

106TH CONGRESS
2D SESSION

S. 2311

AMENDMENTS

In the House of Representatives, U. S.,

October 5, 2000.

Resolved, That the bill from the Senate (S. 2311) entitled “An Act to revise and extend the Ryan White CARE Act programs under title XXVI of the Public Health Service Act, to improve access to health care and the quality of care under such programs, and to provide for the development of increased capacity to provide health care and related support services to individuals and families with HIV disease, and for other purposes”, do pass with the following

AMENDMENTS:

Strike out all after the enacting clause and insert:

1 *SECTION 1. SHORT TITLE.*

2 *This Act may be cited as the “Ryan White CARE Act*
3 *Amendments of 2000”.*

4 *SEC. 2. TABLE OF CONTENTS.*

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

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

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TITLE II—CARE GRANT PROGRAM

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HIV*

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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

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Subtitle B—Categorical Grants

Sec. 311. Preferences in making grants.

Sec. 312. Planning and development grants.

Sec. 313. Authorization of appropriations.

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Sec. 321. Provision of certain counseling services.

Sec. 322. Additional required agreements.

TITLE IV—OTHER PROGRAMS AND ACTIVITIES

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

Sec. 401. Grants for coordinated services and access to research for women, infants, children, and youth.

Sec. 402. AIDS education and training centers.

*Subtitle B—General Provisions in Title XXVI**Sec. 411. Evaluations and reports.**Sec. 412. Data collection through Centers for Disease Control and Prevention.**Sec. 413. Coordination.**Sec. 414. Plan regarding release of prisoners with HIV disease.**Sec. 415. Audits.**Sec. 416. Administrative simplification.**Sec. 417. Authorization of appropriations for parts A and B.**TITLE V—GENERAL PROVISIONS**Sec. 501. Studies by Institute of Medicine.**Sec. 502. Development of rapid HIV test.**Sec. 503. Technical corrections.**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 (C), by inserting be-
16 fore the semicolon the following: “, including
17 providers of housing and homeless services”;

1 (B) in subparagraph (G), by striking “or
2 AIDS”;

3 (C) in subparagraph (K), by striking “and”
4 at the end;

5 (D) in subparagraph (L), by striking the
6 period and inserting the following: “, including
7 but not limited to providers of HIV prevention
8 services; and”; and

9 (E) by adding at the end the following sub-
10 paragraph:

11 “(M) representatives of individuals who for-
12 merly were Federal, State, or local prisoners,
13 were released from the custody of the penal sys-
14 tem during the preceding 3 years, and had HIV
15 disease as of the date on which the individuals
16 were so released.”.

17 (b) *CONFLICTS OF INTERESTS*.—Section 2602(b)(5) of
18 the Public Health Service Act (42 U.S.C. 300ff–12(b)(5))
19 is amended by adding at the end the following subpara-
20 graph:

21 “(C) *COMPOSITION OF COUNCIL*.—The fol-
22 lowing applies regarding the membership of a
23 planning council under paragraph (1):

24 “(i) Not less than 33 percent of the
25 council shall be individuals who are receiv-

ing HIV-related services pursuant to a grant under section 2601(a), are not officers, employees, or consultants to any entity that receives amounts from such a grant, and do not represent any such entity, and reflect the demographics of the population of individuals with HIV disease as determined under paragraph (4)(A). For purposes of the preceding sentence, an individual shall be considered to be receiving such services if the individual is a parent of, or a caregiver for, a minor child who is receiving such services.

“(ii) With respect to membership on the planning council, clause (i) may not be construed as having any effect on entities that receive funds from grants under any of parts B through F but do not receive funds from grants under section 2601(a), on officers or employees of such entities, or on individuals who represent such entities.”.

SEC. 102. DUTIES OF COUNCILS.

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

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

3 (2) by inserting before subparagraph (C) (as so
4 redesignated) the following subparagraphs:

5 “(A) determine the size and demographics of
6 the population of individuals with HIV disease;

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

9 “(i) individuals with HIV disease who
10 know their HIV status and are not receiv-
11 ing HIV-related services; and

12 “(ii) disparities in access and services
13 among affected subpopulations and histori-
14 cally underserved communities;”;

15 (3) in subparagraph (C) (as so redesignated), by
16 striking clauses (i) through (iv) and inserting the fol-
17 lowing:

18 “(i) size and demographics of the pop-
19 ulation of individuals with HIV disease (as
20 determined under subparagraph (A)) and
21 the needs of such population (as determined
22 under subparagraph (B));

23 “(ii) demonstrated (or probable) cost
24 effectiveness and outcome effectiveness of

1 *proposed strategies and interventions, to the*
 2 *extent that data are reasonably available;*

3 “(iii) *priorities of the communities*
 4 *with HIV disease for whom the services are*
 5 *intended;*

6 “(iv) *coordination in the provision of*
 7 *services to such individuals with programs*
 8 *for HIV prevention and for the prevention*
 9 *and treatment of substance abuse, including*
 10 *programs that provide comprehensive treat-*
 11 *ment for such abuse;*

12 “(v) *availability of other governmental*
 13 *and non-governmental resources, including*
 14 *the State medicaid plan under title XIX of*
 15 *the Social Security Act and the State Chil-*
 16 *dren’s Health Insurance Program under*
 17 *title XXI of such Act to cover health care*
 18 *costs of eligible individuals and families*
 19 *with HIV disease; and*

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

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

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

4 “(i) includes a strategy for identifying
5 individuals who know their HIV status and
6 are not receiving such services and for in-
7 forming the individuals of and enabling the
8 individuals to utilize the services, giving
9 particular attention to eliminating dispari-
10 ties in access and services among affected
11 subpopulations and historically underserved
12 communities, and including discrete goals,
13 a timetable, and an appropriate allocation
14 of funds;

15 “(ii) includes a strategy to coordinate
16 the provision of such services with programs
17 for HIV prevention (including outreach and
18 early intervention) and for the prevention
19 and treatment of substance abuse (including
20 programs that provide comprehensive treat-
21 ment services for such abuse); and

22 “(iii) is compatible with any State or
23 local plan for the provision of services to in-
24 dividuals with HIV disease;”;

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

3 (6) in subparagraph (G) (as so redesignated)—
4 (A) by striking “public meetings,” and in-
5 serting “public meetings (in accordance with
6 paragraph (7)),”; and

7 (B) by striking the period and inserting “;
8 and”; and

9 (7) by adding at the end the following subpara-
10 graph:

11 “(H) coordinate with Federal grantees that
12 provide HIV-related services within the eligible
13 area.”.

14 (b) *PROCESS FOR ESTABLISHING ALLOCATION PRIOR-*
15 *ITIES.*—Section 2602 of the Public Health Service Act (42
16 U.S.C. 300ff–12) is amended by adding at the end the fol-
17 lowing subsection:

18 “(d) *PROCESS FOR ESTABLISHING ALLOCATION PRI-*
19 *ORITIES.*—Promptly after the date of the submission of the
20 report required in section 501(b) of the Ryan White CARE
21 Act Amendments of 2000 (relating to the relationship be-
22 tween epidemiological measures and health care for certain
23 individuals with HIV disease), the Secretary, in consulta-
24 tion with planning councils and entities that receive

1 amounts from grants under section 2601(a) or 2611, shall
 2 develop epidemiologic measures—

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

6 “(2) for carrying out the duties under subsection
 7 (b)(4) and section 2617(b).”.

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

12 “(e) *TRAINING GUIDANCE AND MATERIALS*.—The Sec-
 13 retary shall provide to each chief elected official receiving
 14 a grant under 2601(a) guidelines and materials for train-
 15 ing members of the planning council under paragraph (1)
 16 regarding the duties of the council.”.

17 (d) *CONFORMING AMENDMENT*.—Section 2603(c) of
 18 the Public Health Service Act (42 U.S.C. 300ff–12(b)) is
 19 amended by striking “section 2602(b)(3)(A)” and inserting
 20 “section 2602(b)(4)(C)”.

21 **SEC. 103. OPEN MEETINGS; OTHER ADDITIONAL PROVI-**
 22 **SIONS.**

23 Section 2602(b) of the Public Health Service Act (42
 24 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
3 whether there is data on cases of HIV dis-
4 ease from all eligible areas (reported to and
5 confirmed by the Director of the Centers for
6 Disease Control and Prevention) sufficiently
7 accurate and reliable for use for purposes of
8 subparagraph (C)(i). In making such a de-
9 termination, the Secretary shall take into
10 consideration the findings of the study
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).

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

1 “(iii) *GRANTS AND TECHNICAL ASSIST-*
2 *ANCE REGARDING COUNTING OF HIV*
3 *CASES.—Of the amounts appropriated*
4 *under section 318B for a fiscal year, the*
5 *Secretary shall reserve amounts to make*
6 *grants and provide technical assistance to*
7 *States and eligible areas with respect to ob-*
8 *taining data on cases of HIV disease to en-*
9 *sure that data on such cases is available*
10 *from all States and eligible areas as soon as*
11 *is practicable but not later than the begin-*
12 *ning of fiscal year 2007.”.*

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

16 “(4) *INCREASES IN GRANT.—*

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

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

graph for the base year for the protection period;

“(ii) for any second fiscal year in such period, the grant is not less than 95 percent of the amount of such base year grant;

“(iii) for any third fiscal year in such period, the grant is not less than 92 percent of the amount of the base year grant;

“(iv) for any fourth fiscal year in such period, the grant is not less than 89 percent of the amount of the base year grant; and

“(v) for any fifth or subsequent fiscal year in such period, if, pursuant to paragraph (3)(D)(ii), the references in paragraph (3)(C)(i) to HIV disease do not have any legal effect, the grant is not less than 85 percent of the amount of the base year grant.

“(B) *SPECIAL RULE.*—If for fiscal year 2005, pursuant to paragraph (3)(D)(ii), data on cases of HIV disease are used for purposes of paragraph (3)(C)(i), the Secretary shall increase the amount of a grant made pursuant to paragraph (2) for an eligible area to ensure that the grant is not less than 98 percent of the amount

1 *of the grant made for the area in fiscal year*
2 *2004.*

3 “(C) *BASE YEAR; PROTECTION PERIOD.—*
4 *With respect to grants made pursuant to para-*
5 *graph (2) for an eligible area:*

6 “(i) *The base year for a protection pe-*
7 *riod is the fiscal year preceding the trigger*
8 *grant-reduction year.*

9 “(ii) *The first trigger grant-reduction*
10 *year is the first fiscal year (after fiscal year*
11 *2000) for which the grant for the area is*
12 *less than the grant for the area for the pre-*
13 *ceding fiscal year.*

14 “(iii) *A protection period begins with*
15 *the trigger grant-reduction year and con-*
16 *tinues until the beginning of the first fiscal*
17 *year for which the amount of the grant de-*
18 *termined pursuant to paragraph (2) for the*
19 *area equals or exceeds the amount of the*
20 *grant determined under subparagraph (A).*

21 “(iv) *Any subsequent trigger grant-re-*
22 *duction year is the first fiscal year, after*
23 *the end of the preceding protection period,*
24 *for which the amount of the grant is less*

1 *than the amount of the grant for the pre-*
 2 *ceding fiscal year.”.*

3 **SEC. 112. SUPPLEMENTAL GRANTS.**

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

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

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

11 (3) *by inserting before subparagraph (B) (as so*
 12 *redesignated) the following subparagraph:*

13 *“(A) IN GENERAL.—The amount of each*
 14 *grant made for purposes of this subsection shall*
 15 *be determined by the Secretary based on a*
 16 *weighting of factors under paragraph (1), with*
 17 *severe need under subparagraph (B) of such*
 18 *paragraph counting one-third.”;*

19 (4) *in subparagraph (B) (as so redesignated)—*

20 (A) *in clause (ii), by striking “and” at the*
 21 *end;*

22 (B) *in clause (iii), by striking the period*
 23 *and inserting a semicolon; and*

24 (C) *by adding at the end the following*
 25 *clauses:*

1 “(iv) the current prevalence of HIV
2 disease;

3 “(v) an increasing need for HIV-re-
4 lated services, including relative rates of in-
5 crease in the number of cases of HIV dis-
6 ease; and

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

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

10 (A) by striking “subparagraph (A)” each
11 place such term appears and inserting “subpara-
12 graph (B)”;

13 (B) in the second sentence, by striking “2
14 years after the date of enactment of this para-
15 graph” and inserting “18 months after the date
16 of the enactment of the Ryan White CARE Act
17 Amendments of 2000”; and

18 (C) by inserting after the second sentence
19 the following sentence: “Such a mechanism shall
20 be modified to reflect the findings of the study
21 under section 501(b) of the Ryan White CARE
22 Act Amendments of 2000 (relating to the rela-
23 tionship between epidemiological measures and
24 health care for certain individuals with HIV dis-
25 ease).”; and

1 (6) in subparagraph (D) (as so redesignated), by
 2 striking “subparagraph (B)” and inserting “subpara-
 3 graph (C)”.

