Calendar No. 455

106TH CONGRESS 2D SESSION

H. R. 4807

[Report No. 106-788]

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

July 25, 2000

Additional sponsors: Mr. Serrano, Mr. Delahunt, Mr. Berman, Mr. SHIMKUS, Mrs. MINK of Hawaii, Mr. PALLONE, Mr. McNulty, Mr. Hall of Texas, Mr. Abercrombie, Ms. Brown of Florida, Mrs. Capps, Mr. Strickland, Mr. Baldacci, Mr. Martinez, Mr. McHugh, Mr. Horn, Mr. Frost, Ms. Roybal-Allard, Mr. Thompson of California, Mr. Baird, Mr. Bentsen, Mr. Evans, Mr. Upton, Mr. Dixon, Mr. Jefferson, Mr. Rangel, Mrs. Napolitano, Ms. Berkley, Mr. Wynn, Mr. Rodriguez, Mr. Baca, Ms. Sanchez, Ms. McCarthy of Missouri, Mr. Boucher, Mr. Gonzalez, Mr. Ackerman, Mr. Hobson, Mr. WHITFIELD, Mr. FOSSELLA, Ms. MILLENDER-McDonald, Ms. Pryce of Ohio, Mr. Larson, Ms. Baldwin, Ms. DeGette, Mrs. Kelly, Ms. Kil-PATRICK, Mr. TIAHRT, Ms. RIVERS, Mr. MATSUI, Mr. GREEN of Wisconsin, Mr. Kuykendall, Mrs. Fowler, Mr. Kolbe, Mr. Wexler, Mr. Green of Texas, Mrs. Maloney of New York, Mr. Inslee, Mr. Maloney of Connecticut, Mr. Gutierrez, Mr. Becerra, Mr. Filner, Mr. Defazio, Ms. Ros-Lehtinen, Mr. Leach, Mr. Dingell, Mr. McGovern, Mr. Largent, Mr. Cooksey, Mr. Sawyer, SCHAKOWSKY, Mr. RUSH, Mrs. BIGGERT, Mr. CALVERT, Mr. CANADY of Florida, Mr. Lampson, Mr. Ganske, Mr. Sanders, Mr. Costello, Mr. DAVIS of Illinois, Mr. Blagojevich, Mr. Schaffer, Mr. McIntosh, Mr. Borski, Mr. Gallegly, Mr. Lazio, Mr. Nadler, Mr. Ramstad, Mr. Meehan, Mr. Dicks, Mrs. Lowey, Mr. Sherman, Mr. Sabo, Ms. SLAUGHTER, Mr. Brady of Pennsylvania, Mr. Rahall, Mr. Frank of Massachusetts, Ms. Lee, Mr. LaTourette, Mr. LoBiondo, Mr. GILLMOR, Mr. GILMAN, Mr. NEAL of Massachusetts, Mr. GILCHREST, Mrs. Wilson, Mrs. Myrick, Mr. Smith of New Jersey, Mr. Tancredo, Mrs. Christensen, Mr. Farr of California, Mr. Towns, Mr. Smith of Washington, Mr. LaHood, Mrs. Johnson of Connecticut, Mr. Castle, Mr. Cunningham, Mr. Packard, Ms. Waters, Mr. Engel, Mr. CARDIN, Mrs. THURMAN, Mr. GEJDENSON, Mr. REYNOLDS, Mr. LEWIS of California, Mr. Conyers, Mr. Ford, Mr. Forbes, Mr. Blumenauer, Mr. Udall of New Mexico, Mr. Kleczka, Mr. Bishop, Mr. Roemer, Ms. Kaptur, Mr. Turner, Mr. Lipinski, Mr. Hastings of Florida, Ms. Jackson-Lee of Texas, Mr. Fattah, Mr. Kucinich, Mr. McDermott, Ms. Hooley of Oregon, Mr. Pascrell, Mr. Andrews, Mr. Thompson of Mississippi, Mr. Romero-Barcelo, Mr. Holden, Mr. Kind, Ms. DELAURO, Mr. HOLT, Mr. REYES, Mr. BRADY of Texas, Mr. KILDEE, Mr. Payne, Mr. Allen, Mr. Sweeney, Mrs. Jones of Ohio, Mr. Bass, Mr. Cummings, Mr. Ortiz, Mr. Watkins, Ms. Eddie Bernice John-SON of Texas, Mrs. McCarthy of New York, Mr. Owens, Mr. Phelps, Mr. Sandlin, Mr. Udall of Colorado, Ms. Norton, Mr. Crowley, Ms. Dunn, Mr. Moran of Virginia, Mr. Gibbons, Ms. Carson, Mr. Bliley, Mr. Hoeffel, Mr. Ose, Mr. Moore, Mr. Hall of Ohio, Mrs. Emerson, Mr. LaFalce, Mr. Rothman, Mr. Menendez, Mr. Shaw, Mr. Hill-IARD, Mr. Peterson of Minnesota, Mr. Quinn, Ms. McKinney, Mr. Underwood, Mr. Davis of Virginia, Mr. Lewis of Georgia, Mrs. Meek of Florida, Mr. Smith of Texas, Mr. Olver, Mr. Hoyer, Mr. Franks of New Jersey, Mr. Weiner, Mr. Murtha, Mr. Klink, Mr. Pomeroy, Mr. Saxton, Mr. Boehlert, Mr. Clyburn, Mr. Clement, Mr. Davis of Florida, Mr. Frelinghuysen, Mr. Weldon of Pennsylvania, Mr. TAUZIN, Mr. SKEEN, Mr. CAPUANO, Mr. DOOLEY of California, Mr. Jackson of Illinois, Mr. Moakley, Mr. Meeks of New York, Mrs. CLAYTON, Mr. Wu, Ms. Danner, Mr. Coyne, Mr. Levin, Mr. Sten-HOLM, Mr. PASTOR, Mr. MARKEY, Mr. DOYLE, Mr. TRAFICANT, Mr. Pickering, Mr. Tierney, Mr. Scott, Mr. Sessions, Mr. Boyd, Mr. Kennedy of Rhode Island, Mr. Hinojosa, Mr. Wamp, Mr. McCollum, and Mr. Clay

July 25, 2000

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union and ordered to be printed [Strike out all after the enacting clause and insert the part printed in italic] [For text of introduced bill, see copy of bill as introduced on June 29, 2000]

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,
- 3 SECTION 1. SHORT TITLE.
- 4 This Act may be cited as the "Ryan White CARE Act
- 5 Amendments of 2000".
- 6 SEC. 2. TABLE OF CONTENTS.
- 7 The table of contents for this Act is as follows:

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

Subtitle A—HIV Health Services Planning Councils

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

Subtitle B—Type and Distribution of Grants

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

Subtitle C—Other Provisions

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

TITLE II—CARE GRANT PROGRAM

Subtitle A—General Grant Provisions

Sec. 201. Priority for women, infants, and children.

- Sec. 202. Use of grants.
- Sec. 203. Grants to establish HIV care consortia.
- Sec. 204. Provision of treatments.
- Sec. 205. State application.
- Sec. 206. Distribution of funds.
- Sec. 207. Supplemental grants for certain States.

Subtitle B—Provisions Concerning Pregnancy and Perinatal Transmission of HIV

- Sec. 211. Repeals.
- Sec. 212. Grants.
- Sec. 213. Study by Institute of Medicine.

Subtitle C—Certain Partner Notification Programs

Sec. 221. Grants for compliant partner notification programs.

TITLE III—EARLY INTERVENTION SERVICES

Subtitle A—Formula Grants for States

Sec. 301. Repeal of program.

Subtitle B—Categorical Grants

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

Subtitle C—General Provisions

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

TITLE IV—OTHER PROGRAMS AND ACTIVITIES

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

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

Subtitle B—General Provisions in Title XXVI

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

TITLE V—GENERAL PROVISIONS

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

TITLE VI—EFFECTIVE DATE

Sec. 601. Effective date.

1	TITLE I—EMERGENCY RELIEF
2	FOR AREAS WITH SUBSTAN-
3	TIAL NEED FOR SERVICES
4	Subtitle A—HIV Health Services
5	Planning Councils
6	SEC. 101. MEMBERSHIP OF COUNCILS.
7	(a) In General.—Section 2602(b) of the Public
8	Health Service Act (42 U.S.C. 300ff-12(b)) is amended—
9	(1) in paragraph (1), by striking "demographics
10	of the epidemic in the eligible area involved," and in-
11	serting "demographics of the population of individ-
12	uals with HIV disease in the eligible area involved,";
13	and
14	(2) in paragraph (2)—
15	(A) in subparagraph (G), by striking "or
16	AIDS";
17	(B) in subparagraph (K), by striking "and"
18	at the end;
19	(C) in subparagraph (L), by striking the
20	period and inserting the following: ", including
21	but not limited to providers of HIV prevention
22	services; and"; and
23	(D) by adding at the end the following sub-
24	paragraph:

1 "(M) representatives of individuals who for-2 merly were Federal, State, or local prisoners, 3 were released from the custody of the penal sys-4 tem during the preceding three years, and had 5 HIV disease as of the date on which the individ-6 uals were so released.". 7 (b) Conflicts of Interests.—Section 2602(b)(5) of 8 the Public Health Service Act (42 U.S.C. 300ff–12(b)(5)) is amended by adding at the end the following subpara-10 graph: 11 "(C) Composition of council.—The fol-12 lowing applies regarding the membership of a 13 planning council under paragraph (1): 14 "(i) Not less than 33 percent of the 15 council shall be individuals who are receiv-16 ing HIV-related services pursuant to a 17 grant under section 2601(a), are not offi-18 cers, employees, or consultants to any entity 19 that receives amounts from such a grant, 20 and do not represent any such entity, and 21 reflect the demographics of the population of 22 individuals with HIV disease as determined 23 under paragraph (4)(A). For purposes of 24 the preceding sentence, an individual shall be considered to be receiving such services if 25

