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106TH CONGRESS
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H. R. 4807

IN THE SENATE OF THE UNITED STATES

JULY 26, 2000

Received; read twice and placed on the calendar

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”.

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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), by 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 3 years, and had HIV
21 disease as of the date on which the individuals
22 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, and reflect the demographics of the
14 population of individuals with HIV disease
15 as determined under paragraph (4)(A).
16 For purposes of the preceding sentence, an
17 individual shall be considered to be receiv-
18 ing such services if the individual is a par-
19 ent of, or a caregiver for, a minor child
20 who is receiving such services.

21 “(ii) With respect to membership on
22 the planning council, clause (i) may not be
23 construed as having any effect on entities
24 that receive funds from grants under any
25 of parts B through F but do not receive

1 funds from grants under section 2601(a),
2 on officers or employees of such entities, or
3 on individuals who represent such enti-
4 ties.”.

5 **SEC. 102. DUTIES OF COUNCILS.**

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

9 (1) by redesignating subparagraphs (A) through
10 (E) as subparagraphs (C) through (G), respectively;

11 (2) by inserting before subparagraph (C) (as so
12 redesignated) the following subparagraphs:

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

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

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

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

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

1 “(i) size and demographics of the pop-
2 ulation of individuals with HIV disease (as
3 determined under subparagraph (A)) and
4 the needs of such population (as deter-
5 mined under subparagraph (B));

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

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

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

23 “(v) capacity development needs re-
24 sulting from disparities in the availability

1 of HIV-related services in historically un-
2 derserved communities;”;

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

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

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

19 “(ii) includes a strategy to coordinate
20 the provision of such services with pro-
21 grams for HIV prevention and for the pre-
22 vention and treatment of substance abuse,
23 including programs that provide com-
24 prehensive treatment services for such
25 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) and section 2617(b).”.

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

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

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

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

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

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

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

6 “(A) The council may not be chaired solely
7 by an employee of the grantee under section
8 2601(a).

9 “(B) In accordance with criteria estab-
10 lished by the Secretary:

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

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

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

23 “(iv) This subparagraph does not
24 apply to any disclosure of information of a
25 personal nature that would constitute a

1 clearly unwarranted invasion of personal
 2 privacy, including any disclosure of medical
 3 information or personnel matters.”.

4 **Subtitle B—Type and Distribution** 5 **of Grants**

6 **SEC. 111. FORMULA GRANTS.**

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

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

14 (1) IN GENERAL.—Section 2603(a)(3)) of the
 15 Public Health Service Act (42 U.S.C. 300ff–
 16 13(a)(3)) is amended—

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

Director) rather than cases of acquired immune deficiency syndrome”; and

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

(i) in the first sentence, by inserting before the period the following: “, and shall be reported to the congressional committees of jurisdiction”; and

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

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

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

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

“(D) DETERMINATION OF SECRETARY REGARDING DATA ON HIV CASES.—

“(i) IN GENERAL.—Not later than July 1, 2004, the Secretary shall determine whether there is data on cases of

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

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

1 such subparagraph to cases of HIV disease
2 do not have any legal effect.

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

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

18 “(4) INCREASES IN GRANT.—

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

24 “(i) for the first fiscal year in the pro-
25 tection period, the grant is not less than

1 98 percent of the amount of the grant
2 made for the eligible area pursuant to such
3 paragraph for the base year for the protec-
4 tion period;

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

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

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

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

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

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

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

1 “(ii) The first trigger grant-reduction
 2 year is the first fiscal year (after fiscal
 3 year 2000) for which the grant for the
 4 area is less than the grant for the area for
 5 the preceding fiscal year.

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

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

18 **SEC. 112. SUPPLEMENTAL GRANTS.**

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

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

1 (2) by redesignating subparagraphs (A) through
2 (C) as subparagraphs (B) through (D), respectively;
3 (3) by inserting before subparagraph (B) (as so
4 redesignated) the following subparagraph:

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

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

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

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

16 (C) by adding at the end the following
17 clauses:

18 “(iv) the current prevalence of HIV
19 disease;

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

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

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

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

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

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

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

21 (b) REQUIREMENTS FOR APPLICATION.—Section
22 2603(b)(1)(E) of the Public Health Service Act (42
23 U.S.C. 300ff–13(b)(1)(E)) is amended by inserting
24 “youth,” after “children,”.

1 (c) CONFORMING AMENDMENT.—Section 2603(b) of
 2 the Public Health Service Act (42 U.S.C. 300ff–13(b)) is
 3 amended—

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

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

7 **Subtitle C—Other Provisions**

8 **SEC. 121. USE OF AMOUNTS.**

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

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

15 (2) in subparagraph (A)—

16 (A) by striking “outpatient” and all that
 17 follows through “substance abuse treatment
 18 and” and inserting the following: “Outpatient
 19 and ambulatory health services, including sub-
 20 stance abuse treatment,”; and

21 (B) by striking “; and” and inserting a pe-
 22 riod;

23 (3) in subparagraph (B), by striking “(B) inpa-
 24 tient case management” and inserting “(C) Inpa-
 25 tient case management”;

1 (4) by inserting after subparagraph (A) the fol-
2 lowing subparagraph:

3 “(B) Outpatient and ambulatory support
4 services (including case management), to the
5 extent that such services facilitate, support, or
6 sustain the delivery, or benefits of health serv-
7 ices for individuals and families with HIV dis-
8 ease.”; and

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

10 “(D) Outreach activities that are intended
11 to identify individuals with HIV disease who are
12 not receiving HIV-related services, and that
13 are—

14 “(i) necessary to implement the strat-
15 egy under section 2602(b)(4)(D), including
16 activities facilitating the access of such in-
17 dividuals to HIV-related primary care serv-
18 ices at entities described in paragraph (3);

19 “(ii) conducted in a manner consistent
20 with the requirements under sections
21 2605(a)(3) and 2651(b)(2); and

22 “(iii) supplement, and do not sup-
23 plant, such activities that are carried out
24 with amounts appropriated under section
25 317.”.