4 (b) *REQUIREMENTS FOR APPLICATION*.—Section
 5 2603(b)(1)(E) of the Public Health Service Act (42 U.S.C.
 6 300ff–13(b)(1)(E)) is amended by inserting “youth,” after
 7 “children,”.

8 (c) *TECHNICAL AND CONFORMING AMENDMENT*.—Sec-
 9 tion 2603(b) of the Public Health Service Act (42 U.S.C.
 10 300ff–13(b)) is amended—

11 (1) by striking paragraph (4);

12 (2) by redesignating paragraph (5) as para-
 13 graph (4); and

14 (3) in paragraph (4) (as so redesignated), in
 15 subparagraph (B), by striking “grants” and inserting
 16 “grant”.

17 ***Subtitle C—Other Provisions***

18 ***SEC. 121. USE OF AMOUNTS.***

19 (a) *PRIMARY PURPOSES*.—Section 2604(b)(1) of the
 20 Public Health Service Act (42 U.S.C. 300ff–14(b)(1)) is
 21 amended—

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

25 (2) in subparagraph (A)—

1 (A) by striking “outpatient” and all that
 2 follows through “substance abuse treatment and”
 3 and inserting the following: “Outpatient and
 4 ambulatory health services, including substance
 5 abuse treatment,”; and

6 (B) by striking “; and” and inserting a pe-
 7 riod;

8 (3) in subparagraph (B), by striking “(B) inpa-
 9 tient case management” and inserting “(C) Inpatient
 10 case management”;

11 (4) by inserting after subparagraph (A) the fol-
 12 lowing subparagraph:

13 “(B) Outpatient and ambulatory support
 14 services (including case management), to the ex-
 15 tent that such services facilitate, enhance, sup-
 16 port, or sustain the delivery, continuity, or bene-
 17 fits of health services for individuals and fami-
 18 lies with HIV disease.”; and

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

20 “(D) Outreach activities that are intended
 21 to identify individuals with HIV disease who
 22 know their HIV status and are not receiving
 23 HIV-related services, and that are—

24 “(i) necessary to implement the strat-
 25 egy under section 2602(b)(4)(D), including

activities facilitating the access of such individuals to HIV-related primary care services at entities described in paragraph (3)(A);

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

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

(b) *EARLY INTERVENTION SERVICES.*—Section 2604(b) (42 U.S.C. 300ff–14(b)) of the Public Health Service Act is amended—

(1) by redesignating paragraph (3) as paragraph (4); and

(2) by inserting after paragraph (2) the following:

“(3) *EARLY INTERVENTION SERVICES.*—

“(A) *IN GENERAL.*—The purposes for which a grant under section 2601 may be used include providing to individuals with HIV disease early intervention services described in section 2651(b)(2), with follow-up referral provided for the purpose of facilitating the access of individ-

1 uals receiving the services to HIV-related health
2 services. The entities through which such services
3 may be provided under the grant include public
4 health departments, emergency rooms, substance
5 abuse and mental health treatment programs, de-
6 toxification centers, detention facilities, clinics
7 regarding sexually transmitted diseases, homeless
8 shelters, HIV disease counseling and testing sites,
9 health care points of entry specified by eligible
10 areas, federally qualified health centers, and en-
11 tities described in section 2652(a) that constitute
12 a point of access to services by maintaining re-
13 ferral relationships.

14 “(B) CONDITIONS.—With respect to an enti-
15 ty that proposes to provide early intervention
16 services under subparagraph (A), such subpara-
17 graph applies only if the entity demonstrates to
18 the satisfaction of the chief elected official for the
19 eligible area involved that—

20 “(i) Federal, State, or local funds are
21 otherwise inadequate for the early interven-
22 tion services the entity proposes to provide;
23 and

24 “(ii) the entity will expend funds pur-
25 suant to such subparagraph to supplement

1 and not supplant other funds available to
 2 the entity for the provision of early inter-
 3 vention services for the fiscal year in-
 4 volved.”.

5 (c) *PRIORITY FOR WOMEN, INFANTS, AND CHIL-*
 6 *DREN.—Section 2604(b) (42 U.S.C. 300ff–14(b)) of the*
 7 *Public Health Service Act is amended in paragraph (4) (as*
 8 *redesignated by subsection (b)(1) of this section) by amend-*
 9 *ing the paragraph to read as follows:*

10 “(4) *PRIORITY FOR WOMEN, INFANTS AND CHIL-*
 11 *DREN.—*

12 “(A) *IN GENERAL.—For the purpose of pro-*
 13 *viding health and support services to infants,*
 14 *children, youth, and women with HIV disease,*
 15 *including treatment measures to prevent the*
 16 *perinatal transmission of HIV, the chief elected*
 17 *official of an eligible area, in accordance with*
 18 *the established priorities of the planning council,*
 19 *shall for each of such populations in the eligible*
 20 *area use, from the grants made for the area*
 21 *under section 2601(a) for a fiscal year, not less*
 22 *than the percentage constituted by the ratio of*
 23 *the population involved (infants, children, youth,*
 24 *or women in such area) with acquired immune*

1 *deficiency syndrome to the general population in*
 2 *such area of individuals with such syndrome.*

3 “(B) *WAIVER.*—*With respect the population*
 4 *involved, the Secretary may provide to the chief*
 5 *elected official of an eligible area a waiver of the*
 6 *requirement of subparagraph (A) if such official*
 7 *demonstrates to the satisfaction of the Secretary*
 8 *that the population is receiving HIV-related*
 9 *health services through the State medicaid pro-*
 10 *gram under title XIX of the Social Security Act,*
 11 *the State children’s health insurance program*
 12 *under title XXI of such Act, or other Federal or*
 13 *State programs.”.*

14 (d) *QUALITY MANAGEMENT.*—*Section 2604 of the Pub-*
 15 *lic Health Service Act (42 U.S.C. 300ff–14) is amended—*

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

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

20 “(c) *QUALITY MANAGEMENT.*—

21 “(1) *REQUIREMENT.*—*The chief elected official of*
 22 *an eligible area that receives a grant under this part*
 23 *shall provide for the establishment of a quality man-*
 24 *agement program to assess the extent to which HIV*
 25 *health services provided to patients under the grant*

1 are consistent with the most recent Public Health
 2 Service guidelines for the treatment of HIV disease
 3 and related opportunistic infection, and as applica-
 4 ble, to develop strategies for ensuring that such serv-
 5 ices are consistent with the guidelines for improve-
 6 ment in the access to and quality of HIV health serv-
 7 ices.

8 “(2) *USE OF FUNDS.*—From amounts received
 9 under a grant awarded under this part for a fiscal
 10 year, the chief elected official of an eligible area may
 11 (in addition to amounts to which subsection (f)(1) ap-
 12 plies) use for activities associated with the quality
 13 management program required in paragraph (1) not
 14 more than the lesser of—

15 “(A) 5 percent of amounts received under
 16 the grant; or

17 “(B) \$3,000,000.”.

18 **SEC. 122. APPLICATION.**

19 (a) *IN GENERAL.*—Section 2605(a) of the Public
 20 Health Service Act (42 U.S.C. 300ff–15(a)) is amended—

21 (1) by redesignating paragraphs (3) through (6)
 22 as paragraphs (5) through (8), respectively; and

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

1 “(3) that entities within the eligible area that re-
 2 ceive funds under a grant under this part will main-
 3 tain appropriate relationships with entities in the eli-
 4 gible area served that constitute key points of access
 5 to the health care system for individuals with HIV
 6 disease (including emergency rooms, substance abuse
 7 treatment programs, detoxification centers, adult and
 8 juvenile detention facilities, sexually transmitted dis-
 9 ease clinics, HIV counseling and testing sites, mental
 10 health programs, and homeless shelters), and other en-
 11 tities under section 2604(b)(3) and 2652(a), for the
 12 purpose of facilitating early intervention for individ-
 13 uals newly diagnosed with HIV disease and individ-
 14 uals knowledgeable of their HIV status but not in
 15 care;

16 “(4) that the chief elected official of the eligible
 17 area will satisfy all requirements under section
 18 2604(c);”.

19 (b) CONFORMING AMENDMENTS.—Section 2605(a) (42
 20 U.S.C. 300ff–15(a)(1)) is amended—

21 (1) in paragraph (1)—

22 (A) in subparagraph (A), by striking “serv-
 23 ices to individuals with HIV disease” and insert-
 24 ing “services as described in section 2604(b)(1)”;
 25 and

1 *(B) in subparagraph (B), by striking “serv-*
 2 *ices for individuals with HIV disease” and in-*
 3 *serting “services as described in section*
 4 *2604(b)(1)”;*

5 *(2) in paragraph (7) (as redesignated by sub-*
 6 *section (a)(1) of this section), by striking “and” at*
 7 *the end;*

8 *(3) in paragraph (8) (as so redesignated), by*
 9 *striking the period and inserting “; and”; and*

10 *(4) by adding at the end the following para-*
 11 *graph:*

12 *“(9) that the eligible area has procedures in*
 13 *place to ensure that services provided with funds re-*
 14 *ceived under this part meet the criteria specified in*
 15 *section 2604(b)(1).”.*

16 ***TITLE II—CARE GRANT***
 17 ***PROGRAM***
 18 ***Subtitle A—General Grant***
 19 ***Provisions***

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

21 *Section 2611(b) of the Public Health Service Act (42*
 22 *U.S.C. 300ff–21(b)) is amended to read as follows:*

23 *“(b) PRIORITY FOR WOMEN, INFANTS AND CHIL-*
 24 *DREN.—*

1 “(1) *IN GENERAL.*—For the purpose of providing
 2 health and support services to infants, children,
 3 youth, and women with HIV disease, including treat-
 4 ment measures to prevent the perinatal transmission
 5 of HIV, a State shall for each of such populations use,
 6 of the funds allocated under this part to the State for
 7 a fiscal year, not less than the percentage constituted
 8 by the ratio of the population involved (infants, chil-
 9 dren, youth, or women in the State) with acquired
 10 immune deficiency syndrome to the general popu-
 11 lation in the State of individuals with such syn-
 12 drome.