1	the individual is a parent of, or a caregiver
2	for, a minor child who is receiving such
3	services.
4	"(ii) With respect to membership on
5	the planning council, clause (i) may not be
6	construed as having any effect on entities
7	that receive funds from grants under any of
8	parts B through F but do not receive funds
9	from grants under section 2601(a), on offi-
10	cers or employees of such entities, or on in-
11	dividuals who represent such entities.".
12	SEC. 102. DUTIES OF COUNCILS.
13	(a) In General.—Section 2602(b)(4) of the Public
14	Health $Service$ Act $(42$ $U.S.C.$ $300ff-12(b)(4))$ is
15	amended—
16	(1) by redesignating subparagraphs (A) through
17	(E) as subparagraphs (C) through (G), respectively;
18	(2) by inserting before subparagraph (C) (as so
19	$redesignated)\ the\ following\ subparagraphs:$
20	"(A) determine the size and demographics of
21	the population of individuals with HIV disease;
22	"(B) determine the needs of such popu-
23	lation, with particular attention to—
24	"(i) individuals with HIV disease who
25	are not receiving HIV-related services; and

1	"(ii) disparities in access and services
2	among affected subpopulations and histori-
3	cally underserved communities;";
4	(3) in subparagraph (C) (as so redesignated), by
5	striking clauses (i) through (iv) and inserting the fol-
6	lowing:
7	"(i) size and demographics of the pop-
8	ulation of individuals with HIV disease (as
9	determined under subparagraph (A)) and
10	the needs of such population (as determined
11	$under\ subparagraph\ (B));$
12	"(ii) demonstrated (or probable) cost
13	effectiveness and outcome effectiveness of
14	proposed strategies and interventions, to the
15	extent that data are reasonably available;
16	"(iii) priorities of the communities
17	with HIV disease for whom the services are
18	intended;
19	"(iv) availability of other govern-
20	mental and nongovernmental resources to
21	provide HIV-related services to individuals
22	and families with HIV disease, including
23	the State plan under title XIX of the Social
24	Security Act (relating to the Medicaid pro-
25	gram) and the program under title XXI of

1	such Act (relating to the program for State
2	children's health insurance); and
3	"(v) capacity development needs result-
4	ing from disparities in the availability of
5	HIV-related services in historically under-
6	served communities;";
7	(4) in subparagraph (D) (as so redesignated), by
8	amending the subparagraph to read as follows:
9	"(D) develop a comprehensive plan for the
10	organization and delivery of health and support
11	services described in section 2604 that—
12	"(i) includes a strategy for identifying
13	individuals with HIV disease who are not
14	receiving such services and for informing
15	the individuals of and enabling the individ-
16	uals to utilize the services, giving particular
17	attention to eliminating disparities in ac-
18	cess and services among affected subpopula-
19	tions and historically underserved commu-
20	nities, and including discrete goals, a time-
21	table, and an appropriate allocation of
22	funds;
23	"(ii) includes a strategy to coordinate
24	the provision of such services with programs
25	for HIV prevention and for the prevention

1	and treatment of substance abuse, including
2	programs that provide comprehensive treat-
3	ment services for such abuse; and
4	"(iii) is compatible with any State or
5	local plan for the provision of services to in-
6	dividuals with HIV disease;";
7	(5) in subparagraph (F) (as so redesignated), by
8	striking "and" at the end;
9	(6) in subparagraph (G) (as so redesignated)—
10	(A) by striking "public meetings," and in-
11	serting "public meetings (in accordance with
12	paragraph (7)),"; and
13	(B) by striking the period and inserting ";
14	and"; and
15	(7) by adding at the end the following subpara-
16	graph:
17	"(H) coordinate with Federal grantees that
18	provide HIV-related services within the eligible
19	area.".
20	(b) Process for Establishing Allocation Prior-
21	ITIES.—Section 2602 of the Public Health Service Act (42
22	U.S.C. 300ff-12) is amended by adding at the end the fol-
23	lowing subsection:
24	"(d) Process for Establishing Allocation Pri-
25	ORITIES.—Promptly after the date of the submission of the

- 1 report required in section 501(b) of the Ryan White CARE
- 2 Act Amendments of 2000 (relating to the relationship be-
- 3 tween epidemiological measures and health care for certain
- 4 individuals with HIV disease), the Secretary, in consulta-
- 5 tion with entities that receive amounts from grants under
- 6 section 2601(a) or 2611, shall develop epidemiologic
- 7 measures—
- 8 "(1) for establishing the number of individuals
- 9 living with HIV disease who are not receiving HIV-
- 10 related health services; and
- 11 "(2) for carrying out the duties under subsection
- (b)(4) and section 2617(b).".
- 13 (c) Training.—Section 2602 of the Public Health
- 14 Service Act (42 U.S.C. 300ff-12), as amended by subsection
- 15 (b) of this section, is amended by adding at the end the
- 16 following subsection:
- 17 "(e) Training Guidance and Materials.—The Sec-
- 18 retary shall provide to each chief elected official receiving
- 19 a grant under 2601(a) guidelines and materials for train-
- 20 ing members of the planning council under paragraph (1)
- 21 regarding the duties of the council.".
- 22 SEC. 103. OPEN MEETINGS; OTHER ADDITIONAL PROVI-
- 23 SIONS.
- 24 Section 2602(b) of the Public Health Service Act (42
- 25 U.S.C. 300ff-12(b)) is amended—

1	(1) in paragraph (3), by striking subparagraph
2	(C); and
3	(2) by adding at the end the following para-
4	graph:
5	"(7) Public deliberations.—With respect to a
6	planning council under paragraph (1), the following
7	applies:
8	"(A) The council may not be chaired solely
9	by an employee of the grantee under section
10	2601(a).
11	"(B) In accordance with criteria established
12	by the Secretary:
13	"(i) The meetings of the council shall
14	be open to the public and shall be held only
15	after adequate notice to the public.
16	"(ii) The records, reports, transcripts,
17	minutes, agenda, or other documents which
18	were made available to or prepared for or
19	by the council shall be available for public
20	inspection and copying at a single location.
21	"(iii) Detailed minutes of each meeting
22	of the council shall be kept. The accuracy of
23	all minutes shall be certified to by the chair
24	$of\ the\ council.$

1	"(iv) This subparagraph does not
2	apply to any disclosure of information of a
3	personal nature that would constitute a
4	clearly unwarranted invasion of personal
5	privacy, including any disclosure of med-
6	ical information or personnel matters.".
7	Subtitle B—Type and Distribution
8	$of\ Grants$
9	SEC. 111. FORMULA GRANTS.
10	(a) Expedited Distribution.—Section 2603(a)(2)
11	of the Public Health Service Act (42 U.S.C. 300ff-13(a)(2))
12	is amended in the first sentence by striking "for each of
13	the fiscal years 1996 through 2000" and inserting "for a
14	fiscal year".
15	(b) Amount of Grant; Estimate of Living
16	Cases.—
17	(1) In General.—Section 2603(a)(3)) of the
18	Public Health Service Act (42 U.S.C. 300ff-13(a)(3))
19	is amended—
20	(A) in subparagraph (C)(i), by inserting be-
21	fore the semicolon the following: ", except that
22	(subject to subparagraph (D)), for grants made
23	pursuant to this paragraph for fiscal year 2005
24	and subsequent fiscal years, the cases counted for
25	each 12-month period beginning on or after July

1	1, 2004, shall be cases of HIV disease (as re-
2	ported to and confirmed by such Director) rather
3	than cases of acquired immune deficiency syn-
4	drome"; and
5	(B) in subparagraph (C), in the matter
6	after and below clause $(ii)(X)$ —
7	(i) in the first sentence, by inserting
8	before the period the following: ", and shall
9	be reported to the congressional committees
10	of jurisdiction"; and
11	(ii) by adding at the end the following
12	sentence: "Updates shall as applicable take
13	into account the counting of cases of HIV
14	disease pursuant to clause (i)."
15	(2) Determination of secretary regarding
16	DATA ON HIV CASES.—Section 2603(a)(3)) of the Pub-
17	lic Health Service Act (42 U.S.C. 300ff–13(a)(3)) is
18	amended—
19	(A) by redesignating subparagraph (D) as
20	$subparagraph\ (E);\ and$
21	(B) by inserting after subparagraph (C) the
22	$following \ subparagraph:$
23	"(D) Determination of Secretary Re-
24	GARDING DATA ON HIV CASES.—

1 "(i) In general.—Not later than July 2 1, 2004, the Secretary shall determine whether there is data on cases of HIV dis-3 4 ease from all eligible areas (reported to and 5 confirmed by the Director of the Centers for 6 Disease Control and Prevention) sufficiently accurate and reliable for use for purposes of 7 8 subparagraph (C)(i). In making such a de-9 termination, the Secretary shall take into consideration the findings of the study 10 11 under section 501(b) of the Ryan White 12 CARE Act Amendments of 2000 (relating to 13 the relationship between epidemiological 14 measures and health care for certain indi-15 viduals with HIV disease), the fiscal impact 16 of the use of such data, the impact of the use 17 of such data on the organization and deliv-18 ery of HIV-related services in eligible areas, 19 and the fiscal impact of not using such 20 data. 21 "(ii) Effect of adverse deter-22 MINATION.—If under clause (i) the Sec-

"(ii) EFFECT OF ADVERSE DETERMINATION.—If under clause (i) the Secretary determines that data on cases of HIV
disease is not sufficiently accurate and reliable for use for purposes of subparagraph

