
15 tus to their sexual partners and their partners  
16 in the sharing of hypodermic needles; that pro-  
17 vides advice to infected individuals on the man-  
18 ner in which such disclosures can be made; and  
19 that emphasizes that it is the continuing duty  
20 of the individuals to avoid any behaviors that  
21 will expose others to HIV;

22 **SEC. 322. ADDITIONAL REQUIRED AGREEMENTS.**

23 Section 2664(g) of the Public Health Service Act (42  
24 U.S.C. 300ff–64(g)) is amended—

25 (1) in paragraph (3)—

1 (A) by striking “7.5 percent” and inserting  
2 “10 percent”; and

3 (B) by striking “and” after the semicolon  
4 at the end;

5 (2) in paragraph (4), by striking the period and  
6 inserting “; and”; and

7 (3) by adding at the end the following para-  
8 graph:

9 “(5) the applicant will provide for the establish-  
10 ment of a quality management program to assess  
11 the extent to which medical services funded under  
12 this title that are provided to patients are consistent  
13 with the most recent Public Health Service guide-  
14 lines for the treatment of HIV disease and related  
15 opportunistic infections and that improvements in  
16 the access to and quality of medical services are ad-  
17 dressed.”.

1     **TITLE IV—OTHER PROGRAMS**  
2             **AND ACTIVITIES**  
3     **Subtitle A—Certain Programs for**  
4         **Research, Demonstrations, or**  
5         **Training**

6     **SEC. 401. GRANTS FOR COORDINATED SERVICES AND AC-**  
7             **CESS TO RESEARCH FOR WOMEN, INFANTS,**  
8             **CHILDREN, AND YOUTH.**

9         Section 2671 of the Public Health Service Act (42  
10     U.S.C. 300ff–71) is amended—

11             (1) in subsection (b)—

12                 (A) in paragraph (1), by striking subpara-  
13                 graphs (C) and (D) and inserting the following:

14                     “(C) The applicant will demonstrate link-  
15                     ages to research and how access to such re-  
16                     search is being offered to patients.”; and

17                 (B) by striking paragraphs (3) and (4);

18             (2) in subsection (g), by adding at the end the  
19             following: “In addition, the Secretary, in coordina-  
20             tion with the Director of such Institutes, shall exam-  
21             ine the distribution and availability of appropriate  
22             HIV-related research projects with respect to grant-  
23             ees under subsection (a) for purposes of enhancing  
24             and expanding HIV-related research, especially with-



1 in communities that are underrepresented with re-  
 2 spect to such projects.”;

3 (3) in subsection (f)—

4 (A) by striking the subsection heading and  
 5 designation and inserting the following:

6 “(f) ADMINISTRATION.—

7 “(1) APPLICATION.—”; and

8 (B) by adding at the end the following  
 9 paragraph:

10 “(2) QUALITY MANAGEMENT PROGRAM.—A  
 11 grantee under this section shall implement a quality  
 12 management program.”; and

13 (4) in subsection (j), by striking “1996 through  
 14 2000” and inserting “2001 through 2005”.

15 **SEC. 402. AIDS EDUCATION AND TRAINING CENTERS.**

16 (a) SCHOOLS; CENTERS.—

17 (1) IN GENERAL.—Section 2692(a) of the Pub-  
 18 lic Health Service Act (42 U.S.C. 300ff–111(a)) is  
 19 amended—

20 (A) in subparagraph (A)—

21 (i) by striking “training” and insert-  
 22 ing “to train”;

23 (ii) by striking “and including” and  
 24 inserting “, including”; and

1 (iii) by inserting before the semicolon  
 2 the following: “, and including (as applica-  
 3 ble to the type of health professional in-  
 4 volved), prenatal and other gynecological  
 5 care for women with HIV disease”;

6 (B) in subparagraph (B), by striking  
 7 “and” after the semicolon at the end;

8 (C) in subparagraph (C), by striking the  
 9 period and inserting “; and”; and

10 (D) by adding at the end the following:

11 “(D) to develop protocols for the medical  
 12 care of women with HIV disease, including pre-  
 13 natal and other gynecological care for such  
 14 women.”.

15 (2) DISSEMINATION OF TREATMENT GUIDE-  
 16 LINES; MEDICAL CONSULTATION ACTIVITIES.—Not  
 17 later than 90 days after the date of the enactment  
 18 of this Act, the Secretary of Health and Human  
 19 Services shall issue and begin implementation of a  
 20 strategy for the dissemination of HIV treatment in-  
 21 formation to health care providers and patients.