13 “(2) *WAIVER.*—With respect the population in-
 14 volved, the Secretary may provide to a State a waiver
 15 of the requirement of paragraph (1) if the State dem-
 16 onstrates to the satisfaction of the Secretary that the
 17 population is receiving HIV-related health services
 18 through the State medicaid program under title XIX
 19 of the Social Security Act, the State children’s health
 20 insurance program under title XXI of such Act, or
 21 other Federal or State programs.”.

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

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

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

3 (2) *by adding at the end the following sub-*
 4 *sections:*

5 “(b) *SUPPORT SERVICES; OUTREACH.—The purposes*
 6 *for which a grant under this part may be used include de-*
 7 *livering or enhancing the following:*

8 “(1) *Outpatient and ambulatory support services*
 9 *under section 2611(a) (including case management)*
 10 *to the extent that such services facilitate, enhance,*
 11 *support, or sustain the delivery, continuity, or bene-*
 12 *fits of health services for individuals and families*
 13 *with HIV disease.*

14 “(2) *Outreach activities that are intended to*
 15 *identify individuals with HIV disease who know their*
 16 *HIV status and are not receiving HIV-related serv-*
 17 *ices, and that are—*

18 “(A) *necessary to implement the strategy*
 19 *under section 2617(b)(4)(B), including activities*
 20 *facilitating the access of such individuals to*
 21 *HIV-related primary care services at entities de-*
 22 *scribed in subsection (c)(1);*

23 “(B) *conducted in a manner consistent with*
 24 *the requirement under section 2617(b)(6)(G) and*
 25 *2651(b)(2); and*

1 “(C) supplement, and do not supplant, such
 2 activities that are carried out with amounts ap-
 3 propriated under section 317.

4 “(c) *EARLY INTERVENTION SERVICES*.—

5 “(1) *IN GENERAL*.—The purposes for which a
 6 grant under this part may be used include providing
 7 to individuals with HIV disease early intervention
 8 services described in section 2651(b)(2), with follow-
 9 up referral provided for the purpose of facilitating the
 10 access of individuals receiving the services to HIV-re-
 11 lated health services. The entities through which such
 12 services may be provided under the grant include
 13 public health departments, emergency rooms, sub-
 14 stance abuse and mental health treatment programs,
 15 detoxification centers, detention facilities, clinics re-
 16 garding sexually transmitted diseases, homeless shel-
 17 ters, HIV disease counseling and testing sites, health
 18 care points of entry specified by States or eligible
 19 areas, federally qualified health centers, and entities
 20 described in section 2652(a) that constitute a point of
 21 access to services by maintaining referral relation-
 22 ships.

23 “(2) *CONDITIONS*.—With respect to an entity
 24 that proposes to provide early intervention services
 25 under paragraph (1), such paragraph applies only if

1 *the entity demonstrates to the satisfaction of the State*
 2 *involved that—*

3 “(A) *Federal, State, or local funds are oth-*
 4 *erwise inadequate for the early intervention serv-*
 5 *ices the entity proposes to provide; and*

6 “(B) *the entity will expend funds pursuant*
 7 *to such paragraph to supplement and not sup-*
 8 *plant other funds available to the entity for the*
 9 *provision of early intervention services for the*
 10 *fiscal year involved.*

11 “(d) *QUALITY MANAGEMENT.—*

12 “(1) *REQUIREMENT.—Each State that receives a*
 13 *grant under this part shall provide for the establish-*
 14 *ment of a quality management program to assess the*
 15 *extent to which HIV health services provided to pa-*
 16 *tients under the grant are consistent with the most re-*
 17 *cent Public Health Service guidelines for the treat-*
 18 *ment of HIV disease and related opportunistic infec-*
 19 *tion, and as applicable, to develop strategies for en-*
 20 *sureing that such services are consistent with the*
 21 *guidelines for improvement in the access to and qual-*
 22 *ity of HIV health services.*

23 “(2) *USE OF FUNDS.—From amounts received*
 24 *under a grant awarded under this part for a fiscal*
 25 *year, the State may (in addition to amounts to which*

1 *section 2618(b)(5) applies) use for activities associ-*
 2 *ated with the quality management program required*
 3 *in paragraph (1) not more than the lesser of—*

4 *“(A) 5 percent of amounts received under*
 5 *the grant; or*

6 *“(B) \$3,000,000.”.*

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

8 *Section 2613 of the Public Health Service Act (42*
 9 *U.S.C. 300ff-23) is amended—*

10 *(1) in subsection (b)(1)—*

11 *(A) in subparagraph (A), by inserting be-*
 12 *fore the semicolon the following: “, particularly*
 13 *those experiencing disparities in access and serv-*
 14 *ices and those who reside in historically under-*
 15 *served communities”; and*

16 *(B) in subparagraph (B), by inserting after*
 17 *“by such consortium” the following: “is con-*
 18 *sistent with the comprehensive plan under*
 19 *2617(b)(4) and”;*

20 *(2) in subsection (c)(1)—*

21 *(A) in subparagraph (D), by striking “and”*
 22 *after the semicolon at the end;*

23 *(B) in subparagraph (E), by striking the*
 24 *period and inserting “; and”; and*

1 (C) by adding at the end the following sub-
2 paragraph:

3 “(F) demonstrates that adequate planning
4 occurred to address disparities in access and
5 services and historically underserved commu-
6 nities.”; and

7 (3) in subsection (c)(2)—

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

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

12 (C) by inserting after subparagraph (C) the
13 following subparagraph:

14 “(D) the types of entities described in sec-
15 tion 2602(b)(2).”.

16 **SEC. 204. PROVISION OF TREATMENTS.**

17 (a) *IN GENERAL.*—Section 2616(c) of the Public
18 Health Service Act (42 U.S.C. 300ff–26(c)) is amended—

19 (1) in paragraph (4), by striking “and” after the
20 semicolon at the end;

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

23 (3) by inserting after paragraph (5) the fol-
24 lowing:

1 “(6) encourage, support, and enhance adherence
2 to and compliance with treatment regimens, includ-
3 ing related medical monitoring.

4 “Of the amount reserved by a State for a fiscal year for
5 use under this section, the State may not use more than
6 5 percent to carry out services under paragraph (6), except
7 that the percentage applicable with respect to such para-
8 graph is 10 percent if the State demonstrates to the Sec-
9 retary that such additional services are essential and in no
10 way diminish access to the therapeutics described in sub-
11 section (a).”.

12 (b) *HEALTH INSURANCE AND PLANS.*—Section 2616
13 of the Public Health Service Act (42 U.S.C. 300ff–26) is
14 amended by adding at the end the following subsection:

15 “(e) *USE OF HEALTH INSURANCE AND PLANS.*—

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

24 “(2) *LIMITATION.*—The authority established in
25 paragraph (1) applies only to the extent that, for the

1 *fiscal year involved, the costs of the health insurance*
 2 *or plans to be purchased or maintained under such*
 3 *paragraph do not exceed the costs of otherwise pro-*
 4 *viding therapeutics described in subsection (a).”.*

5 **SEC. 205. STATE APPLICATION.**

6 *(a) DETERMINATION OF SIZE AND NEEDS OF POPU-*
 7 *LATION; COMPREHENSIVE PLAN.—Section 2617(b) of the*
 8 *Public Health Service Act (42 U.S.C. 300ff–27(b)) is*
 9 *amended—*

10 *(1) by redesignating paragraphs (2) through (4)*
 11 *as paragraphs (4) through (6), respectively;*

12 *(2) by inserting after paragraph (1) the fol-*
 13 *lowing paragraphs:*

14 *“(2) a determination of the size and demo-*
 15 *graphics of the population of individuals with HIV*
 16 *disease in the State;*

17 *“(3) a determination of the needs of such popu-*
 18 *lation, with particular attention to—*

19 *“(A) individuals with HIV disease who*
 20 *know their HIV status and are not receiving*
 21 *HIV-related services; and*

22 *“(B) disparities in access and services*
 23 *among affected subpopulations and historically*
 24 *underserved communities;”;* and

25 *(3) in paragraph (4) (as so redesignated)—*

1 (A) by striking “comprehensive plan for the
2 organization” and inserting “comprehensive
3 plan that describes the organization”;

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

6 (C) by redesignating subparagraphs (A)
7 through (C) as subparagraphs (D) through (F),
8 respectively;

9 (D) by inserting before subparagraph (C)
10 the following subparagraphs:

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

13 “(i) size and demographics of the pop-
14 ulation of individuals with HIV disease (as
15 determined under paragraph (2)) and the
16 needs of such population (as determined
17 under paragraph (3));

18 “(ii) availability of other governmental
19 and non-governmental resources, including
20 the State medicaid plan under title XIX of
21 the Social Security Act and the State Chil-
22 dren’s Health Insurance Program under
23 title XXI of such Act to cover health care
24 costs of eligible individuals and families
25 with HIV disease;

1 “(iii) capacity development needs re-
 2 sulting from disparities in the availability
 3 of HIV-related services in historically un-
 4 derserved communities and rural commu-
 5 nities; and

6 “(iv) the efficiency of the administra-
 7 tive mechanism of the State for rapidly al-
 8 locating funds to the areas of greatest need
 9 within the State;

10 “(B) includes a strategy for identifying in-
 11 dividuals who know their HIV status and are
 12 not receiving such services and for informing the
 13 individuals of and enabling the individuals to
 14 utilize the services, giving particular attention to
 15 eliminating disparities in access and services
 16 among affected subpopulations and historically
 17 underserved communities, and including discrete
 18 goals, a timetable, and an appropriate allocation
 19 of funds;

20 “(C) includes a strategy to coordinate the
 21 provision of such services with programs for HIV
 22 prevention (including outreach and early inter-
 23 vention) and for the prevention and treatment of
 24 substance abuse (including programs that pro-

1 *vide comprehensive treatment services for such*
 2 *abuse);”;*

3 *(E) in subparagraph (D) (as redesignated*
 4 *by subparagraph (C) of this paragraph), by in-*
 5 *serting “describes” before “the services and ac-*
 6 *tivities”;*

7 *(F) in subparagraph (E) (as so redesign-*
 8 *ated), by inserting “provides” before “a de-*
 9 *scription”;* and

10 *(G) in subparagraph (F) (as so redesign-*
 11 *ated), by inserting “provides” before “a de-*
 12 *scription”.*

13 *(b) PUBLIC PARTICIPATION.—Section 2617(b) of the*
 14 *Public Health Service Act, as amended by subsection (a)*
 15 *of this section, is amended—*

16 *(1) in paragraph (5), by striking “HIV” and in-*
 17 *serting “HIV disease”; and*

18 *(2) in paragraph (6), by amending subpara-*
 19 *graph (A) to read as follows:*

20 *“(A) the public health agency that is ad-*
 21 *ministering the grant for the State engages in a*
 22 *public advisory planning process, including pub-*
 23 *lic hearings, that includes the participants under*
 24 *paragraph (5), and the types of entities described*
 25 *in section 2602(b)(2), in developing the com-*

1 *prehensive plan under paragraph (4) and com-*
 2 *menting on the implementation of such plan;”.*

3 *(c) HEALTH CARE RELATIONSHIPS.—Section 2617(b)*
 4 *of the Public Health Service Act, as amended by subsection*
 5 *(a) of this section, is amended in paragraph (6)—*