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

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

6 (2) by inserting after paragraph (2) the fol-
7 lowing:

8 “(3) EARLY INTERVENTION SERVICES.—

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

1 “(B) CONDITIONS.—With respect to an en-
2 tity that proposes to provide early intervention
3 services under subparagraph (A), such subpara-
4 graph applies only if the entity demonstrates to
5 the satisfaction of the chief elected official for
6 the eligible area involved that—

7 “(i) Federal, State, or local funds are
8 otherwise inadequate for the early inter-
9 vention services the entity proposes to pro-
10 vide; and

11 “(ii) the entity will expend funds pur-
12 suant to such subparagraph to supplement
13 and not supplant other funds available to
14 the entity for the provision of early inter-
15 vention services for the fiscal year in-
16 volved.”; and

17 (3) in paragraph (4) (as so redesignated), by
18 inserting “youth,” after “children,” each place such
19 term appears;

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

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

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

3 “(c) QUALITY MANAGEMENT.—

4 “(1) REQUIREMENT.—The chief elected official
5 of an eligible area that receives a grant under this
6 part shall provide for the establishment of a quality
7 management program to assess the extent to which
8 HIV health services provided to patients under the
9 grant are consistent with the most recent Public
10 Health Service guidelines for the treatment of HIV
11 disease and related opportunistic infection, and as
12 applicable, to develop strategies for ensuring that
13 such services are consistent with the guidelines.

14 “(2) USE OF FUNDS.—From amounts received
15 under a grant awarded under this part for a fiscal
16 year, the chief elected official of an eligible area may
17 (in addition to amounts to which subsection (f)(1)
18 applies) use for activities associated with the quality
19 management program required in paragraph (1) not
20 more than the lesser of—

21 “(A) 5 percent of amounts received under
22 the grant; or

23 “(B) \$3,000,000.”.

1 **SEC. 122. APPLICATION.**

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

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

6 (2) by inserting after paragraph (2) the fol-
7 lowing paragraph:

8 “(3) that entities within the eligible area that
9 receive funds under a grant under section 2601(a)
10 will maintain relationships with appropriate entities
11 in the area, including entities described in section
12 2604(b)(3);”.

13 **SEC. 123. REVIEW OF ADMINISTRATIVE COSTS AND COM-**
14 **PENSATION.**

15 Each chief elected official of an eligible area (as de-
16 fined in section 2607 of the Public Health Service Act)
17 shall ensure that, not later than 1 year after the date of
18 the enactment of this Act, the planning council for the
19 eligible area—

20 (1) conducts a review of the existing, available
21 data on the extent to which entities in the area that
22 receive amounts from a grant under section 2601(a)
23 of the Public Health Service Act have from their
24 overall budget expended amounts for administrative
25 costs (including financial compensation and bene-
26 fits), expressed as a proportion and indicating the

1 growth in such expenditures, including a statement
 2 of the average amount expended for such costs per
 3 client served and the average amount expended for
 4 such costs per client served in providing HIV-related
 5 services; and

6 (2) makes a determination of whether the fi-
 7 nancial compensation of any officers or employees of
 8 such entities exceeds that of the chief elected official
 9 of the eligible area.

10 **TITLE II—CARE GRANT**

11 **PROGRAM**

12 **Subtitle A—General Grant**

13 **Provisions**

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

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

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

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

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

23 (2) by adding at the end the following sub-
 24 sections:

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

4 “(1) Support services under section 2611(a)
5 (including case management) to the extent that such
6 services facilitate, support, or sustain the delivery, or
7 benefits of health services for individuals and fami-
8 lies with HIV disease.

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

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

14 “(B) conducted in a manner consistent
15 with the requirement under section
16 2617(b)(6)(G); and

17 “(C) supplement, and do not supplant,
18 such activities that are carried out with
19 amounts appropriated under section 317.

20 “(c) EARLY INTERVENTION SERVICES.—

21 “(1) IN GENERAL.—The purposes for which a
22 grant under this part may be used include providing
23 to individuals with HIV disease early intervention
24 services described in section 2651(b)(2) (including
25 referrals under subparagraph (C) of such section),

1 subject to paragraph (2). The entities through which
2 such services may be provided under the grant in-
3 clude public health departments, emergency rooms,
4 substance abuse and mental health treatment pro-
5 grams, detoxification centers, detention facilities,
6 clinics regarding sexually transmitted diseases,
7 homeless shelters, HIV disease counseling and test-
8 ing sites, health care points of entry specified by
9 States or eligible areas, federally qualified health
10 centers, and entities described in section 2652(a).

11 “(2) CONDITIONS.—With respect to an entity
12 that proposes to provide early intervention services
13 under paragraph (1), such paragraph applies only if
14 the entity demonstrates to the satisfaction of the
15 State involved that—

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

19 “(B) the entity will expend funds pursuant
20 to such paragraph to supplement and not sup-
21 plant other funds available to the entity for the
22 provision of early intervention services for the
23 fiscal year involved.