22 (b) DENTAL SCHOOLS.—Section 2692(b) of the Pub-  
 23 lic Health Service Act (42 U.S.C. 300ff–111(b)) is  
 24 amended—

1           (1) by amending paragraph (1) to read as fol-  
2       lows:

3           “(1) IN GENERAL.—

4                 “(A) GRANTS.—The Secretary may make  
5       grants to dental schools and programs de-  
6       scribed in subparagraph (B) to assist such  
7       schools and programs with respect to oral  
8       health care to patients with HIV disease.

9                 “(B) ELIGIBLE APPLICANTS.—For pur-  
10      poses of this subsection, the dental schools and  
11      programs referred to in this subparagraph are  
12      dental schools and programs that were de-  
13      scribed in section 777(b)(4)(B) as such section  
14      was in effect on the day before the date of en-  
15      actment of the Health Professions Education  
16      Partnerships Act of 1998 (Public Law 105–  
17      392) and in addition dental hygiene programs  
18      that are accredited by the Commission on Den-  
19      tal Accreditation.”;

20           (2) in paragraph (2), by striking  
21      “777(b)(4)(B)” and inserting “the section referred  
22      to in paragraph (1)(B)”;

23           (3) by inserting after paragraph (4) the fol-  
24      lowing paragraph:

1           “(5) COMMUNITY-BASED CARE.—The Secretary  
 2           may make grants to dental schools and programs de-  
 3           scribed in paragraph (1)(B) that partner with com-  
 4           munity-based dentists to provide oral health care to  
 5           patients with HIV disease in unserved areas. Such  
 6           partnerships shall permit the training of dental stu-  
 7           dents and residents and the participation of commu-  
 8           nity dentists as adjunct faculty.”.

9           (c) AUTHORIZATION OF APPROPRIATIONS.—

10           (1) SCHOOLS; CENTERS.—Section 2692(c)(1) of  
 11           the Public Health Service Act (42 U.S.C. 300ff-  
 12           111(c)(1)) is amended by striking “fiscal years 1996  
 13           through 2000” and inserting “fiscal years 2001  
 14           through 2005”.

15           (2) DENTAL SCHOOLS.—Section 2692(c)(2) of  
 16           the Public Health Service Act (42 U.S.C. 300ff-  
 17           111(c)(2)) is amended to read as follows:

18           “(2) DENTAL SCHOOLS.—

19                   “(A) IN GENERAL.—For the purpose of  
 20                   grants under paragraphs (1) through (4) of  
 21                   subsection (b), there are authorized to be ap-  
 22                   propriated such sums as may be necessary for  
 23                   each of the fiscal years 2001 through 2005.

24                   “(B) COMMUNITY-BASED CARE.—For the  
 25                   purpose of grants under subsection (b)(5), there

1           are authorized to be appropriated such sums as  
2           may be necessary for each of the fiscal years  
3           2001 through 2005.”.

4       **Subtitle B—General Provisions in**  
5                       **Title XXVI**

6       **SEC. 411. EVALUATIONS AND REPORTS.**

7           Section 2674(c) of the Public Health Service Act (42  
8       U.S.C. 300ff–74(c)) is amended by striking “1991  
9       through 1995” and inserting “2001 through 2005”.

10      **SEC. 412. DATA COLLECTION THROUGH CENTERS FOR DIS-**  
11                       **EASE CONTROL AND PREVENTION.**

12           Part D of title XXVI of the Public Health Service  
13       Act (42 U.S.C. 300ff–71 et seq.) is amended—

14               (1) by redesignating section 2675 as section  
15               2675A; and

16               (2) by inserting after section 2674 the following  
17       section:

18      **“SEC. 2675. DATA COLLECTION.**

19           “For the purpose of collecting and providing data for  
20       program planning and evaluation activities under this  
21       title, there are authorized to be appropriated to the Sec-  
22       retary (acting through the Director of the Centers for Dis-  
23       ease Control and Prevention) such sums as may be nec-  
24       essary for each of the fiscal years 2001 through 2005.  
25       Such authorization of appropriations is in addition to

1 other authorizations of appropriations that are available  
2 for such purpose.”.