6 *(1) in subparagraph (E), by striking “and” at*
 7 *the end;*

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

10 *(3) by adding at the end the following subpara-*
 11 *graph:*

12 *“(G) entities within areas in which activi-*
 13 *ties under the grant are carried out will main-*
 14 *tain appropriate relationships with entities in*
 15 *the area served that constitute key points of ac-*
 16 *cess to the health care system for individuals*
 17 *with HIV disease (including emergency rooms,*
 18 *substance abuse treatment programs, detoxifica-*
 19 *tion centers, adult and juvenile detention facili-*
 20 *ties, sexually transmitted disease clinics, HIV*
 21 *counseling and testing sites, mental health pro-*
 22 *grams, and homeless shelters), and other entities*
 23 *under section 2612(c) and 2652(a), for the pur-*
 24 *pose of facilitating early intervention for indi-*
 25 *viduals newly diagnosed with HIV disease and*

1 *individuals knowledgeable of their HIV status*
 2 *but not in care.”.*

3 **SEC. 206. DISTRIBUTION OF FUNDS.**

4 *(a) MINIMUM ALLOTMENT.—Section 2618 of the Pub-*
 5 *lic Health Service Act (42 U.S.C. 300ff–28) is amended—*

6 *(1) by redesignating subsections (b) through (e)*
 7 *as subsections (a) through (d), respectively; and*

8 *(2) in subsection (a) (as so redesignated), in*
 9 *paragraph (1)(A)(i)—*

10 *(A) in subclause (I), by striking “\$100,000”*
 11 *and inserting “\$200,000”; and*

12 *(B) in subclause (II), by striking*
 13 *“\$250,000” and inserting “\$500,000”.*

14 *(b) AMOUNT OF GRANT; ESTIMATE OF LIVING*
 15 *CASES.—Section 2618(a) of the Public Health Service Act*
 16 *(as redesignated by subsection (a)(1) of this section) is*
 17 *amended in paragraph (2)—*

18 *(1) in subparagraph (D)(i), by inserting before*
 19 *the semicolon the following: “, except that (subject to*
 20 *subparagraph (E)), for grants made pursuant to this*
 21 *paragraph or section 2620 for fiscal year 2005 and*
 22 *subsequent fiscal years, the cases counted for each 12-*
 23 *month period beginning on or after July 1, 2004,*
 24 *shall be cases of HIV disease (as reported to and con-*

1 *firmed by such Director) rather than cases of acquired*
 2 *immune deficiency syndrome”;*

3 *(2) by redesignating subparagraphs (E) through*
 4 *(H) as subparagraphs (F) through (I), respectively;*
 5 *and*

6 *(3) by inserting after subparagraph (D) the fol-*
 7 *lowing subparagraph:*

8 “(E) DETERMINATION OF SECRETARY RE-
 9 GARDING DATA ON HIV CASES.—*If under*
 10 2603(a)(3)(D)(i) *the Secretary determines that*
 11 *data on cases of HIV disease are not sufficiently*
 12 *accurate and reliable, then notwithstanding sub-*
 13 *paragraph (D) of this paragraph, for any fiscal*
 14 *year prior to fiscal year 2007 the references in*
 15 *such subparagraph to cases of HIV disease do*
 16 *not have any legal effect.”.*

17 (c) INCREASES IN FORMULA AMOUNT.—*Section*
 18 2618(a) *of the Public Health Service Act (as redesignated*
 19 *by subsection (a)(1) of this section) is amended—*

20 *(1) in paragraph (1)(A)(ii), by inserting before*
 21 *the semicolon the following: “and then, as applicable,*
 22 *increased under paragraph (2)(H)”;* *and*

23 *(2) in paragraph (2)—*

1 (A) in subparagraph (A)(i), by striking
 2 “subparagraph (H)” and inserting “subpara-
 3 graphs (H) and (I)”; and

4 (B) in subparagraph (H) (as redesignated
 5 by subsection (b)(2) of this section), by amending
 6 the subparagraph to read as follows:

7 “(H) LIMITATION.—

8 “(i) IN GENERAL.—The Secretary shall
 9 ensure that the amount of a grant awarded
 10 to a State or territory under section 2611 or
 11 subparagraph (I)(i) for a fiscal year is not
 12 less than—

13 “(I) with respect to fiscal year
 14 2001, 99 percent;

15 “(II) with respect to fiscal year
 16 2002, 98 percent;

17 “(III) with respect to fiscal year
 18 2003, 97 percent;

19 “(IV) with respect to fiscal year
 20 2004, 96 percent; and

21 “(V) with respect to fiscal year
 22 2005, 95 percent,
 23 of the amount such State or territory re-
 24 ceived for fiscal year 2000 under section
 25 2611 or subparagraph (I)(i), respectively

1 *(notwithstanding such subparagraph). In*
2 *administering this subparagraph, the Sec-*
3 *retary shall, with respect to States or terri-*
4 *tries that will under such section receive*
5 *grants in amounts that exceed the amounts*
6 *that such States received under such section*
7 *or subparagraph for fiscal year 2000, pro-*
8 *portionally reduce such amounts to ensure*
9 *compliance with this subparagraph. In*
10 *making such reductions, the Secretary shall*
11 *ensure that no such State receives less than*
12 *that State received for fiscal year 2000.*

13 “(ii) *RATABLE REDUCTION.—If the*
14 *amount appropriated under section 2677*
15 *for a fiscal year and available for grants*
16 *under section 2611 or subparagraph (I)(i)*
17 *is less than the amount appropriated and*
18 *available for fiscal year 2000 under section*
19 *2611 or subparagraph (I)(i), respectively,*
20 *the limitation contained in clause (i) for the*
21 *grants involved shall be reduced by a per-*
22 *centage equal to the percentage of the reduc-*
23 *tion in such amounts appropriated and*
24 *available.”.*

1 (d) *TERRITORIES.*—Section 2618(a) of the Public
 2 *Health Service Act* (as redesignated by subsection (a)(1) of
 3 this section) is amended in paragraph (1)(B) by inserting
 4 “the greater of \$50,000 or” after “shall be”.

5 (e) *SEPARATE TREATMENT DRUG GRANTS.*—Section
 6 2618(a) of the *Public Health Service Act* (as redesignated
 7 by subsection (a)(1) of this section and amended by sub-
 8 section (b)(2) of this section) is amended in paragraph
 9 (2)(I)—

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

12 (2) by striking “(I) *APPROPRIATIONS*” and all
 13 that follows through “With respect to” and inserting
 14 the following:

15 “(I) *APPROPRIATIONS FOR TREATMENT*
 16 *DRUG PROGRAM.*—

17 “(i) *FORMULA GRANTS.*—With respect
 18 to”;

19 (3) in subclause (I) of clause (i) (as designated
 20 by paragraphs (1) and (2)), by inserting before the
 21 semicolon the following: “, less the percentage reserved
 22 under clause (ii)(V)”;

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

24 “(ii) *SUPPLEMENTAL TREATMENT*
 25 *DRUG GRANTS.*—

1 “(I) IN GENERAL.—From
 2 amounts made available under sub-
 3 clause (V), the Secretary shall make
 4 supplemental grants to States described
 5 in subclause (II) to enable such States
 6 to increase access to therapeutics de-
 7 scribed in section 2616(a), as provided
 8 by the State under section 2616(c)(2).

9 “(II) ELIGIBLE STATES.—For
 10 purposes of subclause (I), a State de-
 11 scribed in this subclause is a State
 12 that, in accordance with criteria estab-
 13 lished by the Secretary, demonstrates a
 14 severe need for a grant under such sub-
 15 clause. In developing such criteria, the
 16 Secretary shall consider eligibility
 17 standards, formulary composition, and
 18 the number of eligible individuals at or
 19 below 200 percent of the official pov-
 20 erty line to whom the State is unable
 21 to provide therapeutics described in
 22 section 2616(a).

23 “(III) STATE REQUIREMENTS.—
 24 The Secretary may not make a grant

1 *to a State under this clause unless the*
 2 *State agrees that—*

3 *“(aa) the State will make*
 4 *available (directly or through do-*
 5 *nations from public or private en-*
 6 *tities) non-Federal contributions*
 7 *toward the activities to carried*
 8 *out under the grant in an amount*
 9 *equal to \$1 for each \$4 of Federal*
 10 *funds provided in the grant; and*

11 *“(bb) the State will not im-*
 12 *pose eligibility requirements for*
 13 *services or scope of benefits limita-*
 14 *tions under section 2616(a) that*
 15 *are more restrictive than such re-*
 16 *quirements in effect as of January*
 17 *1, 2000.*

18 *“(IV) USE AND COORDINA-*
 19 *TION.—Amounts made available*
 20 *under a grant under this clause*
 21 *shall only be used by the State to*
 22 *provide HIV/AIDS-related medi-*
 23 *cations. The State shall coordinate*
 24 *the use of such amounts with the*
 25 *amounts otherwise provided under*

1 *section 2616(a) in order to maxi-*
 2 *mize drug coverage.*

3 “(V) *FUNDING.—For the purpose*
 4 *of making grants under this clause, the*
 5 *Secretary shall each fiscal year reserve*
 6 *3 percent of the amount referred to in*
 7 *clause (i) with respect to section 2616,*
 8 *subject to subclause (VI).*

9 “(VI) *LIMITATION.—In reserving*
 10 *amounts under subclause (V) and mak-*
 11 *ing grants under this clause for a fis-*
 12 *cal year, the Secretary shall ensure for*
 13 *each State that the total of the grant*
 14 *under section 2611 for the State for the*
 15 *fiscal year and the grant under clause*
 16 *(i) for the State for the fiscal year is*
 17 *not less than such total for the State*
 18 *for the preceding fiscal year.”.*

19 (f) *TECHNICAL AMENDMENT.—Section 2618(a) of the*
 20 *Public Health Service Act (as redesignated by subsection*
 21 *(a)(1) of this section) is amended in paragraph (3)(B) by*
 22 *striking “and the Republic of the Marshall Islands” and*
 23 *inserting “the Republic of the Marshall Islands, the Fed-*
 24 *erated States of Micronesia, and the Republic of Palau, and*

1 *only for purposes of paragraph (1) the Commonwealth of*
 2 *Puerto Rico”.*

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

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

6 *(1) by striking section 2621; and*

7 *(2) by inserting after section 2619 the following*
 8 *section:*

9 **“SEC. 2620. SUPPLEMENTAL GRANTS.**

10 *“(a) IN GENERAL.—The Secretary shall award supple-*
 11 *mental grants to States determined to be eligible under sub-*
 12 *section (b) to enable such States to provide comprehensive*
 13 *services of the type described in section 2612(a) to supple-*
 14 *ment the services otherwise provided by the State under a*
 15 *grant under this subpart in emerging communities within*
 16 *the State that are not eligible to receive grants under part*
 17 *A.*

18 *“(b) ELIGIBILITY.—To be eligible to receive a supple-*
 19 *mental grant under subsection (a), a State shall—*

20 *“(1) be eligible to receive a grant under this sub-*
 21 *part;*

22 *“(2) demonstrate the existence in the State of an*
 23 *emerging community as defined in subsection (d)(1);*
 24 *and*

1 “(3) submit the information described in sub-
2 section (c).

3 “(c) *REPORTING REQUIREMENTS.*—A State that de-
4 sires a grant under this section shall, as part of the State
5 application submitted under section 2617, submit a detailed
6 description of the manner in which the State will use
7 amounts received under the grant and of the severity of
8 need. Such description shall include—

9 “(1) a report concerning the dissemination of
10 supplemental funds under this section and the plan
11 for the utilization of such funds in the emerging com-
12 munity;

13 “(2) a demonstration of the existing commitment
14 of local resources, both financial and in-kind;

15 “(3) a demonstration that the State will main-
16 tain HIV-related activities at a level that is equal to
17 not less than the level of such activities in the State
18 for the 1-year period preceding the fiscal year for
19 which the State is applying to receive a grant under
20 this part;

21 “(4) a demonstration of the ability of the State
22 to utilize such supplemental financial resources in a
23 manner that is immediately responsive and cost effec-
24 tive;

1 “(5) a demonstration that the resources will be
 2 allocated in accordance with the local demographic
 3 incidence of AIDS including appropriate allocations
 4 for services for infants, children, women, and families
 5 with HIV disease;

6 “(6) a demonstration of the inclusiveness of the
 7 planning process, with particular emphasis on af-
 8 fected communities and individuals with HIV disease;
 9 and

10 “(7) a demonstration of the manner in which the
 11 proposed services are consistent with local needs as-
 12 sessments and the statewide coordinated statement of
 13 need.

