

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.

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

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.**

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- Sec. 501. Studies by Institute of Medicine.
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- 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

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

3 **Subtitle B—Type and Distribution**
4 **of Grants**

5 **SEC. 111. FORMULA GRANTS.**

6 (a) EXPEDITED DISTRIBUTION.—Section 2603(a)(2)
7 of the Public Health Service Act (42 U.S.C. 300ff–
8 13(a)(2)) is amended in the first sentence by striking “for
9 each of the fiscal years 1996 through 2000” and inserting
10 “for a fiscal year”.

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

13 (1) IN GENERAL.—Section 2603(a)(3) of the
14 Public Health Service Act (42 U.S.C. 300ff–
15 13(a)(3)) is amended—

16 (A) in subparagraph (C)(i), by inserting
17 before the semicolon the following: “, except
18 that (subject to subparagraph (D)), for grants
19 made pursuant to this paragraph for fiscal year
20 2005 and subsequent fiscal years, the cases
21 counted for each 12-month period beginning on
22 or after July 1, 2004, shall be cases of HIV
23 disease (as reported to and confirmed by such
24 Director) rather than cases of acquired immune
25 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

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

4 “(iii) A protection period begins with
5 the trigger grant-reduction year and con-
6 tinues until the beginning of the first fiscal
7 year for which the amount of the grant for
8 the area equals or exceeds the amount of
9 the grant for the base year for the period.

10 “(iv) Any subsequent trigger grant-re-
11 duction year is the first fiscal year, after
12 the end of the preceding protection period,
13 for which the amount of the grant is less
14 than the amount of the grant for the pre-
15 ceding fiscal year.”.

16 **SEC. 112. SUPPLEMENTAL GRANTS.**

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

20 (1) in the heading for the paragraph, by strik-
21 ing “DEFINITION” and inserting “AMOUNT OF
22 GRANT”;

23 (2) by redesignating subparagraphs (A) through
24 (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 (e) 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.

1 **TITLE II—CARE GRANT**
2 **PROGRAM**
3 **Subtitle A—General Grant**
4 **Provisions**

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

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

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

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

12 (1) by striking “A State may use” and insert-
13 ing “(a) IN GENERAL.—A State may use”; and

14 (2) by adding at the end the following sub-
15 sections:

16 “(b) SUPPORT SERVICES; OUTREACH.—The pur-
17 poses for which a grant under this part may be used in-
18 clude delivering or enhancing the following:

19 “(1) Support services under section 2611(a)
20 (including case management) to the extent that such
21 services facilitate, support, or sustain the delivery, or
22 benefits of health services for individuals and fami-
23 lies 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 redesignig-
2 nated), by inserting “provides” before “a de-
3 scription”.

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 in-
8 serting “HIV disease”; and

9 (2) in paragraph (6), by amending subpara-
10 graph (A) to read as follows:

11 “(A) the public health agency that is ad-
12 ministering the grant for the State engages in
13 a public advisory planning process, including
14 public hearings, that includes the participants
15 under paragraph (5) in developing the com-
16 prehensive plan under paragraph (4) and com-
17 menting 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 affected 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

1 part B is an increase of not less than
2 \$20,000,000 over the amount so appropriated
3 and available for fiscal year 2000, subject to
4 subparagraph (C).

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

12 **Subtitle B—Provisions Concerning**
13 **Pregnancy and Perinatal Trans-**
14 **mission of HIV**

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

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

19 (1) in section 2626, by striking each of sub-
20 sections (d) through (f); and

21 (2) by striking section 2627.

22 **SEC. 212. GRANTS.**

23 (a) IN GENERAL.—Section 2625(c) of the Public
24 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 redese-
11 gnated 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-

1 including the minimization of false positive re-
2 sults through the availability of multiple rapid
3 HIV tests;

4 (B) make recommendations regarding the
5 need for the expedited review of rapid HIV test
6 applications submitted to the Center for Bio-
7 logics Evaluation and Research and, if such rec-
8 ommendations are favorable, specify criteria
9 and procedures for such expedited review; and

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

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

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

22 (c) GUIDELINES OF CENTERS FOR DISEASE CON-
23 TROL AND PREVENTION.—Promptly after commercial dis-
24 tribution of a rapid HIV test begins, the Secretary, acting
25 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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