24 “(d) QUALITY MANAGEMENT.—

1 “(1) REQUIREMENT.—Each State that receives
2 a grant under this part shall provide for the estab-
3 lishment of a quality management program to assess
4 the extent to which HIV health services provided to
5 patients under the grant are consistent with the
6 most recent Public Health Service guidelines for the
7 treatment of HIV disease and related opportunistic
8 infection, and as applicable, to develop strategies for
9 ensuring that such services are consistent with the
10 guidelines.

11 “(2) USE OF FUNDS.—From amounts received
12 under a grant awarded under this part for a fiscal
13 year, the State may (in addition to amounts to
14 which section 2618(c)(5) applies) use for activities
15 associated with the quality management program re-
16 quired in paragraph (1) not more than the lesser
17 of—

18 “(A) 5 percent of amounts received under
19 the grant; or

20 “(B) \$3,000,000.”.

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

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

24 (1) in subsection (b)(1)—

1 (A) in subparagraph (A), by inserting be-
2 fore the semicolon the following: “, particularly
3 those experiencing disparities in access and
4 services and those who reside in historically un-
5 derserved communities”; and

6 (B) in subparagraph (B), by inserting
7 after “by such consortium” the following: “is
8 consistent with the comprehensive plan under
9 2617(b)(4) and”;
10 (2) in subsection (c)(1)—

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

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

15 (C) by adding at the end the following sub-
16 paragraph:

17 “(F) demonstrates that adequate planning
18 occurred to address disparities in access and
19 services and historically underserved commu-
20 nities.”; and

21 (3) in subsection (c)(2)—

22 (A) in subparagraph (B), by striking
23 “and” after the semicolon;

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

1 (C) by inserting after subparagraph (C)
2 the following subparagraph:

3 “(D) entities described in section
4 2602(b)(2).”.

5 **SEC. 204. PROVISION OF TREATMENTS.**

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

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

17 **SEC. 205. STATE APPLICATION.**

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

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

24 (2) by inserting after paragraph (1) the fol-
25 lowing paragraphs:

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

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

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

8 “(B) disparities in access and services
9 among affected subpopulations and historically
10 underserved communities;”; and

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

12 (A) by striking “comprehensive plan for
13 the organization” and inserting “comprehensive
14 plan that describes the organization”;

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

17 (C) by redesignating subparagraphs (A)
18 through (C) as subparagraphs (D) through (F),
19 respectively;

20 (D) by inserting before subparagraph (C)
21 the following subparagraphs:

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

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

1 determined under paragraph (2)) and the
2 needs of such population (as determined
3 under paragraph (3));

4 “(ii) availability of other governmental
5 and nongovernmental resources to provide
6 HIV-related services to individuals and
7 families with HIV disease;

8 “(iii) capacity development needs re-
9 sulting from disparities in the availability
10 of HIV-related services in historically un-
11 derserved communities and rural commu-
12 nities; and

13 “(iv) the efficiency of the administra-
14 tive mechanism of the State for rapidly al-
15 locating funds to the areas of greatest need
16 within the State;

17 “(B) includes a strategy for identifying in-
18 dividuals with HIV disease who are not receiv-
19 ing such services and for informing the individ-
20 uals of and enabling the individuals to utilize
21 the services, giving particular attention to elimi-
22 nating disparities in access and services among
23 affected subpopulations and historically under-
24 served communities, and including discrete

1 goals, a timetable, and an appropriate alloca-
2 tion of funds;

3 “(C) includes a strategy to coordinate the
4 provision of such services with programs for
5 HIV prevention and for the prevention and
6 treatment of substance abuse, including pro-
7 grams that provide comprehensive treatment
8 services for such abuse;”;

9 (E) in subparagraph (D) (as redesignated
10 by subparagraph (C) of this paragraph), by in-
11 serting “describes” before “the services and ac-
12 tivities”;

13 (F) in subparagraph (E) (as so redesign-
14 ated), by inserting “provides” before “a de-
15 scription”; and

16 (G) in subparagraph (F) (as so redesign-
17 ated), by inserting “provides” before “a de-
18 scription”.

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

22 (1) in paragraph (5), by striking “HIV” and in-
23 serting “HIV disease”; and

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

1 “(A) the public health agency that is ad-
2 ministering the grant for the State engages in
3 a public advisory planning process, including
4 public hearings, that includes the participants
5 under paragraph (5), and entities described in
6 section 2602(b)(2), in developing the com-
7 prehensive plan under paragraph (4) and com-
8 menting on the implementation of such plan;”.

9 (c) HEALTH CARE RELATIONSHIPS.—Section
10 2617(b) of the Public Health Service Act, as amended by
11 subsection (a) of this section, is amended in paragraph
12 (6)—

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

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

17 (3) by adding at the end the following subpara-
18 graph:

19 “(G) entities within areas in which activi-
20 ties under the grant are carried out will main-
21 tain relationships with appropriate entities in
22 the area, including entities described in section
23 2612(c);”.

1 **SEC. 206. DISTRIBUTION OF FUNDS.**

2 (a) MINIMUM ALLOTMENT.—Section
3 2618(b)(1)(A)(i) of the Public Health Service Act (42
4 U.S.C. 300ff–28(b)(1)(A)(i)) is amended—

5 (1) in subclause (I), by striking “\$100,000”
6 and inserting “\$200,000”; and

7 (2) in subclause (II), by striking “\$250,000”
8 and inserting “\$500,000”.

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

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

21 (2) by redesignating subparagraphs (E)
22 through (H) as subparagraphs (F) through (I), re-
23 spectively; and

24 (3) by inserting after subparagraph (D) the fol-
25 lowing subparagraph:

1 “(E) DETERMINATION OF SECRETARY RE-
 2 GARDING DATA ON HIV CASES.—If under
 3 2603(a)(3)(D)(i) the Secretary determines that
 4 data on cases of HIV disease is not sufficiently
 5 accurate and reliable, then notwithstanding sub-
 6 paragraph (D) of this paragraph, for any fiscal
 7 year prior to fiscal year 2007 the references in
 8 such subparagraph to cases of HIV disease do
 9 not have any legal effect.”.