14 “(d) *DEFINITION OF EMERGING COMMUNITY.*—In this
 15 section, the term ‘emerging community’ means a metropoli-
 16 tan area—

17 “(1) that is not eligible for a grant under part
 18 A; and

19 “(2) for which there has been reported to the Di-
 20 rector of the Centers for Disease Control and Preven-
 21 tion a cumulative total of between 500 and 1999 cases
 22 of acquired immune deficiency syndrome for the most
 23 recent period of 5 calendar years for which such data
 24 are available (except that, for fiscal year 2005 and
 25 subsequent fiscal years, cases of HIV disease shall be

1 *counted rather than cases of acquired immune defi-*
 2 *ciency syndrome if cases of HIV disease are being*
 3 *counted for purposes of section 2618(a)(2)(D)(i)).*

4 “(e) *FUNDING.*—

5 “(1) *IN GENERAL.*—Subject to paragraph (2),
 6 *with respect to each fiscal year beginning with fiscal*
 7 *year 2001, the Secretary, to carry out this section,*
 8 *shall utilize—*

9 “(A) *the greater of—*

10 “(i) *25 percent of the amount appro-*
 11 *priated under 2677 to carry out part B, ex-*
 12 *cluding the amount appropriated under sec-*
 13 *tion 2618(a)(2)(I), for such fiscal year that*
 14 *is in excess of the amount appropriated to*
 15 *carry out such part in fiscal year preceding*
 16 *the fiscal year involved; or*

17 “(ii) *\$5,000,000,*
 18 *to provide funds to States for use in emerging*
 19 *communities with at least 1000, but less than*
 20 *2000, cases of AIDS as reported to and con-*
 21 *firmed by the Director of the Centers for Disease*
 22 *Control and Prevention for the five year period*
 23 *preceding the year for which the grant is being*
 24 *awarded; and*

25 “(B) *the greater of—*

1 “(i) 25 percent of the amount appro-
 2 priated under 2677 to carry out part B, ex-
 3 cluding the amount appropriated under sec-
 4 tion 2618(a)(2)(I), for such fiscal year that
 5 is in excess of the amount appropriated to
 6 carry out such part in fiscal year preceding
 7 the fiscal year involved; or

8 “(ii) \$5,000,000,
 9 to provide funds to States for use in emerging
 10 communities with at least 500, but less than
 11 1000, cases of AIDS reported to and confirmed
 12 by the Director of the Centers for Disease Control
 13 and Prevention for the five year period preceding
 14 the year for which the grant is being awarded.

15 “(2) *TRIGGER OF FUNDING.*—This section shall
 16 be effective only for fiscal years beginning in the first
 17 fiscal year in which the amount appropriated under
 18 2677 to carry out part B, excluding the amount ap-
 19 propriated under section 2618(a)(2)(I), exceeds by at
 20 least \$20,000,000 the amount appropriated under
 21 2677 to carry out part B in fiscal year 2000, exclud-
 22 ing the amount appropriated under section
 23 2618(a)(2)(I).

24 “(3) *MINIMUM AMOUNT IN FUTURE YEARS.*—Be-
 25 ginning with the first fiscal year in which amounts

1 *provided for emerging communities under paragraph*
 2 *(1)(A) equals \$5,000,000 and under paragraph (1)(B)*
 3 *equals \$5,000,000, the Secretary shall ensure that*
 4 *amounts made available under this section for the*
 5 *types of emerging communities described in each such*
 6 *paragraph in subsequent fiscal years is at least*
 7 *\$5,000,000.*

8 *“(4) DISTRIBUTION.—Grants under this section*
 9 *for emerging communities shall be formula grants.*
 10 *There shall be two categories of such formula grants,*
 11 *as follows:*

12 *“(A) One category of such grants shall be*
 13 *for emerging communities for which the cumu-*
 14 *lative total of cases for purposes of subsection*
 15 *(d)(2) is 999 or fewer cases. The grant made to*
 16 *such an emerging community for a fiscal year*
 17 *shall be the product of—*

18 *“(i) an amount equal to 50 percent of*
 19 *the amount available pursuant to this sub-*
 20 *section for the fiscal year involved; and*

21 *“(ii) a percentage equal to the ratio*
 22 *constituted by the number of cases for such*
 23 *emerging community for the fiscal year over*
 24 *the aggregate number of such cases for such*

1 year for all emerging communities to which
2 this subparagraph applies.

3 “(B) The other category of formula grants
4 shall be for emerging communities for which the
5 cumulative total of cases for purposes of sub-
6 section (d)(2) is 1000 or more cases. The grant
7 made to such an emerging community for a fis-
8 cal year shall be the product of—

9 “(i) an amount equal to 50 percent of
10 the amount available pursuant to this sub-
11 section for the fiscal year involved; and

12 “(ii) a percentage equal to the ratio
13 constituted by the number of cases for such
14 community for the fiscal year over the ag-
15 gregate number of such cases for the fiscal
16 year for all emerging communities to which
17 this subparagraph applies.”.

18 ***Subtitle B—Provisions Concerning***
19 ***Pregnancy and Perinatal Trans-***
20 ***mission of HIV***

21 ***SEC. 211. REPEALS.***

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

24 (1) in section 2626, by striking each of sub-
25 sections (d) through (f);

1 (2) *by striking sections 2627 and 2628; and*

2 (3) *by redesignating section 2629 as section*
3 2627.

4 **SEC. 212. GRANTS.**

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

7 (1) *in paragraph (1), by inserting at the end the*
8 *following subparagraph:*

9 “(F) *Making available to pregnant women*
10 *with HIV disease, and to the infants of women*
11 *with such disease, treatment services for such*
12 *disease in accordance with applicable rec-*
13 *ommendations of the Secretary.”;*

14 (2) *by amending paragraph (2) to read as fol-*
15 *lows:*

16 “(2) *FUNDING.*—

17 “(A) *AUTHORIZATION OF APPROPRIA-*
18 *TIONS.*—*For the purpose of carrying out this*
19 *subsection, there are authorized to be appro-*
20 *priated \$30,000,000 for each of the fiscal years*
21 *2001 through 2005. Amounts made available*
22 *under section 2677 for carrying out this part are*
23 *not available for carrying out this section unless*
24 *otherwise authorized.*

25 “(B) *ALLOCATIONS FOR CERTAIN STATES.*—

1 “(i) *IN GENERAL.*—Of the amounts ap-
 2 propriated under subparagraph (A) for a
 3 fiscal year in excess of \$10,000,000—

4 “(I) *the Secretary shall reserve the*
 5 *applicable percentage under clause (iv)*
 6 *for making grants under paragraph*
 7 *(1) both to States described in clause*
 8 *(ii) and States described in clause*
 9 *(iii); and*

10 “(II) *the Secretary shall reserve*
 11 *the remaining amounts for other*
 12 *States, taking into consideration the*
 13 *factors described in subparagraph*
 14 *(C)(iii), except that this subclause does*
 15 *not apply to any State that for the fis-*
 16 *cal year involved is receiving amounts*
 17 *pursuant to subclause (I).*

18 “(ii) *REQUIRED TESTING OF*
 19 *NEWBORNS.*—For purposes of clause (i)(I),
 20 *the States described in this clause are States*
 21 *that under law (including under regulations*
 22 *or the discretion of State officials) have—*

23 “(I) *a requirement that all new-*
 24 *born infants born in the State be tested*
 25 *for HIV disease and that the biological*

1 *mother of each such infant, and the*
 2 *legal guardian of the infant (if other*
 3 *than the biological mother), be in-*
 4 *formed of the results of the testing; or*

5 *“(II) a requirement that newborn*
 6 *infants born in the State be tested for*
 7 *HIV disease in circumstances in which*
 8 *the attending obstetrician for the birth*
 9 *does not know the HIV status of the*
 10 *mother of the infant, and that the bio-*
 11 *logical mother of each such infant, and*
 12 *the legal guardian of the infant (if*
 13 *other than the biological mother), be*
 14 *informed of the results of the testing.*

15 *“(iii) MOST SIGNIFICANT REDUCTION*
 16 *IN CASES OF PERINATAL TRANSMISSION.—*
 17 *For purposes of clause (i)(I), the States de-*
 18 *scribed in this clause are the following (ex-*
 19 *clusive of States described in clause (ii)), as*
 20 *applicable:*

21 *“(I) For fiscal years 2001 and*
 22 *2002, the two States that, relative to*
 23 *other States, have the most significant*
 24 *reduction in the rate of new cases of*
 25 *the perinatal transmission of HIV (as*

1 *indicated by the number of such cases*
2 *reported to the Director of the Centers*
3 *for Disease Control and Prevention for*
4 *the most recent periods for which the*
5 *data are available).*

6 “(II) *For fiscal years 2003 and*
7 *2004, the three States that have the*
8 *most significant such reduction.*

9 “(III) *For fiscal year 2005, the*
10 *four States that have the most signifi-*
11 *cant such reduction.*

12 “(iv) *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, 33 per-*
16 *cent.*

17 “(II) *For fiscal year 2002, 50 per-*
18 *cent.*

19 “(III) *For fiscal year 2003, 67*
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.*

14 “(iii) *In the case of a State that meets*
 15 *the conditions to receive amounts reserved*
 16 *under subparagraph (B)(i)(II), the Sec-*
 17 *retary shall in making grants consider the*
 18 *following factors:*

19 “(I) *The extent of the reduction in*
 20 *the rate of new cases of the perinatal*
 21 *transmission of HIV.*

22 “(II) *The extent of the reduction*
 23 *in the rate of new cases of perinatal*
 24 *cases of acquired immune deficiency*
 25 *syndrome.*

1 “(III) *The overall incidence of*
 2 *cases of infection with HIV among*
 3 *women of childbearing age.*

4 “(IV) *The overall incidence of*
 5 *cases of acquired immune deficiency*
 6 *syndrome among women of child-*
 7 *bearing age.*

8 “(V) *The higher acceptance rate of*
 9 *HIV testing of pregnant women.*

10 “(VI) *The extent to which women*
 11 *and children with HIV disease are re-*
 12 *ceiving HIV-related health services.*

13 “(VII) *The extent to which HIV-*
 14 *exposed children are receiving health*
 15 *services appropriate to such exposure.”;*
 16 *and*

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

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

24 (b) *SPECIAL FUNDING RULE FOR FISCAL YEAR*
 25 *2001.—*

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

5 (A) *the Secretary of Health and Human*
 6 *Services shall, for the purpose of making grants*
 7 *under paragraph (1) of such section, reserve from*
 8 *the amount specified in paragraph (2) of this*
 9 *subsection an amount equal to the difference be-*
 10 *tween \$14,000,000 and the amount appropriated*
 11 *under paragraph (2)(A) of such section for such*
 12 *fiscal year (notwithstanding any other provision*
 13 *of this Act or the amendments made by this Act);*

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

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

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

1 *and available for grants under section 2611 of such*
 2 *Act is an increase over the amount so appropriated*
 3 *and available for fiscal year 2000.*

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

5 *Subpart II of part B of title XXVI of the Public Health*
 6 *Service Act, as amended by section 211(3), is amended by*
 7 *adding at the end the following section:*

8 **“SEC. 2628. RECOMMENDATIONS FOR REDUCING INCI-**
 9 **DENCE OF PERINATAL TRANSMISSION.**

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

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

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

21 *“(B) A determination for each State of any*
 22 *barriers, including legal barriers, that prevent or*
 23 *discourage an obstetrician from making it a rou-*
 24 *tine practice to offer pregnant women an HIV*
 25 *test and a routine practice to test newborn in-*

1 *fants for HIV disease in circumstances in which*
 2 *the obstetrician does not know the HIV status of*
 3 *the mother of the infant.*

4 *“(C) Recommendations for each State for*
 5 *reducing the incidence of cases of the perinatal*
 6 *transmission of HIV, including recommendations*
 7 *on removing the barriers identified under sub-*
 8 *paragraph (B).*

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

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

20 *“(b) PROGRESS TOWARD RECOMMENDATIONS.—In fis-*
 21 *cal year 2004, the Secretary shall collect information from*
 22 *the States describing the actions taken by the States toward*
 23 *meeting the recommendations specified for the States under*
 24 *subsection (a)(1)(C).*

1 “(c) *SUBMISSION OF REPORTS TO CONGRESS.*—The
 2 Secretary shall submit to the appropriate committees of the
 3 Congress reports describing the information collected under
 4 subsection (b).”.