23

24

25

1	(C)(i), then notwithstanding such subpara-
2	graph, for any fiscal year prior to fiscal
3	year 2007 the references in such subpara-
4	graph to cases of HIV disease do not have
5	any legal effect.
6	"(iii) Grants and technical assist-
7	ANCE REGARDING COUNTING OF HIV
8	CASES.—Of the amounts appropriated
9	under section 2675 for a fiscal year, the
10	Secretary shall reserve amounts to make
11	grants and provide technical assistance to
12	States and eligible areas with respect to ob-
13	taining data on cases of HIV disease to en-
14	sure that data on such cases is available
15	from all States and eligible areas as soon as
16	is practicable but not later than the begin-
17	ning of fiscal year 2007.".
18	(c) Increases in Grant.—Section 2603(a)(4)) of the
19	Public Health Service Act (42 U.S.C. $300 ff - 13(a)(4)$) is
20	amended to read as follows:
21	"(4) Increases in grant.—
22	"(A) In general.—For each fiscal year in
23	a protection period for an eligible area, the Sec-
24	retary shall increase the amount of the grant

1	made pursuant to paragraph (2) for the area to
2	ensure that—
3	"(i) for the first fiscal year in the pro-
4	tection period, the grant is not less than 98
5	percent of the amount of the grant made for
6	the eligible area pursuant to such para-
7	graph for the base year for the protection
8	period;
9	"(ii) for any second fiscal year in such
10	period, the grant is not less than 95.7 per-
11	cent of the amount of such base year grant;
12	"(iii) for any third fiscal year in such
13	period, the grant is not less than 91.1 per-
14	cent of the amount of the base year grant;
15	"(iv) for any fourth fiscal year in such
16	period, the grant is not less than 84.2 per-
17	cent of the amount of the base year grant;
18	and
19	"(v) for any fifth or subsequent fiscal
20	year in such period, the grant is not less
21	than 75 percent of the amount of the base
22	year grant.
23	"(B) Base year; protection period.—
24	With respect to grants made pursuant to para-
25	graph (2) for an eligible area:

1	"(i) The base year for a protection pe-
2	riod is the fiscal year preceding the trigger
3	grant-reduction year.
4	"(ii) The first trigger grant-reduction
5	year is the first fiscal year (after fiscal year
6	2000) for which the grant for the area is
7	less than the grant for the area for the pre-
8	ceding fiscal year.
9	"(iii) A protection period begins with
10	the trigger grant-reduction year and con-
11	tinues until the beginning of the first fiscal
12	year for which the amount of the grant for
13	the area equals or exceeds the amount of the
14	grant for the base year for the period.
15	"(iv) Any subsequent trigger grant-re-
16	duction year is the first fiscal year, after
17	the end of the preceding protection period,
18	for which the amount of the grant is less
19	than the amount of the grant for the pre-
20	ceding fiscal year.".
21	SEC. 112. SUPPLEMENTAL GRANTS.
22	(a) In General.—Section 2603(b)(2) of the Public
23	Health Service Act (42 U.S.C. 300ff-13(b)(2)) is
24	amended—

1	(1) in the heading for the paragraph, by striking
2	"Definition" and inserting "Amount of grant";
3	(2) by redesignating subparagraphs (A) through
4	(C) as subparagraphs (B) through (D), respectively;
5	(3) by inserting before subparagraph (B) (as so
6	redesignated) the following subparagraph:
7	"(A) In general.—The amount of each
8	grant made for purposes of this subsection shall
9	be determined by the Secretary based on a
10	weighting of factors under paragraph (1), with
11	severe need under subparagraph (B) of such
12	paragraph counting one-third.";
13	(4) in subparagraph (B) (as so redesignated)—
14	(A) in clause (ii), by striking "and" at the
15	end;
16	(B) in clause (iii), by striking the period
17	and inserting a semicolon; and
18	(C) by adding at the end the following
19	clauses:
20	"(iv) the current prevalence of HIV
21	disease;
22	"(v) an increasing need for HIV-re-
23	lated services, including relative rates of in-
24	crease in the number of cases of HIV dis-
25	ease; and

1	"(vi) unmet need for such services, as
2	determined under section 2602(b)(4).";
3	(5) in subparagraph (C) (as so redesignated)—
4	(A) by striking "subparagraph (A)" each
5	place such term appears and inserting "subpara-
6	graph (B)";
7	(B) in the second sentence, by striking "2
8	years after the date of enactment of this para-
9	graph" and inserting "18 months after the date
10	of the enactment of the Ryan White CARE Act
11	Amendments of 2000"; and
12	(C) by inserting after the second sentence
13	the following sentence: "Such a mechanism shall
14	be modified to reflect the findings of the study
15	under section 501(b) of the Ryan White CARE
16	Act Amendments of 2000 (relating to the rela-
17	tionship between epidemiological measures and
18	health care for certain individuals with HIV dis-
19	ease)."; and
20	(6) in subparagraph (D) (as so redesignated), by
21	striking "subparagraph (B)" and inserting "subpara-
22	graph (C)".
23	(b) REQUIREMENTS FOR APPLICATION.—Section
24	2603(b)(1)(E) of the Public Health Service Act (42 U.S.C.

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300ff-13(b)(1)(E)) is amended by inserting "youth," after
   "children,".
 2
 3
        (c) Conforming Amendment.—Section 2603(b) of the
   Public Health Service Act (42 U.S.C. 300ff-13(b)) is
   amended—
 6
             (1) by striking paragraph (4); and
 7
             (2) by redesignating paragraph (5) as para-
 8
        graph (4).
         Subtitle C—Other Provisions
 9
10
   SEC. 121. USE OF AMOUNTS.
11
        (a) Primary Purposes.—Section 2604(b)(1) of the
   Public Health Service Act (42 U.S.C. 300ff-14(b)(1)) is
13
   amended—
14
             (1) in the matter preceding subparagraph (A),
15
        by striking "HIV-related—" and inserting "HIV-re-
16
        lated services, as follows:";
17
             (2) in subparagraph (A)—
18
                 (A) by striking "outpatient" and all that
19
            follows through "substance abuse treatment and"
20
             and inserting the following: "Outpatient and
21
             ambulatory health services, including substance
22
             abuse treatment,"; and
23
                 (B) by striking "; and" and inserting a pe-
24
             riod:
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1	(3) in subparagraph (B), by striking "(B) inpa-
2	tient case management" and inserting "(C) Inpatient
3	case management";
4	(4) by inserting after subparagraph (A) the fol-
5	lowing subparagraph:
6	"(B) Outpatient and ambulatory support
7	services (including case management), to the ex-
8	tent that such services facilitate, support, or sus-
9	tain the delivery, or benefits of health services for
10	individuals and families with HIV disease.";
11	and
12	(5) by adding at the end the following:
13	"(D) Outreach activities that are intended
14	to identify individuals with HIV disease who are
15	not receiving HIV-related services, and that
16	are—
17	"(i) necessary to implement the strat-
18	egy under section $2602(b)(4)(D)$, including
19	activities facilitating the access of such in-
20	dividuals to HIV-related primary care serv-
21	ices at entities described in paragraph (3);
22	"(ii) conducted in a manner consistent
23	with the requirements under sections
24	2605(a)(3) and 2651(b)(2); and

1	"(iii) supplement, and do not sup-
2	plant, such activities that are carried out
3	with amounts appropriated under section
4	317.".
5	(b) Additional Purposes.—Section 2604(b) (42
6	U.S.C. 300ff-14(b)) of the Public Health Service Act is
7	amended—
8	(1) by redesignating paragraph (3) as para-
9	graph(4);
10	(2) by inserting after paragraph (2) the fol-
11	lowing:
12	"(3) Early intervention services.—
13	"(A) In general.—The purposes for which
14	a grant under section 2601 may be used include
15	providing to individuals with HIV disease early
16	intervention services described in section
17	2651(b)(2) (including referrals under subpara-
18	graph (C) of such section), subject to subpara-
19	graph (B). The entities through which such serv-
20	ices may be provided under the grant include
21	public health departments, emergency rooms,
22	substance abuse and mental health treatment
23	programs, detoxification centers, detention facili-
24	ties, clinics regarding sexually transmitted dis-
25	eases, homeless shelters, HIV disease counseling

1	and testing sites, health care points of entry
2	specified by States or eligible areas, federally
3	qualified health centers, and entities described in
4	section $2652(a)$.
5	"(B) Conditions.—With respect to an enti-
6	ty that proposes to provide early intervention
7	services under subparagraph (A), such subpara-
8	graph applies only if the entity demonstrates to
9	the satisfaction of the chief elected official for the
10	eligible area involved that—
11	"(i) Federal, State, or local funds are
12	otherwise inadequate for the early interven-
13	tion services the entity proposes to provide;
14	and
15	"(ii) the entity will expend funds pur-
16	suant to such subparagraph to supplement
17	and not supplant other funds available to
18	the entity for the provision of early inter-
19	vention services for the fiscal year in-
20	volved."; and
21	(3) in paragraph (4) (as so redesignated), by in-
22	serting "youth," after "children," each place such
23	term appears;
24	(c) Quality Management.—Section 2604 of the Pub-
25	lic Health Service Act (42 U.S.C. 300ff-14) is amended—

1	(1) by redesignating subsections (c) through (f)
2	as subsections (d) through (g), respectively; and
3	(2) by inserting after subsection (b) the fol-
4	lowing:
5	"(c) Quality Management.—
6	"(1) Requirement.—The chief elected official of
7	an eligible area that receives a grant under this part
8	shall provide for the establishment of a quality man-
9	agement program to assess the extent to which HIV
10	health services provided to patients under the grant
11	are consistent with the most recent Public Health
12	Service guidelines for the treatment of HIV disease
13	and related opportunistic infection, and as applica-
14	ble, to develop strategies for ensuring that such serv-
15	ices are consistent with the guidelines.
16	"(2) Use of funds.—From amounts received
17	under a grant awarded under this part for a fiscal
18	year, the chief elected official of an eligible area may
19	(in addition to amounts to which subsection (f)(1) ap-
20	plies) use for activities associated with the quality
21	management program required in paragraph (1) not
22	more than the lesser of—
23	"(A) 5 percent of amounts received under
24	the grant; or
25	"(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 (6)
5	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 re-
9	ceive funds under a grant under section 2601(a) will
10	maintain relationships with appropriate entities in
11	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) shall
17	ensure that, not later than one year after the date of the
18	enactment of this Act, the planning council for the eligible
19	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 over-
24	all budget expended amounts for administrative costs
25	(including financial compensation and benefits), ex-