3 **SEC. 413. COORDINATION.**

4 Section 2675A of the Public Health Service Act, as  
5 redesignated by section 412 of this Act, is amended—

6 (1) by amending subsection (a) to read as fol-  
7 lows:

8 “(a) REQUIREMENT.—The Secretary shall ensure  
9 that the Health Resources and Services Administration,  
10 the Centers for Disease Control and Prevention, the Sub-  
11 stance Abuse and Mental Health Services Administration,  
12 and the Health Care Financing Administration coordinate  
13 the planning, funding, and implementation of Federal  
14 HIV programs to enhance the continuity of care and pre-  
15 vention services for individuals with HIV disease or those  
16 at risk of such disease. The Secretary shall consult with  
17 other Federal agencies, including the Department of Vet-  
18 erans Affairs, as needed and utilize planning information  
19 submitted to such agencies by the States and entities eligi-  
20 ble for support.”;

21 (2) by redesignating subsections (b) and (c) as  
22 subsections (c) and (d), respectively;

23 (3) by inserting after subsection (b) the fol-  
24 lowing subsection:

1       “(b) REPORT.—The Secretary shall biennially pre-  
 2       pare and submit to the appropriate committees of the Con-  
 3       gress a report concerning the coordination efforts at the  
 4       Federal, State, and local levels described in this section,  
 5       including a description of Federal barriers to HIV pro-  
 6       gram integration and a strategy for eliminating such bar-  
 7       riers and enhancing the continuity of care and prevention  
 8       services for individuals with HIV disease or those at risk  
 9       of such disease.”; and

10               (4) in each of subsections (c) and (d) (as reded-  
 11       ignated by paragraph (2) of this section), by insert-  
 12       ing “and prevention services” after “continuity of  
 13       care” each place such term appears.

14       **SEC. 414. PLAN REGARDING RELEASE OF PRISONERS WITH**  
 15               **HIV DISEASE.**

16       Section 2675A of the Public Health Service Act, as  
 17       redesignated by section 412 of this Act, is amended by  
 18       adding at the end the following subsection:

19       “(d) RECOMMENDATIONS REGARDING RELEASE OF  
 20       PRISONERS.—After consultation with the Attorney Gen-  
 21       eral and the Director of the Bureau of Prisons, with  
 22       States, with eligible areas under part A, and with entities  
 23       that receive amounts from grants under part A or B, the  
 24       Secretary, consistent with the coordination required in  
 25       subsection (a), shall develop a plan for the medical case

1 management of and the provision of support services to  
2 individuals who were Federal or State prisoners and had  
3 HIV disease as of the date on which the individuals were  
4 released from the custody of the penal system. The Sec-  
5 retary shall submit the plan to the Congress not later than  
6 two years after the date of the enactment of the Ryan  
7 White CARE Act Amendments of 2000.”.

8 **SEC. 415. AUDITS.**

9 Part D of title XXVI of the Public Health Service  
10 Act, as amended by section 412 of this Act, is amended  
11 by inserting after section 2675A the following section:

12 **“SEC. 2675B. AUDITS.**

13 “For fiscal year 2002 and subsequent fiscal years,  
14 the Secretary may reduce the amounts of grants under  
15 this title to a State or political subdivision of a State for  
16 a fiscal year if, with respect to such grants for the second  
17 preceding fiscal year, the State or subdivision fails to pre-  
18 pare audits in accordance with the procedures of section  
19 7502 of title 31, United States Code. The Secretary shall  
20 annually select representative samples of such audits, pre-  
21 pare summaries of the selected audits, and submit the  
22 summaries to the Congress.”.



1 **SEC. 416. ADMINISTRATIVE SIMPLIFICATION.**

2 Part D of title XXVI of the Public Health Service  
3 Act, as amended by section 415 of this Act, is amended  
4 by inserting after section 2675B the following section:

5 **SEC. 2675C. ADMINISTRATIVE SIMPLIFICATION REGARDING**  
6 **PARTS A AND B.**

7 “(a) COORDINATED DISBURSEMENT.—After con-  
8 sultation with the States, with eligible areas under part  
9 A, and with entities that receive amounts from grants  
10 under part A or B, the Secretary shall develop a plan for  
11 coordinating the disbursement of appropriations for  
12 grants under part A with the disbursement of appropria-  
13 tions for grants under part B in order to assist grantees  
14 and other recipients of amounts from such grants in com-  
15 plying with the requirements of such parts. The Secretary  
16 shall submit the plan to the Congress not later than 18  
17 months after the date of the enactment of the Ryan White  
18 CARE Act Amendments of 2000. Not later than two years  
19 after the date on which the plan is so submitted, the Sec-  
20 retary shall complete the implementation of the plan, not-  
21 withstanding any provision of this title that is inconsistent  
22 with the plan.