5 ***Subtitle C—Certain Partner***
 6 ***Notification Programs***

7 ***SEC. 221. GRANTS FOR COMPLIANT PARTNER NOTIFICA-***
 8 ***TION PROGRAMS.***

9 *Part B of title XXVI of the Public Health Service Act*
 10 *(42 U.S.C. 300ff–21 et seq.) is amended by adding at the*
 11 *end the following subpart:*

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

13 ***“SEC. 2631. GRANTS FOR PARTNER NOTIFICATION PRO-***
 14 ***GRAMS.***

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

20 “(b) *DESCRIPTION OF COMPLIANT STATE PRO-*
 21 *GRAMS.*—For purposes of subsection (a), the laws or regula-
 22 tions of a State are in accordance with this subsection if
 23 under such laws or regulations (including programs carried
 24 out pursuant to the discretion of State officials) the fol-
 25 lowing policies are in effect:

1 “(1) *The State requires that the public health of-*
2 *ficer of the State carry out a program of partner no-*
3 *tification to inform partners of individuals with HIV*
4 *disease that the partners may have been exposed to*
5 *the disease.*

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

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

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

3 “(A) *Partners are provided with an appro-*
4 *priate opportunity to learn that the partners*
5 *have been exposed to HIV disease, subject to sub-*
6 *paragraph (B).*

7 “(B) *The State does not inform partners of*
8 *the identity of the infected individuals involved.*

9 “(C) *Counseling and testing for HIV disease*
10 *are made available to the partners and to in-*
11 *fected individuals, and such counseling includes*
12 *information on modes of transmission for the*
13 *disease, including information on prenatal and*
14 *perinatal transmission and preventing trans-*
15 *mission.*

16 “(D) *Counseling of infected individuals and*
17 *their partners includes the provision of informa-*
18 *tion regarding therapeutic measures for pre-*
19 *venting and treating the deterioration of the im-*
20 *mune system and conditions arising from the*
21 *disease, and the provision of other prevention-re-*
22 *lated information.*

23 “(E) *Referrals for appropriate services are*
24 *provided to partners and infected individuals,*

1 *including referrals for support services and legal*
2 *aid.*

3 “(F) *Notifications under subparagraph (A)*
4 *are provided in person, unless doing so is an un-*
5 *reasonable burden on the State.*

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

11 “(H) *The failure of the State to notify part-*
12 *ners is not a basis for the civil liability of any*
13 *health entity who under the program reported to*
14 *the State the identity of the infected individual*
15 *involved.*

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

21 “(4) *The State annually reports to the Director*
22 *of the Centers for Disease Control and Prevention the*
23 *number of individuals from whom the names of part-*
24 *ners have been sought under the program under para-*
25 *graph (1), the number of such individuals who pro-*

1 *vided the names of partners, and the number of part-*
 2 *ners so named who were notified under the program.*

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

7 *“(c) REPORTING SYSTEM FOR CASES OF HIV DIS-*
 8 *EASE; PREFERENCE IN MAKING GRANTS.—In making*
 9 *grants under subsection (a), the Secretary shall give pref-*
 10 *erence to States whose reporting systems for cases of HIV*
 11 *disease produce data on such cases that is sufficiently accu-*
 12 *rate and reliable for use for purposes of section*
 13 *2618(a)(2)(D)(i).*

14 *“(d) AUTHORIZATION OF APPROPRIATIONS.—For the*
 15 *purpose of carrying out this section, there are authorized*
 16 *to be appropriated \$30,000,000 for fiscal year 2001, and*
 17 *such sums as may be necessary for each of the fiscal years*
 18 *2002 through 2005.”.*

**TITLE III—EARLY
INTERVENTION SERVICES
Subtitle A—Formula Grants for
States**

SEC. 301. REPEAL OF PROGRAM.

(a) *REPEAL.*—Subpart I of part C of title XXVI of the Public Health Service Act (42 U.S.C. 300ff–41 et seq.) is repealed.

(b) *CONFORMING AMENDMENTS.*—Part C of title XXVI of the Public Health Service Act (42 U.S.C. 300ff–41 et seq.), as amended by subsection (a) of this section, is amended—

(1) by redesignating subparts II and III as subparts I and II, respectively;

(2) in section 2661(a), by striking “unless—” and all that follows through “(2) in the case of” and inserting “unless, in the case of”; and

(3) in section 2664—

(A) in subsection (e)(5), by striking “2642(b) or”;

(B) in subsection (f)(2), by striking “2642(b) or”; and

(C) by striking subsection (h).

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 fol-*
 5 *lowing subsection:*

6 “(d) *CERTAIN AREAS.*—*Of the applicants who qualify*
 7 *for preference under this section—*

8 “(1) *the Secretary shall give preference to appli-*
 9 *cants that will expend the grant under section 2651*
 10 *to provide early intervention under such section in*
 11 *rural areas; and*

12 “(2) *the Secretary shall give special consider-*
 13 *ation to areas that are underserved with respect to*
 14 *such services.”.*

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

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

21 “(A) *enabling such entities to provide HIV*
 22 *early intervention services; and*

23 “(B) *assisting the entities in expanding*
 24 *their capacity to provide HIV-related health*
 25 *services, including early intervention services, in*

1 *low-income communities and affected subpopula-*
 2 *tions that are underserved with respect to such*
 3 *services (subject to the condition that a grant*
 4 *pursuant to this subparagraph may not be ex-*
 5 *pended to purchase or improve land, or to pur-*
 6 *chase, construct, or permanently improve, other*
 7 *than minor remodeling, any building or other fa-*
 8 *cility).”.*

9 (b) *AMOUNT; DURATION.*—Section 2654(c) of the Pub-
 10 *lic Health Service Act (42 U.S.C. 300ff–54(c)) is further*
 11 *amended—*

12 (1) *by redesignating paragraph (4) as para-*
 13 *graph (5); and*

14 (2) *by inserting after paragraph (3) the fol-*
 15 *lowing:*

16 “(4) *AMOUNT AND DURATION OF GRANTS.*—

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

20 “(B) *CAPACITY DEVELOPMENT.*—

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

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

4 (c) *INCREASE IN LIMITATION.*—*Section 2654(c)(5) of*
 5 *the Public Health Service Act (42 U.S.C. 300ff–54(c)(5)),*
 6 *as redesignated by subsection (b), is amended by striking*
 7 *“1 percent” and inserting “5 percent”.*

8 **SEC. 313. AUTHORIZATION OF APPROPRIATIONS.**

9 *Section 2655 of the Public Health Service Act (42*
 10 *U.S.C. 300ff–55) is amended by striking “in each of” and*
 11 *all that follows and inserting “for each of the fiscal years*
 12 *2001 through 2005.”.*

13 ***Subtitle C—General Provisions***

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

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

17 (1) *in the matter preceding subparagraph (A),*
 18 *by striking “counseling on—” and inserting “coun-*
 19 *seling—”;*

20 (2) *in each of subparagraphs (A), (B), and (D),*
 21 *by inserting “on” after the subparagraph designation;*
 22 *and*

23 (3) *in subparagraph (C)—*

24 (A) *by striking “(C) the benefits” and in-*
 25 *serting “(C)(i) that explains the benefits”; and*

(B) by inserting after clause (i) (as designated by subparagraph (A) of this paragraph) the following clause:

“(ii) that emphasizes it is the duty of infected individuals to disclose their infected status to their sexual partners and their partners in the sharing of hypodermic needles; that provides advice to infected individuals on the manner in which such disclosures can be made; and that emphasizes that it is the continuing duty of the individuals to avoid any behaviors that will expose others to HIV.”.

SEC. 322. ADDITIONAL REQUIRED AGREEMENTS.

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

(1) in paragraph (3)—

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

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

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

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

1 “(5) the applicant will provide for the establish-
2 ment of a quality management program—

3 “(A) to assess the extent to which medical
4 services funded under this title that are provided
5 to patients are consistent with the most recent
6 Public Health Service guidelines for the treat-
7 ment of HIV disease and related opportunistic
8 infections, and as applicable, to develop strate-
9 gies for ensuring that such services are consistent
10 with the guidelines; and

11 “(B) to ensure that improvements in the ac-
12 cess to and quality of HIV health services are ad-
13 dressed.”.

14 **TITLE IV—OTHER PROGRAMS** 15 **AND ACTIVITIES**

16 **Subtitle A—Certain Programs for** 17 **Research, Demonstrations, or** 18 **Training**

19 **SEC. 401. GRANTS FOR COORDINATED SERVICES AND AC-** 20 **CESS TO RESEARCH FOR WOMEN, INFANTS,** 21 **CHILDREN, AND YOUTH.**

22 (a) *ELIMINATION OF REQUIREMENT TO ENROLL SIG-*
23 *NIFICANT NUMBERS OF WOMEN AND CHILDREN.*—Section
24 2671(b) (42 U.S.C. 300ff–71(b)) is amended—

1 (1) in paragraph (1), by striking subparagraphs
2 (C) and (D) and inserting the following:

3 “(C) The applicant will demonstrate link-
4 ages to research and how access to such research
5 is being offered to patients.”; and

6 (2) by striking paragraphs (3) and (4).

7 (b) *INFORMATION AND EDUCATION.*—Section 2671(d)
8 (42 U.S.C. 300ff-71(d)) is amended by adding at the end
9 the following:

10 “(4) The applicant will provide individuals with
11 information and education on opportunities to par-
12 ticipate in HIV/AIDS-related clinical research.”.