1	such expenditures, including a statement of the aver-
2	age amount expended for such costs per client served
3	and the average amount expended for such costs per
4	client served in providing HIV-related services; and
5	(2) makes a determination of whether the finan-
6	cial compensation of any officers or employees of such
7	entities exceeds that of the chief elected official of the
8	eligible area.
9	TITLE II—CARE GRANT
10	PROGRAM
11	Subtitle A—General Grant
12	Provisions
13	SEC. 201. PRIORITY FOR WOMEN, INFANTS, AND CHILDREN.
14	Section 2611(b) of the Public Health Service Act (42
15	U.S.C. 300ff-21(b)) is amended by inserting "youth," after
16	"children," each place such term appears.
17	SEC. 202. USE OF GRANTS.
18	Section 2612 of the Public Health Service Act (42
19	U.S.C. 300ff–22) is amended—
20	(1) by striking "A State may use" and inserting
21	"(a) In General.—A State may use"; and
22	(2) by adding at the end the following sub-
23	sections:

1	"(b) Support Services; Outreach.—The purposes
2	for which a grant under this part may be used include de-
3	livering or enhancing the following:
4	"(1) Support services under section 2611(a) (in-
5	cluding case management) to the extent that such
6	services facilitate, support, or sustain the delivery, or
7	benefits of health services for individuals and families
8	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 with
15	the requirement under section $2617(b)(6)(G)$;
16	and
17	"(C) supplement, and do not supplant, such
18	activities that are carried out with amounts ap-
19	propriated 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 re-
25	ferrals under subparagraph (C) of such section), sub-

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ject to paragraph (2). The entities through which such services may be provided under the grant include public health departments, emergency rooms, substance abuse and mental health treatment programs, detoxification centers, detention facilities, clinics regarding sexually transmitted diseases, homeless shelters, HIV disease counseling and testing sites, health care points of entry specified by States or eligible areas, federally qualified health centers, and entities described in section 2652(a).

- "(2) Conditions.—With respect to an entity that proposes to provide early intervention services under paragraph (1), such paragraph applies only if the entity demonstrates to the satisfaction of the State involved that—
 - "(A) Federal, State, or local funds are otherwise inadequate for the early intervention services the entity proposes to provide; and
 - "(B) the entity will expend funds pursuant to such paragraph to supplement and not supplant other funds available to the entity for the provision of early intervention services for the fiscal year involved.
- 24 "(d) QUALITY MANAGEMENT.—

1	"(1) Requirement.—Each State that receives a
2	grant under this part shall provide for the establish-
3	ment of a quality management program to assess the
4	extent to which HIV health services provided to pa-
5	tients under the grant are consistent with the most re-
6	cent Public Health Service guidelines for the treat-
7	ment of HIV disease and related opportunistic infec-
8	tion, and as applicable, to develop strategies for en-
9	suring 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 which
14	section $2618(c)(5)$ applies) use for activities associ-
15	ated with the quality management program required
16	in paragraph (1) not more than the lesser of—
17	"(A) 5 percent of amounts received under
18	the grant; or
19	"(B) \$3,000,000.".
20	SEC. 203. GRANTS TO ESTABLISH HIV CARE CONSORTIA.
21	Section 2613 of the Public Health Service Act (42
22	U.S.C. 300ff–23) is amended—
23	(1) in subsection (b)(1)—
24	(A) in subparagraph (A), by inserting be-
25	fore the semicolon the following: ", particularly

1	those experiencing disparities in access and serv-
2	ices and those who reside in historically under-
3	served communities"; and
4	(B) in subparagraph (B), by inserting after
5	"by such consortium" the following: "is con-
6	sistent with the comprehensive plan under
7	2617(b)(4) and";
8	(2) in subsection (c)(1)—
9	(A) in subparagraph (D), by striking "and"
10	after the semicolon at the end;
11	(B) in subparagraph (E), by striking the
12	period and inserting "; and";
13	(C) by adding at the end the following sub-
14	paragraph:
15	"(F) demonstrates that adequate planning
16	occurred to address disparities in access and
17	services and historically underserved commu-
18	nities."; and
19	(3) in subsection $(c)(2)$ —
20	(A) in subparagraph (B), by striking "and"
21	after the semicolon;
22	(B) in subparagraph (C), by striking the
23	period and inserting "; and"; and
24	(C) by inserting after subparagraph (C) the
25	following subparagraph:

1	"(D) entities described in section
2	2602(b)(2).".
3	SEC. 204. PROVISION OF TREATMENTS.
4	Section 2616 of the Public Health Service Act (42
5	U.S.C. 300ff-26) is amended by adding at the end the fol-
6	lowing subsection:
7	"(e) Use of Health Insurance and Plans.—In
8	carrying out subsection (a), a State may expend a grant
9	under this part to provide the therapeutics described in such
10	subsection by paying on behalf of individuals with HIV dis-
11	ease the costs of purchasing or maintaining health insur-
12	ance or plans whose coverage includes a full range of such
13	therapeutics and appropriate primary care services.".
14	SEC. 205. STATE APPLICATION.
15	(a) Determination of Size and Needs of Popu-
16	LATION; COMPREHENSIVE PLAN.—Section 2617(b) of the
17	Public Health Service Act (42 U.S.C. 300ff–27(b)) is
18	amended—
19	(1) by redesignating paragraphs (2) through (4)
20	as paragraphs (4) through (6), respectively;
21	(2) by inserting after paragraph (1) the fol-
22	lowing paragraphs:
23	"(2) a determination of the size and demo-
24	graphics of the population of individuals with HIV
25	disease in the State;

1	"(3) a determination of the needs of such popu-
2	lation, with particular attention to—
3	"(A) individuals with HIV disease who are
4	not receiving HIV-related services; and
5	"(B) disparities in access and services
6	among affected subpopulations and historically
7	underserved communities;"; and
8	(3) in paragraph (4) (as so redesignated)—
9	(A) by striking "comprehensive plan for the
10	organization" and inserting "comprehensive
11	plan that describes the organization";
12	(B) by striking ", including—" and insert-
13	ing ", and that—";
14	(C) by redesignating subparagraphs (A)
15	through (C) as subparagraphs (D) through (F),
16	respectively;
17	(D) by inserting before subparagraph (C)
18	the following subparagraphs:
19	"(A) establishes priorities for the allocation
20	of funds within the State based on—
21	"(i) size and demographics of the pop-
22	ulation of individuals with HIV disease (as
23	determined under paragraph (2)) and the
24	needs of such population (as determined
25	under paragraph (3));

1	"(ii) availability of other governmental
2	and nongovernmental resources to provide
3	HIV-related services to individuals and
4	families with HIV disease;
5	"(iii) capacity development needs re-
6	sulting from disparities in the availability
7	of HIV-related services in historically un-
8	derserved communities and rural commu-
9	nities; and
10	"(iv) the efficiency of the administra-
11	tive mechanism of the State for rapidly al-
12	locating funds to the areas of greatest need
13	within the State;
14	"(B) includes a strategy for identifying in-
15	dividuals with HIV disease who are not receiv-
16	ing such services and for informing the individ-
17	uals of and enabling the individuals to utilize
18	the services, giving particular attention to elimi-
19	nating disparities in access and services among
20	affected subpopulations and historically under-
21	served communities, and including discrete goals,
22	a timetable, and an appropriate allocation of
23	funds;
24	"(C) includes a strategy to coordinate the
25	provision of such services with programs for HIV

1	prevention and for the prevention and treatment
2	of substance abuse, including programs that pro-
3	vide comprehensive treatment services for such
4	abuse;";
5	(E) in subparagraph (D) (as redesignated
6	by subparagraph (C) of this paragraph), by in-
7	serting "describes" before "the services and ac-
8	tivities";
9	(F) in subparagraph (E) (as so redesig-
10	nated), by inserting "provides" before "a de-
11	scription"; and
12	(G) in subparagraph (F) (as so redesig-
13	nated), by inserting "provides" before "a de-
14	scription".
15	(b) Public Participation.—Section 2617(b) of the
16	Public Health Service Act, as amended by subsection (a)
17	of this section, is amended—
18	(1) in paragraph (5), by striking "HIV" and in-
19	serting "HIV disease"; and
20	(2) in paragraph (6), by amending subpara-
21	graph (A) to read as follows:
22	"(A) the public health agency that is ad-
23	ministering the grant for the State engages in a
24	public advisory planning process, including pub-
25	lic hearings, that includes the participants under

1	paragraph (5), and entities described in section
2	2602(b)(2), in developing the comprehensive plan
3	under paragraph (4) and commenting on the im-
4	plementation of such plan;".
5	(c) Health Care Relationships.—Section 2617(b)
6	of the Public Health Service Act, as amended by subsection
7	(a) of this section, is amended in paragraph (6)—
8	(1) in subparagraph (E), by striking "and" at
9	$the\ end;$
10	(2) in subparagraph (F), by striking the period
11	and inserting "; and"; and
12	(3) by adding at the end the following subpara-
13	graph:
14	"(G) entities within areas in which activi-
15	ties under the grant are carried out will main-
16	tain relationships with appropriate entities in
17	the area, including entities described in section
18	2612(c);".
19	SEC. 206. DISTRIBUTION OF FUNDS.
20	(a) Minimum Allotment.— Section 2618(b)(1)(A)(i)
21	of the Public Health Service Act (42 U.S.C. 300ff-
22	28(b)(1)(A)(i)) is amended—
23	(1) in subclause (I), by striking "\$100,000" and
24	inserting "\$200,000"; and