10 (c) INCREASES IN FORMULA AMOUNT.—Section
 11 2618(b) of the Public Health Service Act (42 U.S.C.
 12 300ff–28(b)) is amended—

13 (1) in paragraph (1)(A)(ii), by inserting before
 14 the semicolon the following: “and then, as applica-
 15 ble, increased under paragraph (2)(H)”;

16 (2) in paragraph (2)—

17 (A) in subparagraph (A)(i), by striking
 18 “subparagraph (H)” and inserting “subpara-
 19 graphs (H) and (I)”;

20 (B) in subparagraph (H) (as redesignated
 21 by subsection (b)(2) of this section), by amend-
 22 ing the subparagraph to read as follows:

23 “(H) LIMITATION.—

24 “(i) IN GENERAL.—The Secretary
 25 shall ensure that the amount of a grant

1 awarded to a State or territory under sec-
2 tion 2611 for a fiscal year is not less
3 than—

4 “(I) with respect to fiscal year
5 2001, 99 percent;

6 “(II) with respect to fiscal year
7 2002, 98 percent;

8 “(III) with respect to fiscal year
9 2003, 97 percent;

10 “(IV) with respect to fiscal year
11 2004, 96 percent; and

12 “(V) with respect to fiscal year
13 2005, 95 percent,

14 of the amount such State or territory re-
15 ceived for fiscal year 2000 under such sec-
16 tion. In administering this subparagraph,
17 the Secretary shall, with respect to States
18 or territories that will under such section
19 receive grants in amounts that exceed the
20 amounts that such States received under
21 such section for fiscal year 2000, propor-
22 tionally reduce such amounts to ensure
23 compliance with this subparagraph. In
24 making such reductions, the Secretary
25 shall ensure that no such State receives

1 less than that State received for fiscal year
2 2000.

3 “(ii) Ratable Reduction.—If the
4 amount appropriated under section 2677
5 for a fiscal year and available for grants
6 under section 2611 is less than the amount
7 appropriated and available under such sec-
8 tion for fiscal year 2000, the limitation
9 contained in clause (i) shall be reduced by
10 a percentage equal to the percentage of the
11 reduction in such amounts appropriated
12 and available.”.

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

17 (e) SEPARATE TREATMENT DRUG GRANTS.—Section
18 2618(b)(2) of the Public Health Service Act, as amended
19 by subsection (b)(3) of this section, is amended in sub-
20 paragraph (I)—

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

23 (2) by striking “(I) APPROPRIATIONS” and all
24 that follows through “With respect to” and inserting
25 the following:

1 “(I) APPROPRIATIONS FOR TREATMENT
2 DRUG PROGRAM.—

3 “(i) FORMULA GRANTS.—With respect
4 to”;

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

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

9 “(ii) SUPPLEMENTAL TREATMENT
10 DRUG GRANTS.—

11 “(I) IN GENERAL.—With respect
12 to the fiscal year involved, if under
13 section 2677 an appropriations Act
14 provides an amount exclusively for
15 carrying out section 2616, and such
16 amount is not less than the amount so
17 provided for the preceding fiscal year,
18 the Secretary shall reserve 2 percent
19 of such amount for making grants to
20 States whose population of individuals
21 with HIV disease has, as determined
22 by the Secretary, a need for quantities
23 of therapeutics described in section
24 2616(a) greater than the quantities
25 available pursuant to clause (i). Such

1 a grant is available for purposes of
2 obtaining such therapeutics. The Sec-
3 retary shall carry out this clause as a
4 program of discretionary grants, and
5 not as a program of formula grants.

6 “(II) DISTRIBUTION OF
7 GRANTS.—The Secretary shall dis-
8 burse all amounts under grants under
9 subclause (I) for a fiscal year not
10 later than 240 days after the date on
11 which the amount referred to in such
12 subclause with respect to section 2616
13 becomes available.

14 “(III) REQUIREMENT OF MATCH-
15 ING FUNDS.—A condition for receiv-
16 ing a grant under subclause (I) is
17 that the State agree to make available
18 (directly or through donations from
19 public or private entities) non-Federal
20 contributions toward the costs of ob-
21 taining the therapeutics involved in an
22 amount that is not less than 25 per-
23 cent of such costs (determined in the
24 same manner as under
25 2617(d)(2)(A)).”.

1 (f) TECHNICAL AMENDMENT.—Section
 2 2618(b)(3)(B) of the Public Health Service Act (42
 3 U.S.C. 300ff–28(b)(3)(B)) is amended by striking “and
 4 the Republic of the Marshall Islands” and inserting “the
 5 Republic of the Marshall Islands, the Federated States of
 6 Micronesia, and the Republic of Palau, and only for pur-
 7 poses of paragraph (1) the Commonwealth of Puerto
 8 Rico”.

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

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

13 (1) by striking section 2621; and

14 (2) by inserting after section 2620 the following
 15 section:

16 **“SEC. 2621. SUPPLEMENTAL GRANTS.**

17 “(a) IN GENERAL.—From amounts available pursu-
 18 ant to subsection (d) for a fiscal year, the Secretary shall
 19 make grants to States that meet the conditions to receive
 20 grants under section 2611, and that have one or more eli-
 21 gible communities, for the purpose of providing in such
 22 communities comprehensive services of the type described
 23 in section 2612(a) to supplement the development and
 24 care activities, primary care, and support services other-

1 wise provided in such communities by the State under a
2 grant under section 2611.