13 (c) *QUALITY MANAGEMENT; ADMINISTRATIVE EX-*
14 *PENSES CEILING.*—Section 2671(f) (42 U.S.C. 300ff-71(f))
15 is amended—

16 (1) by striking the subsection heading and des-
17 ignation and inserting the following:

18 “(f) *ADMINISTRATION.*—

19 “(1) *APPLICATION.*—”; and

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

21 “(2) *QUALITY MANAGEMENT PROGRAM.*—A
22 grantee under this section shall implement a quality
23 management program to assess the extent to which
24 HIV health services provided to patients under the
25 grant are consistent with the most recent Public

1 *Health Service guidelines for the treatment of HIV*
 2 *disease and related opportunistic infection, and as*
 3 *applicable, to develop strategies for ensuring that such*
 4 *services are consistent with the guidelines for im-*
 5 *provement in the access to and quality of HIV health*
 6 *services.”.*

7 (d) *COORDINATION.*—Section 2671(g) (42 U.S.C.
 8 300ff–71(g)) is amended by adding at the end the following:
 9 *“The Secretary acting through the Director of NIH, shall*
 10 *examine the distribution and availability of ongoing and*
 11 *appropriate HIV/AIDS-related research projects to existing*
 12 *sites under this section for purposes of enhancing and ex-*
 13 *panding voluntary access to HIV-related research, espe-*
 14 *cially within communities that are not reasonably served*
 15 *by such projects. Not later than 12 months after the date*
 16 *of the enactment of the Ryan White CARE Act Amendments*
 17 *of 2000, the Secretary shall prepare and submit to the ap-*
 18 *propriate committees of Congress a report that describes the*
 19 *findings made by the Director and the manner in which*
 20 *the conclusions based on those findings can be addressed.”.*

21 (e) *ADMINISTRATIVE EXPENSES.*—Section 2671 of the
 22 *Public Health Service Act (42 U.S.C. 300ff–71) is*
 23 *amended—*

24 (1) *by redesignating subsections (i) and (j) as*
 25 *subsections (j) and (k), respectively; and*

1 (2) *by inserting after subsection (h) the following*
 2 *subsection:*

3 “(i) *LIMITATION ON ADMINISTRATIVE EXPENSES.—*

4 “(1) *DETERMINATION BY SECRETARY.—Not later*
 5 *than 12 months after the date of the enactment of the*
 6 *Ryan White Care Act Amendments of 2000, the Sec-*
 7 *retary, in consultation with grantees under this part,*
 8 *shall conduct a review of the administrative, program*
 9 *support, and direct service-related activities that are*
 10 *carried out under this part to ensure that eligible in-*
 11 *dividuals have access to quality, HIV-related health*
 12 *and support services and research opportunities under*
 13 *this part, and to support the provision of such serv-*
 14 *ices.*

15 “(2) *REQUIREMENTS.—*

16 “(A) *IN GENERAL.—Not later than 180*
 17 *days after the expiration of the 12-month period*
 18 *referred to in paragraph (1) the Secretary, in*
 19 *consultation with grantees under this part, shall*
 20 *determine the relationship between the costs of*
 21 *the activities referred to in paragraph (1) and*
 22 *the access of eligible individuals to the services*
 23 *and research opportunities described in such*
 24 *paragraph.*

1 “(B) *LIMITATION*.—After a final determina-
 2 tion under subparagraph (A), the Secretary may
 3 not make a grant under this part unless the
 4 grantee complies with such requirements as may
 5 be included in such determination.”.

6 (f) *AUTHORIZATION OF APPROPRIATIONS*.—Section
 7 2671 of the Public Health Service Act (42 U.S.C. 300ff–
 8 71) is amended in subsection (j) (as redesignated by sub-
 9 section (e)(1) of this section) by striking “fiscal years 1996
 10 through 2000” and inserting “fiscal years 2001 through
 11 2005”.

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

13 (a) *SCHOOLS; CENTERS*.—

14 (1) *IN GENERAL*.—Section 2692(a)(1) of the
 15 Public Health Service Act (42 U.S.C. 300ff–
 16 111(a)(1)) is amended—

17 (A) in subparagraph (A)—

18 (i) by striking “training” and insert-
 19 ing “to train”;

20 (ii) by striking “and including” and
 21 inserting “, including”; and

22 (iii) by inserting before the semicolon
 23 the following: “, and including (as applica-
 24 ble to the type of health professional in-

1 volved), prenatal and other gynecological
2 care for women with HIV disease”;

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

5 (C) in subparagraph (C), by striking the
6 period and inserting “; and”; and

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

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

12 (2) *DISSEMINATION OF TREATMENT GUIDELINES;*
13 *MEDICAL CONSULTATION ACTIVITIES.*—Not later than
14 90 days after the date of the enactment of this Act,
15 the Secretary of Health and Human Services shall
16 issue and begin implementation of a strategy for the
17 dissemination of HIV treatment information to health
18 care providers and patients.

19 (b) *DENTAL SCHOOLS.*—Section 2692(b) of the Public
20 Health Service Act (42 U.S.C. 300ff–111(b)) is amended—

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

23 “(1) *IN GENERAL.*—

24 “(A) *GRANTS.*—The Secretary may make
25 grants to dental schools and programs described

1 *in subparagraph (B) to assist such schools and*
 2 *programs with respect to oral health care to pa-*
 3 *tients with HIV disease.*

4 “(B) *ELIGIBLE APPLICANTS.*—*For purposes*
 5 *of this subsection, the dental schools and pro-*
 6 *grams referred to in this subparagraph are den-*
 7 *tal schools and programs that were described in*
 8 *section 777(b)(4)(B) as such section was in effect*
 9 *on the day before the date of the enactment of the*
 10 *Health Professions Education Partnerships Act*
 11 *of 1998 (Public Law 105–392) and in addition*
 12 *dental hygiene programs that are accredited by*
 13 *the Commission on Dental Accreditation.”;*

14 (2) *in paragraph (2), by striking “777(b)(4)(B)”*
 15 *and inserting “the section referred to in paragraph*
 16 *(1)(B)”;* *and*

17 (3) *by inserting after paragraph (4) the fol-*
 18 *lowing paragraph:*

19 “(5) *COMMUNITY-BASED CARE.*—*The Secretary*
 20 *may make grants to dental schools and programs de-*
 21 *scribed in paragraph (1)(B) that partner with com-*
 22 *munity-based dentists to provide oral health care to*
 23 *patients with HIV disease in unserved areas. Such*
 24 *partnerships shall permit the training of dental stu-*

1 *dents and residents and the participation of commu-*
 2 *nity dentists as adjunct faculty.”.*

3 *(c) AUTHORIZATION OF APPROPRIATIONS.—*

4 *(1) SCHOOLS; CENTERS.—Section 2692(c)(1) of*
 5 *the Public Health Service Act (42 U.S.C. 300ff–*
 6 *111(c)(1)) is amended by striking “fiscal years 1996*
 7 *through 2000” and inserting “fiscal years 2001*
 8 *through 2005”.*

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

12 *“(2) DENTAL SCHOOLS.—*

13 *“(A) IN GENERAL.—For the purpose of*
 14 *grants under paragraphs (1) through (4) of sub-*
 15 *section (b), there are authorized to be appro-*
 16 *priated such sums as may be necessary for each*
 17 *of the fiscal years 2001 through 2005.*

18 *“(B) COMMUNITY-BASED CARE.—For the*
 19 *purpose of grants under subsection (b)(5), there*
 20 *are authorized to be appropriated such sums as*
 21 *may be necessary for each of the fiscal years*
 22 *2001 through 2005.”.*

1 ***Subtitle B—General Provisions in***
 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 B of title III of the Public Health Service Act*
 10 *(42 U.S.C. 243 et seq.) is amended by inserting after section*
 11 *318A the following section:*

12 “*DATA COLLECTION REGARDING PROGRAMS UNDER TITLE*
 13 *XXVI*

14 “*SEC. 318B. For the purpose of collecting and pro-*
 15 *viding data for program planning and evaluation activities*
 16 *under title XXVI, there are authorized to be appropriated*
 17 *to the Secretary (acting through the Director of the Centers*
 18 *for Disease Control and Prevention) such sums as may be*
 19 *necessary for each of the fiscal years 2001 through 2005.*
 20 *Such authorization of appropriations is in addition to*
 21 *other authorizations of appropriations that are available*
 22 *for such purpose.”.*

23 ***SEC. 413. COORDINATION.***

24 *Section 2675 of the Public Health Service Act (42*
 25 *U.S.C. 300ff–75) is amended—*

1 (1) *by amending subsection (a) to read as fol-*
 2 *lows:*

3 “(a) *REQUIREMENT.—The Secretary shall ensure that*
 4 *the Health Resources and Services Administration, the Cen-*
 5 *ters for Disease Control and Prevention, the Substance*
 6 *Abuse and Mental Health Services Administration, and the*
 7 *Health Care Financing Administration coordinate the*
 8 *planning, funding, and implementation of Federal HIV*
 9 *programs to enhance the continuity of care and prevention*
 10 *services for individuals with HIV disease or those at risk*
 11 *of such disease. The Secretary shall consult with other Fed-*
 12 *eral agencies, including the Department of Veterans Affairs,*
 13 *as needed and utilize planning information submitted to*
 14 *such agencies by the States and entities eligible for sup-*
 15 *port.”;*

16 (2) *by redesignating subsections (b) and (c) as*
 17 *subsections (c) and (d), respectively;*

18 (3) *by inserting after subsection (b) the following*
 19 *subsection:*

20 “(b) *REPORT.—The Secretary shall biennially prepare*
 21 *and submit to the appropriate committees of the Congress*
 22 *a report concerning the coordination efforts at the Federal,*
 23 *State, and local levels described in this section, including*
 24 *a description of Federal barriers to HIV program integra-*
 25 *tion and a strategy for eliminating such barriers and en-*

1 *hancing the continuity of care and prevention services for*
 2 *individuals with HIV disease or those at risk of such dis-*
 3 *ease.”; and*

4 *(4) in each of subsections (c) and (d) (as redesign-*
 5 *ated by paragraph (2) of this section), by inserting*
 6 *“and prevention services” after “continuity of care”*
 7 *each place such term appears.*

8 **SEC. 414. PLAN REGARDING RELEASE OF PRISONERS WITH**
 9 **HIV DISEASE.**

10 *Section 2675 of the Public Health Service Act, as*
 11 *amended by section 413(2) of this Act, is amended by add-*
 12 *ing at the end the following subsection:*

13 *“(e) RECOMMENDATIONS REGARDING RELEASE OF*
 14 *PRISONERS.—After consultation with the Attorney General*
 15 *and the Director of the Bureau of Prisons, with States, with*
 16 *eligible areas under part A, and with entities that receive*
 17 *amounts from grants under part A or B, the Secretary, con-*
 18 *sistent with the coordination required in subsection (a),*
 19 *shall develop a plan for the medical case management of*
 20 *and the provision of support services to individuals who*
 21 *were Federal or State prisoners and had HIV disease as*
 22 *of the date on which the individuals were released from the*
 23 *custody of the penal system. The Secretary shall submit the*
 24 *plan to the Congress not later than 2 years after the date*

1 *of the enactment of the Ryan White CARE Act Amendments*
 2 *of 2000.”.*

3 **SEC. 415. AUDITS.**

4 *Part D of title XXVI of the Public Health Service Act*
 5 *(42 U.S.C. 300ff–71 et seq.) is amended by inserting after*
 6 *section 2675 the following section:*

7 **“SEC. 2675A. AUDITS.**

8 *“For fiscal year 2002 and subsequent fiscal years, the*
 9 *Secretary may reduce the amounts of grants under this title*
 10 *to a State or political subdivision of a State for a fiscal*
 11 *year if, with respect to such grants for the second preceding*
 12 *fiscal year, the State or subdivision fails to prepare audits*
 13 *in accordance with the procedures of section 7502 of title*
 14 *31, United States Code. The Secretary shall annually select*
 15 *representative samples of such audits, prepare summaries*
 16 *of the selected audits, and submit the summaries to the Con-*
 17 *gress.”.*