1	(2) in subclause (II), by striking "\$250,000" and
2	inserting "\$500,000".
3	(b) Amount of Grant; Estimate of Living
4	Cases.—Section 2618(b)(2) of the Public Health Service
5	Act (42 U.S.C. 300ff-28(b)(2)) is amended—
6	(1) in subparagraph (D)(i), by inserting before
7	the semicolon the following: ", except that (subject to
8	subparagraph (E)), for grants made pursuant to this
9	paragraph for fiscal year 2005 and subsequent fiscal
10	years, the cases counted for each 12-month period be-
11	ginning on or after July 1, 2004, shall be cases of
12	HIV disease (as reported to and confirmed by such
13	Director) rather than cases of acquired immune defi-
14	ciency syndrome";
15	(2) by redesignating subparagraphs (E) through
16	(H) as subparagraphs (F) through (I), respectively;
17	and
18	(3) by inserting after subparagraph (D) the fol-
19	lowing subparagraph:
20	"(E) Determination of Secretary Re-
21	GARDING DATA ON HIV CASES.—If under
22	2603(a)(3)(D)(i) the Secretary determines that
23	data on cases of HIV disease is not sufficiently
24	accurate and reliable, then notwithstanding sub-
25	paragraph (D) of this paragraph, for any fiscal

1	year prior to fiscal year 2007 the references in
2	such subparagraph to cases of HIV disease do
3	not have any legal effect.".
4	(c) Increases in Formula Amount.—Section
5	2618(b) of the Public Health Service Act (42 U.S.C. 300ff-
6	28(b)) is amended—
7	(1) in paragraph (1)(A)(ii), by inserting before
8	the semicolon the following: "and then, as applicable,
9	increased under paragraph (2)(H)"; and
10	(2) in paragraph (2)—
11	(A) in subparagraph $(A)(i)$, by striking
12	"subparagraph (H)" and inserting "subpara-
13	graphs (H) and (I)"; and
14	(B) in subparagraph (H) (as redesignated
15	by subsection (b)(2) of this section), by amending
16	the subparagraph to read as follows:
17	"(H) Limitation.—
18	"(i) In general.—The Secretary shall
19	ensure that the amount of a grant awarded
20	to a State or territory under section 2611
21	for a fiscal year is not less than—
22	"(I) with respect to fiscal year
23	2001, 99 percent;
24	"(II) with respect to fiscal year
25	2002, 98 percent;

1	"(III) with respect to fiscal year
2	2003, 97 percent;
3	"(IV) with respect to fiscal year
4	2004, 96 percent; and
5	"(V) with respect to fiscal year
6	2005, 95 percent;
7	of the amount such State or territory re-
8	ceived for fiscal year 2000 under such sec-
9	tion. In administering this subparagraph,
10	the Secretary shall, with respect to States or
11	territories that will under such section re-
12	ceive grants in amounts that exceed the
13	amounts that such States received under
14	such section for fiscal year 2000, propor-
15	tionally reduce such amounts to ensure com-
16	pliance with this subparagraph. In making
17	such reductions, the Secretary shall ensure
18	that no such State receives less than that
19	State received for fiscal year 2000.
20	"(ii) Ratable reduction.—If the
21	amount appropriated under section 2677
22	for a fiscal year and available for grants
23	under section 2611 is less than the amount
24	appropriated and available under such sec-
25	tion for fiscal year 2000, the limitation con-

1	tained in clause (i) shall be reduced by a
2	percentage equal to the percentage of the re-
3	duction in such amounts appropriated and
4	available.".
5	(d) Territories.—Section 2618(b)(1)(B) of the Pub-
6	lic Health Service Act (42 U.S.C. 300ff-28(b)(1)(B)) is
7	amended by inserting "the greater of \$50,000 or" after
8	"shall be".
9	(e) Separate Treatment Drug Grants.—Section
10	2618(b)(2) of the Public Health Service Act, as amended
11	by subsection (b)(3) of this section, is amended in subpara-
12	graph (I)—
13	(1) by redesignating clauses (i) and (ii) as sub-
14	clauses (I) and (II), respectively;
15	(2) by striking "(I) Appropriations" and all
16	that follows through "With respect to" and inserting
17	$the\ following:$
18	"(I) Appropriations for treatment
19	DRUG PROGRAM.—
20	"(i) Formula Grants.—With respect
21	to";
22	(3) in subclause (I) of clause (i) (as designated
23	by paragraphs (1) and (2)), by striking "100 per-
24	cent" and inserting "98 percent"; and
25	(4) by adding at the end the following clause:

1	"(ii) Supplemental treatment
2	DRUG GRANTS.—
3	"(I) In general.—With respect
4	to the fiscal year involved, if under sec-
5	tion 2677 an appropriations Act pro-
6	vides an amount exclusively for car-
7	rying out section 2616, and such
8	amount is not less than the amount so
9	provided for the preceding fiscal year,
10	the Secretary shall reserve 2 percent of
11	such amount for making grants to
12	States whose population of individuals
13	with HIV disease has, as determined
14	by the Secretary, a need for quantities
15	of therapeutics described in section
16	2616(a) greater than the quantities
17	available pursuant to clause (i). Such
18	a grant is available for purposes of ob-
19	taining such therapeutics. The Sec-
20	retary shall carry out this clause as a
21	program of discretionary grants, and
22	not as a program of formula grants.
23	"(II) DISTRIBUTION OF
24	GRANTS.—The Secretary shall disburse
25	all amounts under grants under sub-

1 clause (I) for a fiscal year not later 2 than 240 days after the date on which 3 the amount referred to in such sub-4 clause with respect to section 2616 becomes available. 5 6 "(III) REQUIREMENT OF MATCH-7 ING FUNDS.—A condition for receiving 8 a grant under subclause (I) is that the 9 State agree to make available (directly 10 or through donations from public or 11 private entities) non-Federal contribu-12 tions toward the costs of obtaining the 13 therapeutics involved in an amount 14 that is not less than 25 percent of such 15 costs (determined in the same manner 16 as under 2617(d)(2)(A)).". 17 (f) TECHNICAL AMENDMENT.—Section 2618(b)(3)(B) of the Public Health Service Act (42 U.S.C. 300ff-18 (28(b)(3)(B)) is amended by striking "and the Republic of the Marshall Islands" and inserting "the Republic of the 21 Marshall Islands, the Federated States of Micronesia, and the Republic of Palau, and only for purposes of paragraph (1) the Commonwealth of Puerto Rico".

1	SEC. 207. SUPPLEMENTAL GRANTS FOR CERTAIN STATES.
2	Subpart I of part B of title XXVI of the Public Health
3	Service Act (42 U.S.C. 300ff–11 et seq.) is amended—
4	(1) by striking section 2621; and
5	(2) by inserting after section 2620 the following
6	section:
7	"SEC. 2621. SUPPLEMENTAL GRANTS.
8	"(a) In General.—From amounts available pursuant
9	to subsection (d) for a fiscal year, the Secretary shall make
10	grants to States that meet the conditions to receive grants
11	under section 2611, and that have one or more eligible com-
12	munities, for the purpose of providing in such communities
13	comprehensive services of the type described in section
14	2612(a) to supplement the development and care activities,
15	primary care, and support services otherwise provided in
16	such communities by the State under a grant under section
17	2611.
18	"(b) Eligible Community.—For purposes of this sec-
19	tion, the term 'eligible community' means a geographic area
20	that—
21	"(1) is not within any eligible area as defined
22	in section 2607; and
23	"(2) has a severe need for supplemental financial
24	assistance to combat the HIV epidemic, according to
25	criteria developed by the Secretary in consultation

1	with the States, including evidence of underserved or
2	rural areas or both.
3	"(c) Application.—A grant under subsection (a) may
4	be made to a State if the State submits to the Secretary,
5	as part of the State application submitted under section
6	2617, such information as required to apply for funds
7	under this section as determined by the Secretary in con-
8	sultation with the States.
9	"(d) Funding.—
10	"(1) In general.—For the purpose of making
11	grants under subsection (a) for a fiscal year, the Sec-
12	retary shall reserve 50 percent of the amount specified
13	in paragraph (2).
14	"(2) Increases in part b funding.—
15	"(A) In general.—For purposes of para-
16	graph (1), the amount specified in this para-
17	graph is the amount by which the amount ap-
18	propriated under section 2677 for the fiscal year
19	involved and available for carrying out part B
20	is an increase over the amount so appropriated
21	and available for the preceding fiscal year, sub-
22	ject to subparagraphs (B) and (C).
23	"(B) Initial allocation year.—The allo-
24	cation under paragraph (1) shall not be made
25	until the first fiscal year for which the amount

1	appropriated under section 2677 for the fiscal
2	year involved and available for carrying out
3	part B is an increase of not less than
4	\$20,000,000 over the amount so appropriated
5	and available for fiscal year 2000, subject to sub-
6	paragraph (C).
7	"(C) Exclusion regarding separate
8	TREATMENT DRUG GRANTS.—Each determina-
9	tion under subparagraph (A) or (B) of the
10	amount appropriated under section 2677 for a
11	fiscal year and available for carrying out part
12	B shall be made without regard to any amount
13	to which section $2618(b)(2)(I)(i)$ applies.".
14	Subtitle B—Provisions Concerning
15	Pregnancy and Perinatal Trans-
16	mission of HIV
17	SEC. 211. REPEALS.
18	Subpart II of part B of title XXVI of the Public Health
19	Service Act (42 U.S.C. 300ff–33 et seq.) is amended—
20	(1) in section 2626, by striking each of sub-
21	sections (d) through (f); and
22	(2) by striking section 2627.
23	SEC. 212. GRANTS.
24	(a) In General.—Section 2625(c) of the Public
25	Health Service Act (42 U.S.C. 300ff–33) is amended—

1	(1) in paragraph (1), by inserting at the end the
2	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 are
17	not available for carrying out this section unless
18	$otherwise\ authorized.$
19	"(B) Allocations for certain states.—
20	"(i) In general.—Of the amounts ap-
21	propriated under subparagraph (A) for a
22	fiscal year in excess of \$10,000,000, the Sec-
23	retary shall reserve the applicable percent-
24	age under clause (ii) for making grants
25	under paragraph (1) to States that under

1	law (including under regulations or the dis-
2	cretion of State officials) have—
3	"(I) a requirement that all new-
4	born infants born in the State be tested
5	for HIV disease; or
6	"(II) a requirement that newborn
7	infants born in the State be tested for
8	HIV disease in circumstances in which
9	the attending obstetrician for the birth
10	does not know the HIV status of the
11	mother of the infant.
12	"(ii) Applicable percentage.—For
13	purposes of clause (i), the applicable
14	amount for a fiscal year is as follows:
15	"(I) For fiscal year 2001, 25 per-
16	cent.
17	"(II) For fiscal year 2002, 50 per-
18	cent.
19	"(III) For fiscal year 2003, 50
20	percent.
21	"(IV) For fiscal year 2004, 75
22	percent.
23	"(V) For fiscal year 2005, 75 per-
24	cent.