23 “(b) BIENNIAL APPLICATIONS.—After consultation  
24 with the States, with eligible areas under part A, and with  
25 entities that receive amounts from grants under part A  
26 or B, the Secretary shall make a determination of whether

1 the administration of parts A and B by the Secretary, and  
2 the efficiency of grantees under such parts in complying  
3 with the requirements of such parts, would be improved  
4 by requiring that applications for grants under such parts  
5 be submitted biennially rather than annually. The Sec-  
6 retary shall submit such determination to the Congress  
7 not later than two years after the date of the enactment  
8 of the Ryan White CARE Act Amendments of 2000.

9 “(c) APPLICATION SIMPLIFICATION.—After consulta-  
10 tion with the States, with eligible areas under part A, and  
11 with entities that receive amounts from grants under part  
12 A or B, the Secretary shall develop a plan for simplifying  
13 the process for applications under parts A and B. The Sec-  
14 retary shall submit the plan to the Congress not later than  
15 18 months after the date of the enactment of the Ryan  
16 White CARE Act Amendments of 2000. Not later than  
17 two years after the date on which the plan is so submitted,  
18 the Secretary shall complete the implementation of the  
19 plan, notwithstanding any provision of this title that is  
20 inconsistent with the plan.”.

21 **SEC. 417. AUTHORIZATION OF APPROPRIATIONS FOR**  
22 **PARTS A AND B.**

23 Section 2677 of the Public Health Service Act (42  
24 U.S.C. 300ff–77) is amended to read as follows:

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

2 “(a) PART A.—For the purpose of carrying out part  
3 A, there are authorized to be appropriated such sums as  
4 may be necessary for each of the fiscal years 2001 through  
5 2005.

6 “(b) PART B.—For the purpose of carrying out part  
7 B, there are authorized to be appropriated such sums as  
8 may be necessary for each of the fiscal years 2001 through  
9 2005.”.

10 **TITLE V—GENERAL PROVISIONS**

11 **SEC. 501. STUDIES BY INSTITUTE OF MEDICINE.**

12 (a) STATE SURVEILLANCE SYSTEMS ON PREVA-  
13 LENCE OF HIV.—The Secretary of Health and Human  
14 Services (referred to in this section as the “Secretary”)  
15 shall request the Institute of Medicine to enter into an  
16 agreement with the Secretary under which such Institute  
17 conducts a study to provide the following:

18 (1) A determination of whether the surveillance  
19 system of each of the States regarding the human  
20 immunodeficiency virus provides for the reporting of  
21 cases of infection with the virus in a manner that is  
22 sufficient to provide adequate and reliable informa-  
23 tion on the number of such cases and the demo-  
24 graphic characteristics of such cases, both for the  
25 State in general and for specific geographic areas in  
26 the State.

1           (2) A determination of whether such informa-  
2           tion is sufficiently accurate for purposes of formula  
3           grants under parts A and B of title XXVI of the  
4           Public Health Service Act.

5           (3) With respect to any State whose surveil-  
6           lance system does not provide adequate and reliable  
7           information on cases of infection with the virus, rec-  
8           ommendations regarding the manner in which the  
9           State can improve the system.

10          (b) RELATIONSHIP BETWEEN EPIDEMIOLOGICAL  
11 MEASURES AND HEALTH CARE FOR CERTAIN INDIVID-  
12 UALS WITH HIV DISEASE.—

13           (1) IN GENERAL.—The Secretary shall request  
14           the Institute of Medicine to enter into an agreement  
15           with the Secretary under which such Institute con-  
16           ducts a study concerning the appropriate epidemio-  
17           logical measures and their relationship to the financ-  
18           ing and delivery of primary care and health-related  
19           support services for low-income, uninsured, and  
20           under-insured individuals with HIV disease.

21           (2) ISSUES TO BE CONSIDERED.—The Sec-  
22           retary shall ensure that the study under paragraph  
23           (1) considers the following:

24                   (A) The availability and utility of health  
25           outcomes measures and data for HIV primary

1 care and support services and the extent to  
2 which those measures and data could be used  
3 to measure the quality of such funded services.

4 (B) The effectiveness and efficiency of  
5 service delivery (including the quality of serv-  
6 ices, health outcomes, and resource use) within  
7 the context of a changing health care and  
8 therapeutic environment, as well as the chang-  
9 ing epidemiology of the epidemic, including de-  
10 termining the actual costs, potential savings,  
11 and overall financial impact of modifying the  
12 program under title XIX of the Social Security  
13 Act to establish eligibility for medical assistance  
14 under such title on the basis of infection with  
15 the human immunodeficiency virus rather than  
16 providing such assistance only if the infection  
17 has progressed to acquired immune deficiency  
18 syndrome.

19 (C) Existing and needed epidemiological  
20 data and other analytic tools for resource plan-  
21 ning and allocation decisions, specifically for es-  
22 timating severity of need of a community and  
23 the relationship to the allocations process.