18 **SEC. 416. ADMINISTRATIVE SIMPLIFICATION.**

19 *Part D of title XXVI of the Public Health Service Act,*
 20 *as amended by section 415 of this Act, is amended by insert-*
 21 *ing after section 2675A the following section:*

22 **“SEC. 2675B. ADMINISTRATIVE SIMPLIFICATION REGARD-**
 23 **ING PARTS A AND B.**

24 *“(a) COORDINATED DISBURSEMENT.—After consulta-*
 25 *tion with the States, with eligible areas under part A, and*

1 *with entities that receive amounts from grants under part*
 2 *A or B, the Secretary shall develop a plan for coordinating*
 3 *the disbursement of appropriations for grants under part*
 4 *A with the disbursement of appropriations for grants under*
 5 *part B in order to assist grantees and other recipients of*
 6 *amounts from such grants in complying with the require-*
 7 *ments of such parts. The Secretary shall submit the plan*
 8 *to the Congress not later than 18 months after the date of*
 9 *the enactment of the Ryan White CARE Act Amendments*
 10 *of 2000. Not later than 2 years after the date on which the*
 11 *plan is so submitted, the Secretary shall complete the imple-*
 12 *mentation of the plan, notwithstanding any provision of*
 13 *this title that is inconsistent with the plan.*

14 “(b) *BIENNIAL APPLICATIONS.*—*After consultation*
 15 *with the States, with eligible areas under part A, and with*
 16 *entities that receive amounts from grants under part A or*
 17 *B, the Secretary shall make a determination of whether the*
 18 *administration of parts A and B by the Secretary, and the*
 19 *efficiency of grantees under such parts in complying with*
 20 *the requirements of such parts, would be improved by re-*
 21 *quiring that applications for grants under such parts be*
 22 *submitted biennially rather than annually. The Secretary*
 23 *shall submit such determination to the Congress not later*
 24 *than 2 years after the date of the enactment of the Ryan*
 25 *White CARE Act Amendments of 2000.*

1 “(c) *APPLICATION SIMPLIFICATION.*—After consulta-
 2 tion with the States, with eligible areas under part A, and
 3 with entities that receive amounts from grants under part
 4 A or B, the Secretary shall develop a plan for simplifying
 5 the process for applications under parts A and B. The Sec-
 6 retary shall submit the plan to the Congress not later than
 7 18 months after the date of the enactment of the Ryan White
 8 CARE Act Amendments of 2000. Not later than 2 years
 9 after the date on which the plan is so submitted, the Sec-
 10 retary shall complete the implementation of the plan, not-
 11 withstanding any provision of this title that is inconsistent
 12 with the plan.”.

13 **SEC. 417. AUTHORIZATION OF APPROPRIATIONS FOR**
 14 **PARTS A AND B.**

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

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

18 “(a) *PART A.*—For the purpose of carrying out part
 19 A, there are authorized to be appropriated such sums as
 20 may be necessary for each of the fiscal years 2001 through
 21 2005.

22 “(b) *PART B.*—For the purpose of carrying out part
 23 B, there are authorized to be appropriated such sums as
 24 may be necessary for each of the fiscal years 2001 through
 25 2005.”.

1 **TITLE V—GENERAL PROVISIONS**

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

3 (a) *STATE SURVEILLANCE SYSTEMS ON PREVALENCE*
 4 *OF HIV.*—*The Secretary of Health and Human Services*
 5 *(referred to in this section as the “Secretary”)* shall request
 6 *the Institute of Medicine to enter into an agreement with*
 7 *the Secretary under which such Institute conducts a study*
 8 *to provide the following:*

9 (1) *A determination of whether the surveillance*
 10 *system of each of the States regarding the human im-*
 11 *munodeficiency virus provides for the reporting of*
 12 *cases of infection with the virus in a manner that is*
 13 *sufficient to provide adequate and reliable informa-*
 14 *tion on the number of such cases and the demographic*
 15 *characteristics of such cases, both for the State in gen-*
 16 *eral and for specific geographic areas in the State.*

17 (2) *A determination of whether such information*
 18 *is sufficiently accurate for purposes of formula grants*
 19 *under parts A and B of title XXVI of the Public*
 20 *Health Service Act.*

21 (3) *With respect to any State whose surveillance*
 22 *system does not provide adequate and reliable infor-*
 23 *mation on cases of infection with the virus, rec-*
 24 *ommendations regarding the manner in which the*
 25 *State can improve the system.*

1 (b) *RELATIONSHIP BETWEEN EPIDEMIOLOGICAL*
 2 *MEASURES AND HEALTH CARE FOR CERTAIN INDIVIDUALS*
 3 *WITH HIV DISEASE.*—

4 (1) *IN GENERAL.*—*The Secretary shall request*
 5 *the Institute of Medicine to enter into an agreement*
 6 *with the Secretary under which such Institute con-*
 7 *ducts a study concerning the appropriate epidemio-*
 8 *logical measures and their relationship to the financ-*
 9 *ing and delivery of primary care and health-related*
 10 *support services for low-income, uninsured, and*
 11 *under-insured individuals with HIV disease.*

12 (2) *ISSUES TO BE CONSIDERED.*—*The Secretary*
 13 *shall ensure that the study under paragraph (1) con-*
 14 *siders the following:*

15 (A) *The availability and utility of health*
 16 *outcomes measures and data for HIV primary*
 17 *care and support services and the extent to which*
 18 *those measures and data could be used to meas-*
 19 *ure the quality of such funded services.*

20 (B) *The effectiveness and efficiency of serv-*
 21 *ice delivery (including the quality of services,*
 22 *health outcomes, and resource use) within the*
 23 *context of a changing health care and thera-*
 24 *peutic environment, as well as the changing epi-*
 25 *demiology of the epidemic, including deter-*

1 *mining the actual costs, potential savings, and*
 2 *overall financial impact of modifying the pro-*
 3 *gram under title XIX of the Social Security Act*
 4 *to establish eligibility for medical assistance*
 5 *under such title on the basis of infection with the*
 6 *human immunodeficiency virus rather than pro-*
 7 *viding such assistance only if the infection has*
 8 *progressed to acquired immune deficiency syn-*
 9 *drome.*

10 *(C) Existing and needed epidemiological*
 11 *data and other analytic tools for resource plan-*
 12 *ning and allocation decisions, specifically for es-*
 13 *timating severity of need of a community and*
 14 *the relationship to the allocations process.*

15 *(D) Other factors determined to be relevant*
 16 *to assessing an individual's or community's abil-*
 17 *ity to gain and sustain access to quality HIV*
 18 *services.*

19 *(c) OTHER ENTITIES.—If the Institute of Medicine de-*
 20 *clines to conduct a study under this section, the Secretary*
 21 *shall enter into an agreement with another appropriate*
 22 *public or nonprofit private entity to conduct the study.*

23 *(d) REPORT.—The Secretary shall ensure that—*

24 *(1) not later than 3 years after the date of the*
 25 *enactment of this Act, the study required in sub-*

1 *section (a) is completed and a report describing the*
 2 *findings made in the study is submitted to the appro-*
 3 *priate committees of the Congress; and*

4 *(2) not later than 2 years after the date of the*
 5 *enactment of this Act, the study required in sub-*
 6 *section (b) is completed and a report describing the*
 7 *findings made in the study is submitted to such com-*
 8 *mittees.*

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

10 *(a) EXPANSION, INTENSIFICATION, AND COORDINATION*
 11 *OF RESEARCH AND OTHER ACTIVITIES.—*

12 *(1) IN GENERAL.—The Director of NIH shall ex-*
 13 *pand, intensify, and coordinate research and other*
 14 *activities of the National Institutes of Health with re-*
 15 *spect to the development of reliable and affordable*
 16 *tests for HIV disease that can rapidly be adminis-*
 17 *tered and whose results can rapidly be obtained (in*
 18 *this section referred to a “rapid HIV test”).*

19 *(2) REPORT TO CONGRESS.—The Director of*
 20 *NIH shall periodically submit to the appropriate*
 21 *committees of Congress a report describing the re-*
 22 *search and other activities conducted or supported*
 23 *under paragraph (1).*

24 *(3) AUTHORIZATION OF APPROPRIATIONS.—For*
 25 *the purpose of carrying out this subsection, there are*

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

4 ***(b) PREMARKET REVIEW OF RAPID HIV TESTS.—***

5 ***(1) IN GENERAL.—****Not later than 90 days after*
6 *the date of the enactment of this Act, the Secretary,*
7 *in consultation with the Director of the Centers for*
8 *Disease Control and Prevention and the Commis-*
9 *sioner of Food and Drugs, shall submit to the appro-*
10 *priate committees of the Congress a report describing*
11 *the progress made towards, and barriers to, the pre-*
12 *market review and commercial distribution of rapid*
13 *HIV tests. The report shall—*

14 ***(A)*** *assess the public health need for and*
15 *public health benefits of rapid HIV tests, includ-*
16 *ing the minimization of false positive results*
17 *through the availability of multiple rapid HIV*
18 *tests;*

19 ***(B)*** *make recommendations regarding the*
20 *need for the expedited review of rapid HIV test*
21 *applications submitted to the Center for Bio-*
22 *logics Evaluation and Research and, if such rec-*
23 *ommendations are favorable, specify criteria and*
24 *procedures for such expedited review; and*

1 (C) specify whether the barriers to the pre-
 2 market review of rapid HIV tests include the un-
 3 necessary application of requirements—

4 (i) necessary to ensure the efficacy of
 5 devices for donor screening to rapid HIV
 6 tests intended for use in other screening sit-
 7 uations; or

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

13 (c) *GUIDELINES OF CENTERS FOR DISEASE CONTROL*
 14 *AND PREVENTION.*—Promptly after commercial distribu-
 15 tion of a rapid HIV test begins, the Secretary, acting
 16 through the Director of the Centers for Disease Control and
 17 Prevention, shall establish or update guidelines that include
 18 recommendations for States, hospitals, and other appro-
 19 priate entities regarding the ready availability of such tests
 20 for administration to pregnant women who are in labor
 21 or in the late stage of pregnancy and whose HIV status
 22 is not known to the attending obstetrician.

1 **SEC. 503. TECHNICAL CORRECTIONS.**

2 (a) *PUBLIC HEALTH SERVICE ACT.*—*Title XXVI of the*
 3 *Public Health Service Act (42 U.S.C. 300ff–11 et seq.) is*
 4 *amended—*

5 (1) *in section 2605(d)—*

6 (A) *in paragraph (1), by striking “section*
 7 *2608” and inserting “section 2677”; and*

8 (B) *in paragraph (4), by inserting “sec-*
 9 *tion” before 2601(a)”; and*

10 (2) *in section 2673(a), in the matter preceding*
 11 *paragraph (1), by striking “the Agency for Health*
 12 *Care Policy and Research” and inserting “the Direc-*
 13 *tor of the Agency for Healthcare Research and Qual-*
 14 *ity”.*

15 (b) *RELATED ACT.*—*The first paragraph (2) of section*
 16 *3(c) of the Ryan White Care Act Amendments of 1996 (Pub-*
 17 *lic Law 104–146; 110 Stat. 1354) is amended in subpara-*
 18 *graph (A)(iii) by striking “by inserting the following new*
 19 *paragraph:” and inserting “by inserting before paragraph*
 20 *(2) (as so redesignated) the following new paragraph”.*

21 **TITLE VI—EFFECTIVE DATE**

22 **SEC. 601. EFFECTIVE DATE.**

23 *This Act and the amendments made by this Act take*
 24 *effect October 1, 2000, or upon the date of the enactment*
 25 *of this Act, whichever occurs later.*

Amend the title so as to read “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.”.

Attest:

Clerk.