1	"(C) Certain provisions.—With respect to
2	grants under paragraph (1) that are made with
3	amounts reserved under subparagraph (B) of this
4	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 both),
10	the full amount reserved under subpara-
11	graph (B) for a fiscal year is not obligated,
12	the requirement under such subparagraph
13	to reserve amounts ceases to apply."; and
14	(3) by adding at the end the following para-
15	graph:
16	"(4) Maintenance of Effort.—A condition for
17	the receipt of a grant under paragraph (1) is that the
18	State involved agree that the grant will be used to
19	supplement and not supplant other funds available to
20	the State to carry out the purposes of the grant.".
21	(b) Special Funding Rule for Fiscal Year
22	2001.—
23	(1) In General.—If for fiscal year 2001 the
24	amount appropriated under paragraph (2)(A) of sec-

1	tion 2625(c) of the Public Health Service Act is less
2	than \$14,000,000—
3	(A) the Secretary of Health and Human

- (A) the Secretary of Health and Human Services shall, for the purpose of making grants under paragraph (1) of such section, reserve from the amount specified in paragraph (2) of this subsection an amount equal to the difference between \$14,000,000 and the amount appropriated under paragraph (2)(A) of such section for such fiscal year;
- (B) the amount so reserved shall, for purposes of paragraph (2)(B)(i) of such section, be considered to have been appropriated under paragraph (2)(A) of such section; and
- (C) the percentage specified in paragraph (2)(B)(ii)(I) of such section is deemed to be 50 percent.
- (2) ALLOCATION FROM INCREASES IN FUNDING FOR PART B.—For purposes of paragraph (1), the amount specified in this paragraph is the amount by which the amount appropriated under section 2677 of the Public Health Service Act for fiscal year 2001 and available for grants under section 2611 of such Act is an increase over the amount so appropriated and available for fiscal year 2000.

1 SEC. 213. STUDY BY INSTITUTE OF MEDICINE.

2	Subpart II of part B of title XXVI of the Public Health
3	Service Act (42 U.S.C. 300ff-33 et seq.) is amended by add-
4	ing at the end the following section:
5	"SEC. 2630. RECOMMENDATIONS FOR REDUCING INCI-
6	DENCE OF PERINATAL TRANSMISSION.
7	"(a) Study by Institute of Medicine.—
8	"(1) In general.—The Secretary shall request
9	the Institute of Medicine to enter into an agreement
10	with the Secretary under which such Institute con-
11	ducts a study to provide the following:
12	"(A) For the most recent fiscal year for
13	which the information is available, a determina-
14	tion of the number of newborn infants with HIV
15	born in the United States with respect to whom
16	the attending obstetrician for the birth did not
17	know the HIV status of the mother.
18	"(B) A determination for each State of any
19	barriers, including legal barriers, that prevent or
20	discourage an obstetrician from making it a rou-
21	tine practice to offer pregnant women an HIV
22	test and a routine practice to test newborn in-
23	fants for HIV disease in circumstances in which
24	the obstetrician does not know the HIV status of
25	the mother of the infant.

1	"(C) Recommendations for each State for
2	reducing the incidence of cases of the perinatal
3	transmission of HIV, including recommendations
4	on removing the barriers identified under sub-
5	paragraph (B).
6	If such Institute declines to conduct the study, the
7	Secretary shall enter into an agreement with another
8	appropriate public or nonprofit private entity to con-
9	duct the study.
10	"(2) Report.—The Secretary shall ensure that,
11	not later than 18 months after the effective date of
12	this section, the study required in paragraph (1) is
13	completed and a report describing the findings made
14	in the study is submitted to the appropriate commit-
15	tees of the Congress, the Secretary, and the chief pub-
16	lic health official of each of the States.
17	"(b) Progress Toward Recommendations.—Each
18	State shall comply with the following (as applicable to the
19	fiscal year involved):
20	"(1) For fiscal year 2004, the State shall submit
21	to the Secretary a report describing the actions taken
22	by the State toward meeting the recommendations
23	specified for the State under subsection $(a)(1)(C)$.
24	"(2) For fiscal year 2005 and each subsequent
25	fiscal year—

1	"(A) the State shall make reasonable
2	progress toward meeting such recommendations;
3	or
4	"(B) if the State has not made such
5	progress—
6	"(i) the State shall cooperate with the
7	Director of the Centers for Disease Control
8	and Prevention in carrying out activities
9	toward meeting the recommendations; and
10	"(ii) the State shall submit to the Sec-
11	retary a report containing a description of
12	any barriers identified under subsection
13	(a)(1)(B) that continue to exist in the State;
14	as applicable, the factors underlying the
15	continued existence of such barriers; and a
16	description of how the State intends to re-
17	duce the incidence of cases of the perinatal
18	transmission of HIV.
19	"(c) Submission of Reports to Congress.—The
20	Secretary shall submit to the appropriate committees of the
21	Congress each report received by the Secretary under sub-
22	section $(b)(2)(B)(ii)$.".

1	Subtitle C—Certain Partner
2	Notification Programs
3	SEC. 221. GRANTS FOR COMPLIANT PARTNER NOTIFICA-
4	TION PROGRAMS.
5	Part B of title XXVI of the Public Health Service Act
6	(42 U.S.C. 300ff-21 et seq.) is amended by adding at the
7	end the following subpart:
8	"Subpart III—Certain Partner Notification Programs
9	"SEC. 2631. GRANTS FOR PARTNER NOTIFICATION PRO-
10	GRAMS.
11	"(a) In General.—In the case of States whose laws
12	or regulations are in accordance with subsection (b), the
13	Secretary, subject to subsection (c)(2), may make grants to
14	the States for carrying out programs to provide partner
15	counseling and referral services.
16	"(b) Description of Compliant State Pro-
17	GRAMS.—For purposes of subsection (a), the laws or regula-
18	tions of a State are in accordance with this subsection if
19	under such laws or regulations (including programs carried
20	out pursuant to the discretion of State officials) the fol-
21	lowing policies are in effect:
22	"(1) The State requires that the public health of-
23	ficer of the State carry out a program of partner no-
24	tification to inform partners of individuals with HIV

1 disease that the partners may have been exposed to 2 the disease.

> "(2)(A) In the case of a health entity that provides for the performance on an individual of a test for HIV disease, or that treats the individual for the disease, the State requires, subject to subparagraph (B), that the entity confidentially report the positive test results to the State public health officer in a manner recommended and approved by the Director of the Centers for Disease Control and Prevention, together with such additional information as may be necessary for carrying out such program.

> "(B) The State may provide that the requirement of subparagraph (A) does not apply to the testing of an individual for HIV disease if the individual underwent the testing through a program designed to perform the test and provide the results to the individual without the individual disclosing his or her identity to the program. This subparagraph may not be construed as affecting the requirement of subparagraph (A) with respect to a health entity that treats an individual for HIV disease.

> "(3) The program under paragraph (1) is carried out in accordance with the following:

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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 sub-
4	paragraph (B).
5	"(B) The State does not inform partners of
6	the identity of the infected individuals involved.
7	"(C) Counseling and testing for HIV disease
8	are made available to the partners and to in-
9	fected individuals, and such counseling includes
10	information on modes of transmission for the
11	disease, including information on prenatal and
12	perinatal transmission and preventing trans-
13	mission.
14	"(D) Counseling of infected individuals and
15	their partners includes the provision of informa-
16	tion regarding therapeutic measures for pre-
17	venting and treating the deterioration of the im-
18	mune system and conditions arising from the
19	disease, and the provision of other prevention-re-
20	lated information.
21	"(E) Referrals for appropriate services are
22	provided to partners and infected individuals,
23	including referrals for support services and legal

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aid.

1	"(F) Notifications under subparagraph (A)
2	are provided in person, unless doing so is an un-
3	reasonable burden on the State.
4	"(G) There is no criminal or civil penalty
5	on, or civil liability for, an infected individual
6	if 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 part-
10	ners is not a basis for the civil liability of any
11	health entity who under the program reported to
12	the State the identity of the infected individual
13	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 the
21	number of individuals from whom the names of part-
22	ners have been sought under the program under para-
23	graph (1), the number of such individuals who pro-
24	vided the names of partners, and the number of part-

ners so named who were notified under the program.