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

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

8 “(2) has a severe need for supplemental finan-
9 cial assistance to combat the HIV epidemic, accord-
10 ing to criteria developed by the Secretary in con-
11 sultation with the States, including evidence of un-
12 derserved or rural areas or both.

13 “(c) APPLICATION.—A grant under subsection (a)
14 may be made to a State if the State submits to the Sec-
15 retary, as part of the State application submitted under
16 section 2617, such information as required to apply for
17 funds under this section as determined by the Secretary
18 in consultation with the States.

19 “(d) FUNDING.—

20 “(1) IN GENERAL.—For the purpose of making
21 grants under subsection (a) for a fiscal year, the
22 Secretary shall reserve 50 percent of the amount
23 specified in paragraph (2).

24 “(2) INCREASES IN PART B FUNDING.—

1 “(A) IN GENERAL.—For purposes of para-
2 graph (1), the amount specified in this para-
3 graph is the amount by which the amount ap-
4 propriated under section 2677 for the fiscal
5 year involved and available for carrying out
6 part B is an increase over the amount so appro-
7 priated and available for the preceding fiscal
8 year, subject to subparagraphs (B) and (C).

9 “(B) INITIAL ALLOCATION YEAR.—The al-
10 location under paragraph (1) shall not be made
11 until the first fiscal year for which the amount
12 appropriated under section 2677 for the fiscal
13 year involved and available for carrying out
14 part B is an increase of not less than
15 \$20,000,000 over the amount so appropriated
16 and available for fiscal year 2000, subject to
17 subparagraph (C).

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

1 **Subtitle B—Provisions Concerning**
2 **Pregnancy and Perinatal Trans-**
3 **mission of HIV**

4 **SEC. 211. REPEALS.**

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

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

10 (2) by striking section 2627.

11 **SEC. 212. GRANTS.**

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

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

16 “(F) Making available to pregnant women
17 with HIV disease, and to the infants of women
18 with such disease, treatment services for such
19 disease in accordance with applicable rec-
20 ommendations of the Secretary.”;

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

23 “(2) FUNDING.—

24 “(A) AUTHORIZATION OF APPROPRIA-
25 TIONS.—For the purpose of carrying out this

1 subsection, there are authorized to be appro-
2 priated \$30,000,000 for each of the fiscal years
3 2001 through 2005. Amounts made available
4 under section 2677 for carrying out this part
5 are not available for carrying out this section
6 unless otherwise authorized.

7 “(B) ALLOCATIONS FOR CERTAIN
8 STATES.—

9 “(i) IN GENERAL.—Of the amounts
10 appropriated under subparagraph (A) for a
11 fiscal year in excess of \$10,000,000, the
12 Secretary shall reserve the applicable per-
13 centage under clause (ii) for making grants
14 under paragraph (1) to States that under
15 law (including under regulations or the dis-
16 cretion of State officials) have—

17 “(I) a requirement that all new-
18 born infants born in the State be test-
19 ed for HIV disease; or

20 “(II) a requirement that newborn
21 infants born in the State be tested for
22 HIV disease in circumstances in
23 which the attending obstetrician for
24 the birth does not know the HIV sta-
25 tus of the mother of the infant.

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

4 “(I) For fiscal year 2001, 25 per-
5 cent.

6 “(II) For fiscal year 2002, 50
7 percent.

8 “(III) For fiscal year 2003, 50
9 percent.

10 “(IV) For fiscal year 2004, 75
11 percent.

12 “(V) For fiscal year 2005, 75
13 percent.

14 “(C) CERTAIN PROVISIONS.—With respect
15 to grants under paragraph (1) that are made
16 with amounts reserved under subparagraph (B)
17 of this paragraph:

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

20 “(ii) If pursuant to clause (i) or pur-
21 suant to an insufficient number of quali-
22 fying applications for such grants (or
23 both), the full amount reserved under sub-
24 paragraph (B) for a fiscal year is not obli-
25 gated, the requirement under such sub-

1 paragraph to reserve amounts ceases to
2 apply.”; and

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

5 “(4) MAINTENANCE OF EFFORT.—A condition
6 for the receipt of a grant under paragraph (1) is
7 that the State involved agree that the grant will be
8 used to supplement and not supplant other funds
9 available to the State to carry out the purposes of
10 the grant.”.

11 (b) SPECIAL FUNDING RULE FOR FISCAL YEAR
12 2001.—

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

17 (A) the Secretary of Health and Human
18 Services shall, for the purpose of making grants
19 under paragraph (1) of such section, reserve
20 from the amount specified in paragraph (2) of
21 this subsection an amount equal to the dif-
22 ference between \$14,000,000 and the amount
23 appropriated under paragraph (2)(A) of such
24 section for such fiscal year;

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

5 (C) the percentage specified in paragraph
 6 (2)(B)(ii)(I) of such section is deemed to be 50
 7 percent.

8 (2) ALLOCATION FROM INCREASES IN FUNDING
 9 FOR PART B.—For purposes of paragraph (1), the
 10 amount specified in this paragraph is the amount by
 11 which the amount appropriated under section 2677
 12 of the Public Health Service Act for fiscal year 2001
 13 and available for grants under section 2611 of such
 14 Act is an increase over the amount so appropriated
 15 and available for fiscal year 2000.