24 (D) Other factors determined to be rel-  
25 evant to assessing an individual's or commu-

1           nity’s ability to gain and sustain access to qual-  
2           ity HIV services.

3           (c) OTHER ENTITIES.—If the Institute of Medicine  
4 declines to conduct a study under this section, the Sec-  
5 retary shall enter into an agreement with another appro-  
6 priate public or nonprofit private entity to conduct the  
7 study.

8           (d) REPORT.—The Secretary shall ensure that—

9           (1) not later than three years after the date of  
10 the enactment of this Act, the study required in sub-  
11 section (a) is completed and a report describing the  
12 findings made in the study is submitted to the ap-  
13 propriate committees of the Congress; and

14           (2) not later than two years after the date of  
15 the enactment of this Act, the study required in sub-  
16 section (b) is completed and a report describing the  
17 findings made in the study is submitted to such  
18 committees.

19 **SEC. 502. DEVELOPMENT OF RAPID HIV TEST.**

20           (a) EXPANSION, INTENSIFICATION, AND COORDINA-  
21 TION OF RESEARCH AND OTHER ACTIVITIES.—

22           (1) IN GENERAL.—The Director of NIH shall  
23 expand, intensify, and coordinate research and other  
24 activities of the National Institutes of Health with  
25 respect to the development of reliable and affordable

1 tests for HIV disease that can rapidly be adminis-  
2 tered and whose results can rapidly be obtained (in  
3 this section referred to a “rapid HIV test”).

4 (2) REPORT TO CONGRESS.—The Director of  
5 NIH shall periodically submit to the appropriate  
6 committees of Congress a report describing the re-  
7 search and other activities conducted or supported  
8 under paragraph (1).

9 (3) AUTHORIZATION OF APPROPRIATIONS.—For  
10 the purpose of carrying out this subsection, there  
11 are authorized to be appropriated such sums as may  
12 be necessary for each of the fiscal years 2001  
13 through 2005.

14 (b) PREMARKET REVIEW OF RAPID HIV TESTS.—

15 (1) IN GENERAL.—Not later than 90 days after  
16 the date of the enactment of this Act, the Secretary,  
17 in consultation with the Director of the Centers for  
18 Disease Control and Prevention and the Commis-  
19 sioner of Food and Drugs, shall submit to the ap-  
20 propriate committees of the Congress a report de-  
21 scribing the progress made towards, and barriers to,  
22 the premarket review and commercial distribution of  
23 rapid HIV tests. The report shall—

24 (A) assess the public health need for and  
25 public health benefits of rapid HIV tests, in-

cluding the minimization of false positive results through the availability of multiple rapid HIV tests;

(B) make recommendations regarding the need for the expedited review of rapid HIV test applications submitted to the Center for Biologics Evaluation and Research and, if such recommendations are favorable, specify criteria and procedures for such expedited review; and

(C) specify whether the barriers to the pre-market review of rapid HIV tests include the unnecessary application of requirements—

(i) necessary to ensure the efficacy of devices for donor screening to rapid HIV tests intended for use in other screening situations; or

(ii) for identifying antibodies to HIV subtypes of rare incidence in the United States to rapid HIV tests intended for use in screening situations other than donor screening.

(c) GUIDELINES OF CENTERS FOR DISEASE CONTROL AND PREVENTION.—Promptly after commercial distribution of a rapid HIV test begins, the Secretary, acting through the Director of the Centers for Disease Control



1 and Prevention, shall establish or update guidelines that  
2 include recommendations for States, hospitals, and other  
3 appropriate entities regarding the ready availability of  
4 such tests for administration to pregnant women who are  
5 in labor or in the late stage of pregnancy and whose HIV  
6 status is not known to the attending obstetrician.

7 **SEC. 503. PROGRAM MANAGEMENT.**

8       Of the amounts available to the Secretary of Health  
9 and Human Services for fiscal year 2001 and subsequent  
10 fiscal years for program management at the Health Re-  
11 sources and Services Administration, the Secretary shall  
12 expend amounts necessary to ensure that the number of  
13 full-time-equivalent staff of the Bureau of HIV/AIDS who  
14 administer programs under title XXVI of the Public  
15 Health Service Act is not less than 20 percent above the  
16 number of such staff for fiscal year 2000.

17 **TITLE VI—EFFECTIVE DATE**

18 **SEC. 601. EFFECTIVE DATE.**

19       This Act and the amendments made by this Act take  
20 effect October 1, 2000, or upon the date of the enactment  
21 of this Act, whichever occurs later.

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