- 1 "(5) The State cooperates with such Director in 2 carrying out a national program of partner notifica-3 tion, including the sharing of information between the 4 public health officers of the States.
- 5 "(c) Reporting System for Cases of HIV Dis-6 ease.—
- "(1) Preference in making grants through 7 8 FISCAL YEAR 2003.—In making grants under sub-9 section (a) for each of the fiscal years 2001 through 10 2003, the Secretary shall give preference to States 11 whose reporting systems for cases of HIV disease 12 produce data on such cases that is sufficiently accu-13 rate and reliable for use for purposes of section 14 2618(b)(2)(D)(i).
- "(2) ELIGIBILITY CONDITION AFTER FISCAL

 YEAR 2003.—For fiscal year 2004 and subsequent fiscal years, a State may not receive a grant under subsection (a) unless the reporting system of the State for
 cases of HIV disease produces data on such cases that
 is sufficiently accurate and reliable for purposes of
 section 2618(b)(2)(D)(i).
- 22 "(d) AUTHORIZATION OF APPROPRIATIONS.—For the 23 purpose of carrying out this section, there are authorized 24 to be appropriated \$30,000,000 for fiscal year 2001, and

such sums as may be necessary for each of the fiscal years 2002 through 2005.". TITLE III—EARLY 3 INTERVENTION SERVICES Subtitle A—Formula Grants for 5 **States** 6 SEC. 301. REPEAL OF PROGRAM. 8 Subpart I of part C of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-41 et seq.) is repealed. Subtitle B—Categorical Grants 10 SEC. 311. PREFERENCES IN MAKING GRANTS. 12 Section 2653 of the Public Health Service Act (42 U.S.C. 300ff-53) is amended by adding at the end the following subsection: 14 15 "(d) Underserved and Rural Areas.—Of the applicants who qualify for preference under this section, the Secretary shall give preference to applicants that will expend the grant under section 2651 to provide early intervention under such section in rural areas or in areas that are underserved with respect to such services.". 21 SEC. 312. PLANNING AND DEVELOPMENT GRANTS. 22 (a) In General.—Section 2654(c)(1) of the Public 23 Health Service Act (42 U.S.C. 300ff–54(c)(1)) is amended 24 by striking "planning grants" and all that follows and in-

1	serting the following: "planning grants to public and non-
2	profit private entities 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 subpopula-
9	tions that are underserved with respect to such
10	services (subject to the condition that a grant
11	pursuant to this subparagraph may not be ex-
12	pended to purchase or improve land, or to pur-
13	chase, construct, or permanently improve, other
14	than minor remodeling, any building or other fa-
15	cility).".
16	(b) Amount; Duration.—Section 2654(c) of the Pub-
17	lic Health Service Act (42 U.S.C. 300ff-54(c)) is further
18	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) of
12	the Public Health Service Act (42 U.S.C. 300ff-54(c)(5)),
13	as redesignated by subsection (b), is amended by striking
14	"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 (42
23	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 designation;
6	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 status
15	to their sexual partners and their partners in the
16	sharing of hypodermic needles; that provides ad-
17	vice to infected individuals on the manner in
18	which such disclosures can be made; and that
19	emphasizes that it is the continuing duty of the
20	individuals to avoid any behaviors that will ex-
21	pose 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 at
4	$the\ end;$
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 the
11	extent to which medical services funded under this
12	title that are provided to patients are consistent with
13	the most recent Public Health Service guidelines for
14	the treatment of HIV disease and related opportun-
15	istic infections and that improvements in the access
16	to and quality of medical services are addressed"

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 research
16	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 grantees
23	under subsection (a) for purposes of enhancing and
24	expanding HIV-related research, especially within

1	communities that are underrepresented with respect to
2	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 $2692(a)(1)$ of the
18	Public Health Service Act (42 U.S.C. 300ff-
19	111(a)(1)) is 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 "and"
7	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 guidelines;
16	MEDICAL CONSULTATION ACTIVITIES.—Not later than
17	90 days after the date of the enactment of this Act,
18	the Secretary of Health and Human Services shall
19	issue and begin implementation of a strategy for the
20	dissemination of HIV treatment information to health
21	care providers and patients.
22	(b) Dental Schools.—Section 2692(b) of the Public
23	Health Service Act (42 U.S.C. 300ff-111(b)) is amended—
24	(1) by amending paragraph (1) to read as fol-
25	lows:

1	"(1) In general.—
2	"(A) Grants.—The Secretary may make
3	grants to dental schools and programs described
4	in subparagraph (B) to assist such schools and
5	programs with respect to oral health care to pa
6	tients with HIV disease.
7	"(B) Eligible applicants.—For purpose.
8	of this subsection, the dental schools and pro
9	grams referred to in this subparagraph are den
10	tal schools and programs that were described in
11	section 777(b)(4)(B) as such section was in effec
12	on the day before the date of enactment of the
13	Health Professions Education Partnerships Ac
14	of 1998 (Public Law 105–392) and in addition
15	dental hygiene programs that are accredited by
16	the Commission on Dental Accreditation.";
17	(2) in paragraph (2), by striking "777(b)(4)(B)"
18	and inserting "the section referred to in paragraph
19	(1)(B)"; and
20	(3) by inserting after paragraph (4) the fol
21	lowing paragraph:
22	"(5) Community-Based Care.—The Secretary
23	may make grants to dental schools and programs de
24	scribed in paragraph (1)(B) that partner with com

munity-based dentists to provide oral health care to

patients with HIV disease in unserved areas. Such 1 2 partnerships shall permit the training of dental students and residents and the participation of commu-3 4 nity dentists as adjunct faculty.". (c) AUTHORIZATION OF APPROPRIATIONS.— 5 6 (1) Schools; centers.—Section 2692(c)(1) of 7 the Public Health Service Act (42 U.S.C. 300ff-8 111(c)(1)) is amended by striking "fiscal years 1996 through 2000" and inserting "fiscal years 2001 9 10 through 2005". 11 (2) DENTAL SCHOOLS.—Section 2692(c)(2) of the 12 Public Health Service Act (42 U.S.C. 300ff–111(c)(2)) 13 is amended to read as follows: 14 "(2) Dental schools.— 15 "(A) In General.—For the purpose of 16 grants under paragraphs (1) through (4) of sub-17 section (b), there are authorized to be appro-18 priated such sums as may be necessary for each 19 of the fiscal years 2001 through 2005. 20 "(B) COMMUNITY-BASED CARE.—For the 21 purpose of grants under subsection (b)(5), there 22 are authorized to be appropriated such sums as 23 may be necessary for each of the fiscal years 24 2001 through 2005.".

Subtitle B—General Provisions in Title YYVI

2	Title XXVI
3	SEC. 411. EVALUATIONS AND REPORTS.
4	Section 2674(c) of the Public Health Service Act (42
5	U.S.C. 300ff-74(c)) is amended by striking "1991 through
6	1995" and inserting "2001 through 2005".
7	SEC. 412. DATA COLLECTION THROUGH CENTERS FOR DIS-
8	EASE CONTROL AND PREVENTION.
9	Part D of title XXVI of the Public Health Service Act
10	(42 U.S.C. 300ff-71 et seq.) is amended—
11	(1) by redesignating section 2675 as section
12	2675A; and
13	(2) by inserting after section 2674 the following
14	section:
15	"SEC. 2675. DATA COLLECTION.
16	"For the purpose of collecting and providing data for
17	program planning and evaluation activities under this
18	title, there are authorized to be appropriated to the Sec-
19	retary (acting through the Director of the Centers for Dis-
20	ease Control and Prevention) such sums as may be nec-
21	essary for each of the fiscal years 2001 through 2005. Such
22	authorization of appropriations is in addition to other au-
23	thorizations of appropriations that are available for such
24	purpose.".

1 SEC. 413. COORDINATION.

2	Section 2675A of the Public Health Service Act, as re-
3	designated by section 412 of this Act, is amended—
4	(1) by amending subsection (a) to read as fol-
5	lows:
6	"(a) Requirement.—The Secretary shall ensure that
7	the Health Resources and Services Administration, the Cen-
8	ters for Disease Control and Prevention, the Substance
9	Abuse and Mental Health Services Administration, and the
10	Health Care Financing Administration coordinate the
11	planning, funding, and implementation of Federal HIV
12	programs to enhance the continuity of care and prevention
13	services for individuals with HIV disease or those at risk
14	of such disease. The Secretary shall consult with other Fed-
15	eral agencies, including the Department of Veterans Affairs,
16	as needed and utilize planning information submitted to
17	such agencies by the States and entities eligible for sup-
18	port.";
19	(2) by redesignating subsections (b) and (c) as
20	subsections (c) and (d), respectively;
21	(3) by inserting after subsection (b) the following
22	subsection:
23	"(b) Report.—The Secretary shall biennially prepare
24	and submit to the appropriate committees of the Congress
25	a report concerning the coordination efforts at the Federal,
26	State, and local levels described in this section, including

- 1 a description of Federal barriers to HIV program integra-
- 2 tion and a strategy for eliminating such barriers and en-
- 3 hancing the continuity of care and prevention services for
- 4 individuals with HIV disease or those at risk of such dis-
- 5 ease."; and
- 6 (4) in each of subsections (c) and (d) (as redesig-
- 7 nated by paragraph (2) of this section), by inserting
- 8 "and prevention services" after "continuity of care"
- 9 each place such term appears.
- 10 SEC. 414. PLAN REGARDING RELEASE OF PRISONERS WITH
- 11 HIV DISEASE.
- 12 Section 2675A of the Public Health Service Act, as
- 13 amended by section 413(2) of this Act, is amended by add-
- 14 ing at the end the following subsection:
- 15 "(e) RECOMMENDATIONS REGARDING RELEASE OF
- 16 Prisoners.—After consultation with the Attorney General
- 17 and the Director of the Bureau of Prisons, with States, with
- 18 eligible areas under part A, and with entities that receive
- 19 amounts from grants under part A or B, the Secretary, con-
- 20 sistent with the coordination required in subsection (a),
- 21 shall develop a plan for the medical case management of
- 22 and the provision of support services to individuals who
- 23 were Federal or State prisoners and had HIV disease as
- 24 of the date on which the individuals were released from the
- 25 custody of the penal system. The Secretary shall submit the