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

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

20 **“SEC. 2630. RECOMMENDATIONS FOR REDUCING INCI-**
 21 **DENCE OF PERINATAL TRANSMISSION.**

22 **“(a) STUDY BY INSTITUTE OF MEDICINE.—**

23 **“(1) IN GENERAL.—**The Secretary shall request
 24 the Institute of Medicine to enter into an agreement

1 with the Secretary under which such Institute con-
2 ducts a study to provide the following:

3 “(A) For the most recent fiscal year for
4 which the information is available, a determina-
5 tion of the number of newborn infants with
6 HIV born in the United States with respect to
7 whom the attending obstetrician for the birth
8 did not know the HIV status of the mother.

9 “(B) A determination for each State of
10 any barriers, including legal barriers, that pre-
11 vent or discourage an obstetrician from making
12 it a routine practice to offer pregnant women
13 an HIV test and a routine practice to test new-
14 born infants for HIV disease in circumstances
15 in which the obstetrician does not know the
16 HIV status of the mother of the infant.

17 “(C) Recommendations for each State for
18 reducing the incidence of cases of the perinatal
19 transmission of HIV, including recommenda-
20 tions on removing the barriers identified under
21 subparagraph (B).

22 If such Institute declines to conduct the study, the
23 Secretary shall enter into an agreement with another
24 appropriate public or nonprofit private entity to con-
25 duct the study.

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

8 “(b) PROGRESS TOWARD RECOMMENDATIONS.—
9 Each State shall comply with the following (as applicable
10 to the fiscal year involved):

11 “(1) For fiscal year 2004, the State shall sub-
12 mit to the Secretary a report describing the actions
13 taken by the State toward meeting the recommenda-
14 tions specified for the State under subsection
15 (a)(1)(C).

16 “(2) For fiscal year 2005 and each subsequent
17 fiscal year—

18 “(A) the State shall make reasonable
19 progress toward meeting such recommenda-
20 tions; or

21 “(B) if the State has not made such
22 progress—

23 “(i) the State shall cooperate with the
24 Director of the Centers for Disease Control

1 and Prevention in carrying out activities
 2 toward meeting the recommendations; and
 3 “(ii) the State shall submit to the
 4 Secretary a report containing a description
 5 of any barriers identified under subsection
 6 (a)(1)(B) that continue to exist in the
 7 State; as applicable, the factors underlying
 8 the continued existence of such barriers;
 9 and a description of how the State intends
 10 to reduce the incidence of cases of the
 11 perinatal transmission of HIV.

12 “(c) SUBMISSION OF REPORTS TO CONGRESS.—The
 13 Secretary shall submit to the appropriate committees of
 14 the Congress each report received by the Secretary under
 15 subsection (b)(2)(B)(ii).”.

16 **Subtitle C—Certain Partner** 17 **Notification Programs**

18 **SEC. 221. GRANTS FOR COMPLIANT PARTNER NOTIFICA-** 19 **TION PROGRAMS.**

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

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

2 **“SEC. 2631. GRANTS FOR PARTNER NOTIFICATION PRO-**
3 **GRAMS.**

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

9 “(b) DESCRIPTION OF COMPLIANT STATE PRO-
10 GRAMS.—For purposes of subsection (a), the laws or regu-
11 lations of a State are in accordance with this subsection
12 if under such laws or regulations (including programs car-
13 ried out pursuant to the discretion of State officials) the
14 following policies are in effect:

15 “(1) The State requires that the public health
16 officer of the State carry out a program of partner
17 notification to inform partners of individuals with
18 HIV disease that the partners may have been ex-
19 posed to the disease.

20 “(2)(A) In the case of a health entity that pro-
21 vides for the performance on an individual of a test
22 for HIV disease, or that treats the individual for the
23 disease, the State requires, subject to subparagraph
24 (B), that the entity confidentially report the positive
25 test results to the State public health officer in a
26 manner recommended and approved by the Director

1 of the Centers for Disease Control and Prevention,
2 together with such additional information as may be
3 necessary for carrying out such program.

4 “(B) The State may provide that the require-
5 ment of subparagraph (A) does not apply to the
6 testing of an individual for HIV disease if the indi-
7 vidual underwent the testing through a program de-
8 signed to perform the test and provide the results to
9 the individual without the individual disclosing his or
10 her identity to the program. This subparagraph may
11 not be construed as affecting the requirement of
12 subparagraph (A) with respect to a health entity
13 that treats an individual for HIV disease.

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

16 “(A) Partners are provided with an appro-
17 priate opportunity to learn that the partners
18 have been exposed to HIV disease, subject to
19 subparagraph (B).

20 “(B) The State does not inform partners
21 of the identity of the infected individuals in-
22 volved.

23 “(C) Counseling and testing for HIV dis-
24 ease are made available to the partners and to
25 infected individuals, and such counseling in-

1 cludes information on modes of transmission for
2 the disease, including information on prenatal
3 and perinatal transmission and preventing
4 transmission.

5 “(D) Counseling of infected individuals
6 and their partners includes the provision of in-
7 formation regarding therapeutic measures for
8 preventing and treating the deterioration of the
9 immune system and conditions arising from the
10 disease, and the provision of other prevention-
11 related information.

12 “(E) Referrals for appropriate services are
13 provided to partners and infected individuals,
14 including referrals for support services and
15 legal aid.

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

19 “(G) There is no criminal or civil penalty
20 on, or civil liability for, an infected individual if
21 the individual chooses not to identify the part-
22 ners of the individual, or the individual does not
23 otherwise cooperate with such program.

24 “(H) The failure of the State to notify
25 partners is not a basis for the civil liability of

1 any health entity who under the program re-
2 ported to the State the identity of the infected
3 individual involved.

4 “(I) The State provides that the provisions
5 of the program may not be construed as prohib-
6 iting the State from providing a notification
7 under subparagraph (A) without the consent of
8 the infected individual involved.

9 “(4) The State annually reports to the Director
10 of the Centers for Disease Control and Prevention
11 the number of individuals from whom the names of
12 partners have been sought under the program under
13 paragraph (1), the number of such individuals who
14 provided the names of partners, and the number of
15 partners so named who were notified under the pro-
16 gram.

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

21 “(c) REPORTING SYSTEM FOR CASES OF HIV DIS-
22 EASE.—

23 “(1) PREFERENCE IN MAKING GRANTS
24 THROUGH FISCAL YEAR 2003.—In making grants
25 under subsection (a) for each of the fiscal years

1 2001 through 2003, the Secretary shall give pref-
 2 erence to States whose reporting systems for cases
 3 of HIV disease produce data on such cases that is
 4 sufficiently accurate and reliable for use for pur-
 5 poses of section 2618(b)(2)(D)(i).

6 “(2) ELIGIBILITY CONDITION AFTER FISCAL
 7 YEAR 2003.—For fiscal year 2004 and subsequent
 8 fiscal years, a State may not receive a grant under
 9 subsection (a) unless the reporting system of the
 10 State for cases of HIV disease produces data on
 11 such cases that is sufficiently accurate and reliable
 12 for purposes of section 2618(b)(2)(D)(i).

13 “(d) AUTHORIZATION OF APPROPRIATIONS.—For the
 14 purpose of carrying out this section, there are authorized
 15 to be appropriated \$30,000,000 for fiscal year 2001, and
 16 such sums as may be necessary for each of the fiscal years
 17 2002 through 2005.”.

18 **TITLE III—EARLY**
 19 **INTERVENTION SERVICES**
 20 **Subtitle A—Formula Grants for**
 21 **States**

22 **SEC. 301. REPEAL OF PROGRAM.**

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

1 **Subtitle B—Categorical Grants**

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

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

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

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

13 (a) IN GENERAL.—Section 2654(c)(1) of the Public
14 Health Service Act (42 U.S.C. 300ff–54(c)(1)) is amended
15 by striking “planning grants” and all that follows and in-
16 serting the following: “planning grants to public and non-
17 profit private entities for purposes of—

18 “(A) enabling such entities to provide HIV
19 early intervention services; and

20 “(B) assisting the entities in expanding
21 their capacity to provide HIV-related health
22 services, including early intervention services, in
23 low-income communities and affected sub-
24 populations that are underserved with respect
25 to such services (subject to the condition that a

1 grant pursuant to this subparagraph may not
 2 be expended to purchase or improve land, or to
 3 purchase, construct, or permanently improve,
 4 other than minor remodeling, any building or
 5 other facility).”.

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

9 (1) by redesignating paragraph (4) as para-
 10 graph (5); and

11 (2) by inserting after paragraph (3) the fol-
 12 lowing:

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

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

17 “(B) CAPACITY DEVELOPMENT.—

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

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

24 (c) INCREASE IN LIMITATION.—Section 2654(c)(5)
 25 of the Public Health Service Act (42 U.S.C. 300ff–

1 54(c)(5)), as redesignated by subsection (b), is amended
 2 by striking “1 percent” and inserting “5 percent”.

3 **SEC. 313. AUTHORIZATION OF APPROPRIATIONS.**

4 Section 2655 of the Public Health Service Act (42
 5 U.S.C. 300ff–55) is amended by striking “in each of” and
 6 all that follows and inserting “for each of the fiscal years
 7 2001 through 2005.”.

8 **Subtitle C—General Provisions**

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

10 Section 2662(c)(3) of the Public Health Service Act
 11 (42 U.S.C. 300ff–62(c)(3)) is amended—

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

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

18 (3) in subparagraph (C)—

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

21 (B) by inserting after clause (i) (as des-
 22 ignated by subparagraph (A) of this paragraph)
 23 the following clause:

24 “(ii) that emphasizes it is the duty of in-
 25 fected individuals to disclose their infected sta-

1 tus to their sexual partners and their partners
2 in the sharing of hypodermic needles; that pro-
3 vides advice to infected individuals on the man-
4 ner in which such disclosures can be made; and
5 that emphasizes that it is the continuing duty
6 of the individuals to avoid any behaviors that
7 will expose others to HIV.

8 **SEC. 322. ADDITIONAL REQUIRED AGREEMENTS.**

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

11 (1) in paragraph (3)—

12 (A) by striking “7.5 percent” and inserting
13 “10 percent”; and

14 (B) by striking “and” after the semicolon
15 at the end;

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

18 (3) by adding at the end the following para-
19 graph:

20 “(5) the applicant will provide for the establish-
21 ment of a quality management program to assess
22 the extent to which medical services funded under
23 this title that are provided to patients are consistent
24 with the most recent Public Health Service guide-
25 lines for the treatment of HIV disease and related

1 opportunistic infections and that improvements in
 2 the access to and quality of medical services are ad-
 3 dressed.”.

4 **TITLE IV—OTHER PROGRAMS**
 5 **AND ACTIVITIES**
 6 **Subtitle A—Certain Programs for**
 7 **Research, Demonstrations, or**
 8 **Training**

9 **SEC. 401. GRANTS FOR COORDINATED SERVICES AND AC-**
 10 **CESS TO RESEARCH FOR WOMEN, INFANTS,**
 11 **CHILDREN, AND YOUTH.**

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

14 (1) in subsection (b)—

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

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

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

21 (2) in subsection (g), by adding at the end the
 22 following: “In addition, the Secretary, in coordina-
 23 tion with the Director of such Institutes, shall exam-
 24 ine the distribution and availability of appropriate
 25 HIV-related research projects with respect to grant-

1 ees under subsection (a) for purposes of enhancing
 2 and expanding HIV-related research, especially with-
 3 in communities that are underrepresented with re-
 4 spect to such projects.”;

5 (3) in subsection (f)—

6 (A) by striking the subsection heading and
 7 designation and inserting the following:

8 “(f) ADMINISTRATION.—

9 “(1) APPLICATION.—”; and

10 (B) by adding at the end the following
 11 paragraph:

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

15 (4) in subsection (j), by striking “1996 through
 16 2000” and inserting “2001 through 2005”.

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

18 (a) SCHOOLS; CENTERS.—

19 (1) IN GENERAL.—Section 2692(a)(1) of the
 20 Public Health Service Act (42 U.S.C. 300ff-
 21 111(a)(1)) is amended—

22 (A) in subparagraph (A)—

23 (i) by striking “training” and insert-
 24 ing “to train”;

1 (ii) by striking “and including” and
2 inserting “, including”; and

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

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

10 (C) in subparagraph (C), by striking the
11 period and inserting “; and”; and

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

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

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

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

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

6 “(1) IN GENERAL.—

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

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

23 (2) in paragraph (2), by striking
24 “777(b)(4)(B)” and inserting “the section referred
25 to in paragraph (1)(B)”; and

1 (3) by inserting after paragraph (4) the fol-
2 lowing paragraph:

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

11 (c) AUTHORIZATION OF APPROPRIATIONS.—

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

17 (2) DENTAL SCHOOLS.—Section 2692(c)(2) of
18 the Public Health Service Act (42 U.S.C. 300ff–
19 111(c)(2)) is amended to read as follows:

20 “(2) DENTAL SCHOOLS.—

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

1 “(B) COMMUNITY-BASED CARE.—For the
 2 purpose of grants under subsection (b)(5), there
 3 are authorized to be appropriated such sums as
 4 may be necessary for each of the fiscal years
 5 2001 through 2005.”.

6 **Subtitle B—General Provisions in** 7 **Title XXVI**

8 **SEC. 411. EVALUATIONS AND REPORTS.**

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

12 **SEC. 412. DATA COLLECTION THROUGH CENTERS FOR DIS-** 13 **EASE CONTROL AND PREVENTION.**

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

16 (1) by redesignating section 2675 as section
 17 2675A; and

18 (2) by inserting after section 2674 the following
 19 section:

20 **“SEC. 2675. DATA COLLECTION.**

21 “For the purpose of collecting and providing data for
 22 program planning and evaluation activities under this
 23 title, there are authorized to be appropriated to the Sec-
 24 retary (acting through the Director of the Centers for Dis-
 25 ease Control and Prevention) such sums as may be nec-

1 essary for each of the fiscal years 2001 through 2005.
2 Such authorization of appropriations is in addition to
3 other authorizations of appropriations that are available
4 for such purpose.”.

5 **SEC. 413. COORDINATION.**

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

8 (1) by amending subsection (a) to read as fol-
9 lows:

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

23 (2) by redesignating subsections (b) and (c) as
24 subsections (c) and (d), respectively;

1 (3) by inserting after subsection (b) the fol-
2 lowing subsection:

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

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

16 **SEC. 414. PLAN REGARDING RELEASE OF PRISONERS WITH**
17 **HIV DISEASE.**

18 Section 2675A of the Public Health Service Act, as
19 amended by section 413(2) of this Act, is amended by add-
20 ing at the end the following subsection:

21 “(e) RECOMMENDATIONS REGARDING RELEASE OF
22 PRISONERS.—After consultation with the Attorney Gen-
23 eral and the Director of the Bureau of Prisons, with
24 States, with eligible areas under part A, and with entities
25 that receive amounts from grants under part A or B, the

1 Secretary, consistent with the coordination required in
2 subsection (a), shall develop a plan for the medical case
3 management of and the provision of support services to
4 individuals who were Federal or State prisoners and had
5 HIV disease as of the date on which the individuals were
6 released from the custody of the penal system. The Sec-
7 retary shall submit the plan to the Congress not later than
8 2 years after the date of the enactment of the Ryan White
9 CARE Act Amendments of 2000.”.

10 **SEC. 415. AUDITS.**

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

14 **“SEC. 2675B. AUDITS.**

15 “For fiscal year 2002 and subsequent fiscal years,
16 the Secretary may reduce the amounts of grants under
17 this title to a State or political subdivision of a State for
18 a fiscal year if, with respect to such grants for the second
19 preceding fiscal year, the State or subdivision fails to pre-
20 pare audits in accordance with the procedures of section
21 7502 of title 31, United States Code. The Secretary shall
22 annually select representative samples of such audits, pre-
23 pare summaries of the selected audits, and submit the
24 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 REGARD-**
6 **ING 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 2 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 2 years after the date of the enactment of
8 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 2 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 to
3 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 3 years after the date of the
10 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 2 years after the date of the
15 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 **TITLE VI—EFFECTIVE DATE**

8 **SEC. 601. EFFECTIVE DATE.**

9 This Act and the amendments made by this Act take
10 effect October 1, 2000, or upon the date of the enactment
11 of this Act, whichever occurs later.

Passed the House of Representatives July 26 (legis-
lative day, July 25), 2000.

Attest:

JEFF TRANDAHL,

Clerk.

Calendar No. 716

106TH CONGRESS
2D SESSION

H. R. 4807

AN ACT

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.

JULY 26, 2000

Received; read twice and placed on the calendar