- 1 plan to the Congress not later than two years after the date
- 2 of the enactment of the Ryan White CARE Act Amendments
- 3 of 2000.".
- 4 SEC. 415. AUDITS.
- 5 Part D of title XXVI of the Public Health Service Act,
- 6 as amended by section 412 of this Act, is amended by insert-
- 7 ing after section 2675A the following section:
- 8 "SEC. 2675B. AUDITS.
- 9 "For fiscal year 2002 and subsequent fiscal years, the
- 10 Secretary may reduce the amounts of grants under this title
- 11 to a State or political subdivision of a State for a fiscal
- 12 year if, with respect to such grants for the second preceding
- 13 fiscal year, the State or subdivision fails to prepare audits
- 14 in accordance with the procedures of section 7502 of title
- 15 31, United States Code. The Secretary shall annually select
- 16 representative samples of such audits, prepare summaries
- 17 of the selected audits, and submit the summaries to the Con-
- 18 gress.".
- 19 SEC. 416. ADMINISTRATIVE SIMPLIFICATION.
- 20 Part D of title XXVI of the Public Health Service Act,
- 21 as amended by section 415 of this Act, is amended by insert-
- 22 ing after section 2675B the following section:

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- 2 ING PARTS A AND B.
- 3 "(a) Coordinated Disbursement.—After consulta-
- 4 tion with the States, with eligible areas under part A, and
- 5 with entities that receive amounts from grants under part
- 6 A or B, the Secretary shall develop a plan for coordinating
- 7 the disbursement of appropriations for grants under part
- 8 A with the disbursement of appropriations for grants under
- 9 part B in order to assist grantees and other recipients of
- 10 amounts from such grants in complying with the require-
- 11 ments of such parts. The Secretary shall submit the plan
- 12 to the Congress not later than 18 months after the date of
- 13 the enactment of the Ryan White CARE Act Amendments
- 14 of 2000. Not later than two years after the date on which
- 15 the plan is so submitted, the Secretary shall complete the
- 16 implementation of the plan, notwithstanding any provision
- 17 of this title that is inconsistent with the plan.
- 18 "(b) BIENNIAL APPLICATIONS.—After consultation
- 19 with the States, with eligible areas under part A, and with
- 20 entities that receive amounts from grants under part A or
- 21 B, the Secretary shall make a determination of whether the
- 22 administration of parts A and B by the Secretary, and the
- 23 efficiency of grantees under such parts in complying with
- 24 the requirements of such parts, would be improved by re-
- 25 quiring that applications for grants under such parts be
- 26 submitted biennially rather than annually. The Secretary

- 1 shall submit such determination to the Congress not later
- 2 than two years after the date of the enactment of the Ryan
- 3 White CARE Act Amendments of 2000.
- 4 "(c) Application Simplification.—After consulta-
- 5 tion with the States, with eligible areas under part A, and
- 6 with entities that receive amounts from grants under part
- 7 A or B, the Secretary shall develop a plan for simplifying
- 8 the process for applications under parts A and B. The Sec-
- 9 retary shall submit the plan to the Congress not later than
- 10 18 months after the date of the enactment of the Ryan White
- 11 CARE Act Amendments of 2000. Not later than two years
- 12 after the date on which the plan is so submitted, the Sec-
- 13 retary shall complete the implementation of the plan, not-
- 14 withstanding any provision of this title that is inconsistent
- 15 with the plan.".
- 16 SEC. 417. AUTHORIZATION OF APPROPRIATIONS FOR
- 17 PARTS A AND B.
- 18 Section 2677 of the Public Health Service Act (42
- 19 U.S.C. 300ff-77) is amended to read as follows:
- 20 "SEC. 2677. AUTHORIZATION OF APPROPRIATIONS.
- 21 "(a) Part A.—For the purpose of carrying out part
- 22 A, there are authorized to be appropriated such sums as
- 23 may be necessary for each of the fiscal years 2001 through
- 24 2005.

"(b) Part B.—For the purpose of carrying out part 1 B, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 3 2005.". 4 TITLE V—GENERAL PROVISIONS 5 SEC. 501. STUDIES BY INSTITUTE OF MEDICINE. 7 (a) State Surveillance Systems on Prevalence 8 OF HIV.—The Secretary of Health and Human Services (referred to in this section as the "Secretary") shall request the Institute of Medicine to enter into an agreement with 10 the Secretary under which such Institute conducts a study to provide the following: 12 13 (1) A determination of whether the surveillance 14 system of each of the States regarding the human im-15 munodeficiency virus provides for the reporting of cases of infection with the virus in a manner that is 16 17 sufficient to provide adequate and reliable informa-18 tion on the number of such cases and the demographic 19 characteristics of such cases, both for the State in gen-20 eral and for specific geographic areas in the State. 21 (2) A determination of whether such information 22 is sufficiently accurate for purposes of formula grants 23 under parts A and B of title XXVI of the Public

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Health Service Act.

1	(3) With respect to any State whose surveillance
2	system does not provide adequate and reliable infor-
3	mation on cases of infection with the virus, rec-
4	ommendations regarding the manner in which the
5	State can improve the system.
6	(b) Relationship Between Epidemiological
7	Measures and Health Care for Certain Individuals
8	With HIV Disease.—
9	(1) In general.—The Secretary shall request
10	the Institute of Medicine to enter into an agreement
11	with the Secretary under which such Institute con-
12	ducts a study concerning the appropriate epidemio-
13	logical measures and their relationship to the financ-
14	ing and delivery of primary care and health-related
15	support services for low-income, uninsured, and
16	under-insured individuals with HIV disease.
17	(2) Issues to be considered.—The Secretary
18	shall ensure that the study under paragraph (1) con-
19	siders the following:
20	(A) The availability and utility of health
21	outcomes measures and data for HIV primary
22	care and support services and the extent to which
23	those measures and data could be used to meas-

 $ure\ the\ quality\ of\ such\ funded\ services.$

- 1 (B) The effectiveness and efficiency of serv-2 ice delivery (including the quality of services, health outcomes, and resource use) within the 3 4 context of a changing health care and thera-5 peutic environment, as well as the changing epi-6 demiology of the epidemic, including deter-7 mining the actual costs, potential savings, and 8 overall financial impact of modifying the pro-9 gram under title XIX of the Social Security Act 10 to establish eligibility for medical assistance under such title on the basis of infection with the 12 human immunodeficiency virus rather than pro-13 viding such assistance only if the infection has 14 progressed to acquired immune deficiency syn-15 drome.
 - (C) Existing and needed epidemiological data and other analytic tools for resource planning and allocation decisions, specifically for estimating severity of need of a community and the relationship to the allocations process.
 - (D) Other factors determined to be relevant to assessing an individual's or community's ability to gain and sustain access to quality HIV services.

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1	(c) Other Entities.—If the Institute of Medicine de-
2	clines to conduct a study under this section, the Secretary
3	shall enter into an agreement with another appropriate
4	public or nonprofit private entity to conduct the study.
5	(d) Report.—The Secretary shall ensure that—
6	(1) not later than three years after the date of
7	the enactment of this Act, the study required in sub-
8	section (a) is completed and a report describing the
9	findings made in the study is submitted to the appro-
10	priate committees of the Congress; and
11	(2) not later than two years after the date of the
12	enactment of this Act, the study required in sub-
13	section (b) is completed and a report describing the
14	findings made in the study is submitted to such com-
15	mittees.
16	SEC. 502. DEVELOPMENT OF RAPID HIV TEST.
17	(a) Expansion, Intensification, and Coordination
18	OF RESEARCH AND OTHER ACTIVITIES.—
19	(1) In general.—The Director of NIH shall ex-
20	pand, intensify, and coordinate research and other
21	activities of the National Institutes of Health with re-
22	spect to the development of reliable and affordable
23	tests for HIV disease that can rapidly be adminis-
24	tered and whose results can rapidly be obtained (in
25	this section referred to a "rapid HIV test").

- 1 (2) Report to congress.—The Director of
 2 NIH shall periodically submit to the appropriate
 3 committees of Congress a report describing the re4 search and other activities conducted or supported
 5 under paragraph (1).
 - (3) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subsection, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.

(b) Premarket Review of Rapid HIV Tests.—

- (1) In General.—Not later than 90 days after the date of the enactment of this Act, the Secretary, in consultation with the Director of the Centers for Disease Control and Prevention and the Commissioner of Food and Drugs, shall submit to the appropriate committees of the Congress a report describing the progress made towards, and barriers to, the premarket review and commercial distribution of rapid HIV tests. The report shall—
 - (A) assess the public health need for and public health benefits of rapid HIV tests, including the minimization of false positive results through the availability of multiple rapid HIV tests:

1	(B) make recommendations regarding the
2	need for the expedited review of rapid HIV test
3	applications submitted to the Center for Bio-
4	logics Evaluation and Research and, if such rec-
5	ommendations are favorable, specify criteria and
6	procedures for such expedited review; and
7	(C) specify whether the barriers to the pre-
8	market review of rapid HIV tests include the un-
9	necessary application of requirements—
10	(i) necessary to ensure the efficacy of
11	devices for donor screening to rapid HIV
12	tests intended for use in other screening sit-
13	uations; or
14	(ii) for identifying antibodies to HIV
15	subtypes of rare incidence in the United
16	States to rapid HIV tests intended for use
17	in screening situations other than donor
18	screening.
19	(c) Guidelines of Centers for Disease Control
20	and Prevention.—Promptly after commercial distribu-
21	tion of a rapid HIV test begins, the Secretary, acting
22	through the Director of the Centers for Disease Control and
23	Prevention, shall establish or update guidelines that include
24	recommendations for States, hospitals, and other appro-
25	priate entities regarding the ready availability of such tests

- 1 for administration to pregnant women who are in labor
- 2 or in the late stage of pregnancy and whose HIV status
- 3 is not known to the attending obstetrician.

4 TITLE VI—EFFECTIVE DATE

- 5 SEC. 601. EFFECTIVE DATE.
- 6 This Act and the amendments made by this Act take
- 7 effect October 1, 2000, or upon the date of the enactment
- 8 of this Act, whichever occurs later.

Calendar No. 455

106TH CONGRESS 2D SESSION

H.R.4807

[Report No. 106-788]

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.

July 25, 2000

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed