

106TH CONGRESS  
2D SESSION

# S. 2311

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.

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## IN THE SENATE OF THE UNITED STATES

MARCH 29, 2000

Mr. JEFFORDS (for himself, Mr. KENNEDY, Mr. FRIST, Mr. HATCH, Mr. DODD, Mr. ENZI, Mr. HARKIN, Ms. MIKULSKI, Mr. BINGAMAN, Mr. WELLSTONE, Mr. REED, Mr. BIDEN, and Mr. DURBIN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

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.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

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

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

5 (a) REFERENCES.—Except as otherwise expressly  
6 provided, whenever in this Act an amendment or repeal  
7 is expressed in terms of an amendment to, or repeal of,  
8 a section or other provision, the reference shall be consid-  
9 ered to be made to a section or other provision of the Pub-  
10 lic Health Service Act (42 U.S.C. 201 et seq.).

11 (b) Table of Contents.—The table of contents of this  
12 Act is as follows:

Sec. 1. Short title.

Sec. 2. References; table of contents.

TITLE I—AMENDMENTS TO HIV HEALTH CARE PROGRAM

Subtitle A—Purpose; Amendments to Part A (Emergency Relief Grants)

Sec. 101. Duties of planning council, funding priorities, quality assessment.

Sec. 102. Quality management.

Sec. 103. Funded entities required to have health care relationships.

Sec. 104. Support services required to be health care-related.

Sec. 105. Use of grant funds for early intervention services.

Sec. 106. Replacement of specified fiscal years regarding the sunset on expedited distribution requirement.

Sec. 107. Hold harmless provision.

Sec. 108. Set-aside for infants, children, and women.

Subtitle B—Amendments to Part B (Care Grant Program)

Sec. 121. State requirements concerning identification of need and allocation of resources.

Sec. 122. Quality management.

Sec. 123. Funded entities required to have health care referral relationships.

Sec. 124. Support services required to be health care-related.

Sec. 125. Use of grant funds for early intervention services.

Sec. 126. Authorization of appropriations for HIV-related services for women and children.

Sec. 127. Repeal of requirement for completed Institute of Medicine report.

Sec. 130. Supplement grants for certain States.

Sec. 131. Use of treatment funds.

- Sec. 132. Increase in minimum allotment.  
 Sec. 133. Set-aside for infants, children, and women.

Subtitle C—Amendments to Part C (Early Intervention Services)

- Sec. 141. Amendment of heading; repeal of formula grant program.  
 Sec. 142. Planning and development grants.  
 Sec. 143. Authorization of appropriations for categorical grants.  
 Sec. 144. Administrative expenses ceiling; quality management program.  
 Sec. 145. Preference for certain areas.

Subtitle D—Amendments to Part D (General Provisions)

- Sec. 151. Research involving women, infants, children, and youth.  
 Sec. 152. Limitation on administrative expenses.  
 Sec. 153. Evaluations and reports.  
 Sec. 154. Authorization of appropriations for grants under parts A and B.

Subtitle E—Amendments to Part F (Demonstration and Training)

- Sec. 161. Authorization of appropriations.

TITLE II—MISCELLANEOUS PROVISIONS

- Sec. 201. Institute of Medicine study.

1 **TITLE I—AMENDMENTS TO HIV**  
 2 **HEALTH CARE PROGRAM**  
 3 **Subtitle A—Purpose; Amendments**  
 4 **to Part A (Emergency Relief**  
 5 **Grants)**

6 **SEC. 101. DUTIES OF PLANNING COUNCIL, FUNDING PRIOR-**  
 7 **ITIES, QUALITY ASSESSMENT.**

8 Section 2602 (42 U.S.C. 300ff–12) is amended—

9 (1) in subsection (b)—

10 (A) in paragraph (2)(C), by inserting be-  
 11 fore the semicolon the following: “, including  
 12 providers of housing and homeless services”;  
 13 and

1 (B) in paragraph (4), by striking “shall—  
2 ” and all that follows and inserting “shall have  
3 the responsibilities specified in subsection (d).”;  
4 and

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

6 “(d) DUTIES OF PLANNING COUNCIL.—The planning  
7 council established under subsection (b) shall have the fol-  
8 lowing duties:

9 “(1) PRIORITIES FOR ALLOCATION OF  
10 FUNDS.—The council shall establish priorities for  
11 the allocation of funds within the eligible area, in-  
12 cluding how best to meet each such priority and ad-  
13 ditional factors that a grantee should consider in al-  
14 locating funds under a grant, based on the following  
15 factors:

16 “(A) The size and demographic character-  
17 istics of the population with HIV disease to be  
18 served, including, subject to subsection (e), the  
19 needs of individuals living with HIV infection  
20 who are not receiving HIV-related health serv-  
21 ices.

22 “(B) The documented needs of the popu-  
23 lation with HIV disease with particular atten-  
24 tion being given to disparities in health services

1 among affected subgroups within the eligible  
2 area.

3 “(C) The demonstrated or probable cost  
4 and outcome effectiveness of proposed strate-  
5 gies and interventions, to the extent that data  
6 are reasonably available.

7 “(D) Priorities of the communities with  
8 HIV disease for whom the services are in-  
9 tended.

10 “(E) The availability of other govern-  
11 mental and non-governmental resources, includ-  
12 ing the State medicaid plan under title XIX of  
13 the Social Security Act and the State Children’s  
14 Health Insurance Program under title XXI of  
15 such Act to cover health care costs of eligible  
16 individuals and families with HIV disease.

17 “(F) Capacity development needs resulting  
18 from gaps in the availability of HIV services in  
19 historically underserved low-income commu-  
20 nities.

21 “(2) COMPREHENSIVE SERVICE DELIVERY  
22 PLAN.—The council shall develop a comprehensive  
23 plan for the organization and delivery of health and  
24 support services described in section 2604. Such  
25 plan shall be compatible with any existing State or

1 local plans regarding the provision of such services  
2 to individuals with HIV disease.

3 “(3) ASSESSMENT OF FUND ALLOCATION EFFI-  
4 CIENCY.—The council shall assess the efficiency of  
5 the administrative mechanism in rapidly allocating  
6 funds to the areas of greatest need within the eligi-  
7 ble area.

8 “(4) STATEWIDE STATEMENT OF NEED.—The  
9 council shall participate in the development of the  
10 Statewide coordinated statement of need as initiated  
11 by the State public health agency responsible for ad-  
12 ministering grants under part B.

13 “(5) COORDINATION WITH OTHER FEDERAL  
14 GRANTEES.—The council shall coordinate with Fed-  
15 eral grantees providing HIV-related services within  
16 the eligible area.

17 “(6) COMMUNITY PARTICIPATION.—The council  
18 shall establish methods for obtaining input on com-  
19 munity needs and priorities which may include pub-  
20 lic meetings, conducting focus groups, and convening  
21 ad-hoc panels.

22 “(e) PROCESS FOR ESTABLISHING ALLOCATION PRI-  
23 ORITIES.—

24 “(1) IN GENERAL.—Not later than 24 months  
25 after the date of enactment of the Ryan White

1 CARE Act Amendments of 2000, the Secretary  
2 shall—

3 “(A) consult with eligible metropolitan  
4 areas, affected communities, experts, and other  
5 appropriate individuals and entities, to develop  
6 epidemiologic measures for establishing the  
7 number of individuals living with HIV disease  
8 who are not receiving HIV-related health serv-  
9 ices; and

10 “(B) provide advice and technical assist-  
11 ance to planning councils with respect to the  
12 process for establishing priorities for the alloca-  
13 tion of funds under subsection (d)(1).

14 “(2) EXCEPTION.—Grantees under subsection  
15 (d)(1)(A) shall not be required to establish priorities  
16 for individuals not in care until epidemiologic meas-  
17 ures are developed under paragraph (1).”.

18 **SEC. 102. QUALITY MANAGEMENT.**

19 (a) FUNDS AVAILABLE FOR QUALITY MANAGE-  
20 MENT.—Section 2604 (42 U.S.C. 300ff–14) is amended—

21 (1) by redesignating subsections (e) through (f)  
22 as subsections (d) through (g), respectively; and

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

25 “(c) QUALITY MANAGEMENT.—

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

11           “(2) USE OF FUNDS.—From amounts received  
12 under a grant awarded under this part, the chief  
13 elected official of an eligible area may use, for activi-  
14 ties associated with its quality management pro-  
15 gram, not more than the lesser of—

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

18                   “(B) \$3,000,000.”.

19           (b) QUALITY MANAGEMENT REQUIRED FOR ELIGI-  
20 BILITY FOR GRANTS.—Section 2605(a) (42 U.S.C. 300ff-  
21 15(a)) is amended—

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

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

1           “(3) that the chief elected official of the eligible  
2           area will satisfy all requirements under section  
3           2604(e);”.

4   **SEC. 103. FUNDED ENTITIES REQUIRED TO HAVE HEALTH**  
5                           **CARE RELATIONSHIPS.**

6           (a) USE OF AMOUNTS.—Section 2604(e)(1) (42  
7 U.S.C. 300ff–14(d)(1)) (as so redesignated by section  
8 102(a)) is amended by inserting “and the State Children’s  
9 Health Insurance Program under title XXI of such Act”  
10 after “Social Security Act”.

11          (b) APPLICATIONS.—Section 2605(a) (42 U.S.C.  
12 300ff–15(a)) is amended by inserting after paragraph (3),  
13 as added by section 102(b), the following:

14           “(4) that funded entities within the eligible area  
15           that receive funds under a grant under section  
16           2601(a) shall maintain appropriate relationships  
17           with entities in the area served that constitute key  
18           points of access to the health care system for indi-  
19           viduals with HIV disease (including emergency  
20           rooms, substance abuse treatment programs, detoxi-  
21           fication centers, adult and juvenile detention facili-  
22           ties, sexually transmitted disease clinics, HIV coun-  
23           seling and testing sites, and homeless shelters) and  
24           other entities under section 2652(a) for the purpose  
25           of facilitating early intervention for individuals newly

1 diagnosed with HIV disease and individuals knowl-  
2 edgeable of their status but not in care;”.

3 **SEC. 104. SUPPORT SERVICES REQUIRED TO BE HEALTH**  
4 **CARE-RELATED.**

5 (a) IN GENERAL.—Section 2604(b)(1) (42 U.S.C.  
6 300ff–14(b)(1)) is amended—

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

10 (2) in subparagraph (A)—

11 (A) by striking “outpatient” and all that  
12 follows through “substance abuse treatment  
13 and” and inserting the following: “OUTPATIENT  
14 HEALTH SERVICES.—Outpatient and ambula-  
15 tory health services, including substance abuse  
16 treatment;”;

17 (B) by striking “; and” and inserting a pe-  
18 riod;

19 (3) in subparagraph (B), by striking “(B) inpa-  
20 tient case management” and inserting “(C) INPA-  
21 TIENT CASE MANAGEMENT SERVICES.—Inpatient  
22 case management;”;

23 (4) by inserting after subparagraph (A) the fol-  
24 lowing:



1           “(D) EARLY INTERVENTION SERVICES.—  
 2           Early intervention services as described in sec-  
 3           tion 2651(b)(2), with follow-through referral,  
 4           provided for the purpose of facilitating the ac-  
 5           cess of individuals receiving the services to  
 6           HIV-related health services, but only if the enti-  
 7           ty providing such services—

8                   “(i)(I) is receiving funds under sub-  
 9                   paragraph (A) or (C); or

10                   “(II) is an entity constituting a point  
 11                   of access to services, as described in para-  
 12                   graph (2)(C), that maintains a relationship  
 13                   with an entity described in subclause (I)  
 14                   and that is serving individuals at elevated  
 15                   risk of HIV disease; and

16                   “(ii) demonstrates to the satisfaction  
 17                   of the chief elected official that no other  
 18                   Federal, State, or local funds are available  
 19                   for the early intervention services the enti-  
 20                   ty will provide with funds received under  
 21                   this paragraph.”.

22           (b) CONFORMING AMENDMENTS TO APPLICATION  
 23           REQUIREMENTS.—Section 2605(a)(1) (42 U.S.C. 300ff-  
 24           15(a)(1)) is amended—

1           (1) in subparagraph (A), by striking “services  
2           to individuals with HIV disease” and inserting  
3           “services as described in section 2604(b)(1)”; and

4           (2) in subparagraph (B), by striking “services  
5           for individuals with HIV disease” and inserting  
6           “services as described in section 2604(b)(1)”.

7 **SEC. 106. REPLACEMENT OF SPECIFIED FISCAL YEARS RE-**  
8                                   **GARDING THE SUNSET ON EXPEDITED DIS-**  
9                                   **TRIBUTION REQUIREMENTS.**

10          Section 2603(a)(2) (42 U.S.C. 300ff–13(a)(2)) is  
11          amended by striking “for each of the fiscal years 1996  
12          through 2000” and inserting “for a fiscal year”.

13 **SEC. 107. HOLD HARMLESS PROVISION.**

14          Section 2603(a)(4) (42 U.S.C. 300ff–13(a)(4)) is  
15          amended to read as follows:

16                               “(4) LIMITATIONS.—

17                               “(A) IN GENERAL.—With respect to each  
18                               of fiscal years 2001 through 2005, the Sec-  
19                               retary shall ensure that the amount of a grant  
20                               made to an eligible area under paragraph (2)  
21                               for such a fiscal year is not less than an  
22                               amount equal to 98 percent of the amount the  
23                               eligible area received for the fiscal year pre-  
24                               ceding the year for which the determination is  
25                               being made.

1           “(B) APPLICATION OF PROVISION.—Sub-  
 2 paragraph (A) shall only apply with respect to  
 3 those eligible areas receiving a grant under  
 4 paragraph (2) for fiscal year 2000 in an  
 5 amount that has been adjusted in accordance  
 6 with paragraph (4) of this subsection (as in ef-  
 7 fect on the day before the date of enactment of  
 8 the Ryan White CARE Act Amendments of  
 9 2000).”.

10 **SEC. 108. SET-ASIDE FOR INFANTS, CHILDREN, AND**  
 11 **WOMEN.**

12 Section 2604(b)(3) (42 U.S.C. 300ff-14(b)(3)) is  
 13 amended—

14 (1) by inserting “for each population under this  
 15 subsection” after “established priorities”; and

16 (2) by striking “ratio of the” and inserting  
 17 “ratio of each”.

18 **Subtitle B—Amendments to Part B**  
 19 **(Care Grant Program)**

20 **SEC. 121. STATE REQUIREMENTS CONCERNING IDENTI-**  
 21 **FICATION OF NEED AND ALLOCATION OF RE-**  
 22 **SOURCES.**

23 (a) GENERAL USE OF GRANTS.—Section 2612 (42  
 24 U.S.C. 300ff-22) is amended—

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

3           (2) in the matter following paragraph (5)—

4               (A) by striking “paragraph (2)” and in-  
5       serting “subsection (a)(2) and section 2613”;

6       (b) APPLICATION.—Section 2617(b) (42 U.S.C.  
7 300ff–27(b)) is amended—

8           (1) in paragraph (1)(C)—

9               (A) by striking clause (i) and inserting the  
10       following:

11               “(i) the size and demographic charac-  
12       teristics of the population with HIV dis-  
13       ease to be served, except that by not later  
14       than October 1, 2002, the State shall take  
15       into account the needs of individuals not in  
16       care, based on epidemiologic measures de-  
17       veloped by the Secretary in consultation  
18       with the State, affected communities, ex-  
19       perts, and other appropriate individuals  
20       (such State shall not be required to estab-  
21       lish priorities for individuals not in care  
22       until such epidemiologic measures are de-  
23       veloped);”;

24               (B) in clause (iii), by striking “and” at the  
25       end; and

1 (C) by adding at the end the following:

2 “(v) the availability of other govern-  
3 mental and non-governmental resources;

4 “(vi) the capacity development needs  
5 resulting in gaps in the provision of HIV  
6 services in historically underserved low-in-  
7 come and rural low-income communities;  
8 and

9 “(vii) the efficiency of the administra-  
10 tive mechanism in rapidly allocating funds  
11 to the areas of greatest need within the  
12 State;” and

13 (2) in paragraph (2)—

14 (A) in subparagraph (B), by striking  
15 “and” at the end;

16 (B) by redesignating subparagraph (C) as  
17 subparagraph (F); and

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

20 “(C) an assurance that capacity develop-  
21 ment needs resulting from gaps in the provision  
22 of services in underserved low-income and rural  
23 low-income communities will be addressed; and

24 “(D) with respect to fiscal year 2003 and  
25 subsequent fiscal years, assurances that, in the

1           planning and allocation of resources, the State,  
2           through systems of HIV-related health services  
3           provided under paragraphs (1), (2), and (3) of  
4           section 2612(a), will make appropriate provi-  
5           sion for the HIV-related health and support  
6           service needs of individuals who have been diag-  
7           nosed with HIV disease but who are not cur-  
8           rently receiving such services, based on the epi-  
9           demiologic measures developed under paragraph  
10          (1)(C)(i);”.

11 **SEC. 122. QUALITY MANAGEMENT.**

12          (a) STATE REQUIREMENT FOR QUALITY MANAGE-  
13          MENT.—Section 2617(b)(4) (42 U.S.C. 300ff–27(b)(4)) is  
14          amended—

15                 (1) by striking subparagraph (C) and inserting  
16          the following:

17                         “(C) the State will provide for—

18                                 “(i) the establishment of a quality  
19                                 management program to assess the extent  
20                                 to which medical services provided to pa-  
21                                 tients under the grant are consistent with  
22                                 the most recent Public Health Service  
23                                 guidelines for the treatment of HIV dis-  
24                                 ease and related opportunistic infections  
25                                 and to develop strategies for improvements

1 in the access to and quality of medical  
2 services; and

3 “(ii) a periodic review (such as  
4 through an independent peer review) to as-  
5 sess the quality and appropriateness of  
6 HIV-related health and support services  
7 provided by entities that receive funds  
8 from the State under this part;”;

9 (2) by redesignating subparagraphs (E) and  
10 (F) as subparagraphs (F) and (G), respectively;

11 (3) by inserting after subparagraph (D), the  
12 following:

13 “(E) an assurance that the State, through  
14 systems of HIV-related health services provided  
15 under paragraphs (1), (2), and (3) of section  
16 2612(a), has considered strategies for working  
17 with providers to make optimal use of financial  
18 assistance under the State medicaid plan under  
19 title XIX of the Social Security Act, the State  
20 Children’s Health Insurance Program under  
21 title XXI of such Act, and other Federal grant-  
22 ees that provide HIV-related services, to maxi-  
23 mize access to quality HIV-related health and  
24 support services;

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

3 (5) in subparagraph (G), as so redesignated, by  
4 striking the period and inserting “; and”.

5 (b) AVAILABILITY OF FUNDS FOR QUALITY MANAGE-  
6 MENT.—

7 (1) AVAILABILITY OF GRANT FUNDS FOR PLAN-  
8 NING AND EVALUATION.—Section 2618(c)(3) (42  
9 U.S.C. 300ff–28(c)(3)) is amended by inserting be-  
10 fore the period “, including not more than  
11 \$3,000,000 for all activities associated with its qual-  
12 ity management program”.

13 (2) EXCEPTION TO COMBINED CEILING ON  
14 PLANNING AND ADMINISTRATION FUNDS FOR  
15 STATES WITH SMALL GRANTS.—Paragraph (6) of  
16 section 2618(c) (42 U.S.C. 300ff–28(c)(6)) is  
17 amended to read as follows:

18 “(6) EXCEPTION FOR QUALITY MANAGE-  
19 MENT.—Notwithstanding paragraph (5), a State  
20 whose grant under this part for a fiscal year does  
21 not exceed \$1,500,000 may use not to exceed 20  
22 percent of the amount of the grant for the purposes  
23 described in paragraphs (3) and (4) if—

1           “(A) that portion of such amount in excess  
2 of 15 percent of the grant is used for its quality  
3 management program; and

4           “(B) the State submits and the Secretary  
5 approves a plan (in such form and containing  
6 such information as the Secretary may pre-  
7 scribe) for use of funds for its quality manage-  
8 ment program.”.

9 **SEC. 123. FUNDED ENTITIES REQUIRED TO HAVE HEALTH**  
10 **CARE RELATIONSHIPS.**

11       Section 2617(b)(4) (42 U.S.C. 300ff-27(b)(4)), as  
12 amended by section 122(a), is further amended by adding  
13 at the end the following:

14           “(H) that funded entities maintain appro-  
15 priate relationships with entities in the area  
16 served that constitute key points of access to  
17 the health care system for individuals with HIV  
18 disease (including emergency rooms, substance  
19 abuse treatment programs, detoxification cen-  
20 ters, adult and juvenile detention facilities, sex-  
21 ually transmitted disease clinics, HIV coun-  
22 seling and testing sites, and homeless shelters),  
23 and other entities under section 2652(a), for  
24 the purpose of facilitating early intervention for  
25 individuals newly diagnosed with HIV disease

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

3 **SEC. 124. SUPPORT SERVICES REQUIRED TO BE HEALTH**  
4 **CARE-RELATED.**

5 (a) TECHNICAL AMENDMENT.—Section  
6 3(c)(2)(A)(iii) of the Ryan White CARE Act Amendments  
7 of 1996 (Public Law 104–146) is amended by inserting  
8 “before paragraph (2) as so redesignated” after “insert-  
9 ing”.

10 (b) SERVICES.—Section 2612(a)(1) (42 U.S.C.  
11 300ff–22(a)(1)), as so designated by section 121(a), is  
12 amended by striking “for individuals with HIV disease”  
13 and inserting “, subject to the conditions and limitations  
14 that apply under such section”.

15 (c) CONFORMING AMENDMENT TO STATE APPLICA-  
16 TION REQUIREMENT.—Section 2617(b)(2) (42 U.S.C.  
17 300ff–27(b)(2)), as amended by section 121(b), is further  
18 amended by adding at the end the following:

19 “(F) an assurance that the State has pro-  
20 ceedures in place to ensure that services pro-  
21 vided with funds received under this section  
22 meet the criteria specified in section  
23 2604(b)(1)(B); and”.

1 **SEC. 125. USE OF GRANT FUNDS FOR EARLY INTERVEN-**  
2 **TION SERVICES.**

3 Section 2612(a) (42 U.S.C. 300ff-22(a)), as amend-  
4 ed by section 121, is further amended by adding at the  
5 end the following:

6 “(6) EARLY INTERVENTION SERVICES.—The  
7 State, through systems of HIV-related health serv-  
8 ices provided under paragraphs (1), (2), and (3) of  
9 section 2612(a), may provide early intervention serv-  
10 ices, as described in section 2651(b)(2), with follow-  
11 up referral, provided for the purpose of facilitating  
12 the access of individuals receiving the services to  
13 HIV-related health services, but only if the entity  
14 providing such services—

15 “(A)(i) is receiving funds under section  
16 2612(a)(1); or

17 “(ii) is an entity constituting a point of ac-  
18 cess to services, as described in section  
19 2617(b)(4), that maintains a referral relation-  
20 ship with an entity described in clause (i) and  
21 that is serving individuals at elevated risk of  
22 HIV disease; and

23 “(B) demonstrates to the State’s satisfac-  
24 tion that no other Federal, State, or local funds  
25 are available for the early intervention services

1 the entity will provide with funds received under  
2 this paragraph.”.

3 **SEC. 126. AUTHORIZATION OF APPROPRIATIONS FOR HIV-**  
4 **RELATED SERVICES FOR WOMEN AND CHIL-**  
5 **DREN.**

6 Section 2625(c)(2) (42 U.S.C. 300ff–33(c)(2)) is  
7 amended by striking “fiscal years 1996 through 2000”  
8 and inserting “fiscal years 2001 through 2005”.

9 **SEC. 127. REPEAL OF REQUIREMENT FOR COMPLETED IN-**  
10 **STITUTE OF MEDICINE REPORT.**

11 Section 2628 (42 U.S.C. 300ff–36) is repealed.

12 **SEC. 128. SUPPLEMENT GRANTS FOR CERTAIN STATES.**

13 Subpart I of part B of title XXVI of the Public  
14 Health Service Act (42 U.S.C. 300ff–11 et seq.) is amend-  
15 ed by adding at the end the following:

16 **“SEC. 2622. SUPPLEMENTAL GRANTS.**

17 “(a) IN GENERAL.—The Secretary shall award sup-  
18 plemental grants to States determined to be eligible under  
19 subsection (b) to enable such States to provide comprehen-  
20 sive services of the type described in section 2612(a) to  
21 supplement the services otherwise provided by the State  
22 under a grant under this subpart in areas within the State  
23 that are not eligible to receive grants under part A.

24 “(b) ELIGIBILITY.—To be eligible to receive a supple-  
25 mental grant under subsection (a) a State shall—

1           “(1) be eligible to receive a grant under this  
2           subpart; and

3           “(2) demonstrate to the Secretary that there is  
4           severe need (as defined for purposes of section  
5           2603(b)(2)(A) for supplemental financial assistance  
6           in areas in the State that are not served through  
7           grants under part A.

8           “(c) APPLICATION.—A State that desires a grant  
9           under this section shall, as part of the State application  
10          submitted under section 2617, submit a detailed descrip-  
11          tion of the manner in which the State will use amounts  
12          received under the grant and of the severity of need. Such  
13          description shall include—

14                 “(1) a report concerning the dissemination of  
15                 supplemental funds under this section and the plan  
16                 for the utilization of such funds;

17                 “(2) a demonstration of the existing commit-  
18                 ment of local resources, both financial and in-kind;

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

1           “(4) a demonstration of the ability of the State  
2 to utilize such supplemental financial resources in a  
3 manner that is immediately responsive and cost ef-  
4 fective;

5           “(5) a demonstration that the resources will be  
6 allocated in accordance with the local demographic  
7 incidence of AIDS including appropriate allocations  
8 for services for infants, children, women, and fami-  
9 lies with HIV disease;

10           “(6) a demonstration of the inclusiveness of the  
11 planning process, with particular emphasis on af-  
12 fected communities and individuals with HIV dis-  
13 ease; and

14           “(7) a demonstration of the manner in which  
15 the proposed services are consistent with local needs  
16 assessments and the statewide coordinated state-  
17 ment of need.

18           “(d) AMOUNT RESERVED FOR EMERGING COMMU-  
19 NITIES.—

20           “(1) IN GENERAL.—For awarding grants under  
21 this section for each fiscal year, the Secretary shall  
22 reserve the greater of 50 percent of the amount to  
23 be utilized under subsection (e) for such fiscal year  
24 or \$5,000,000, to be provided to States that contain  
25 emerging communities for use in such communities.

1           “(2) DEFINITION.—In paragraph (1), the term  
2           ‘emerging community’ means a metropolitan area—

3                   “(A) that is not eligible for a grant under  
4           part A; and

5                   “(B) for which there has been reported to  
6           the Director of the Centers for Disease Control  
7           and Prevention a cumulative total of between  
8           1000 and 1999 cases of acquired immune defi-  
9           ciency syndrome for the most recent period of  
10           5 calendar years for which such data are avail-  
11           able.

12           “(e) APPROPRIATIONS.—With respect to each fiscal  
13           year beginning with fiscal year 2001, the Secretary, to  
14           carry out this section, shall utilize 50 percent of the  
15           amount appropriated under section 2677 to carry out part  
16           B for such fiscal year that is in excess of the amount ap-  
17           propriated to carry out such part in fiscal year preceding  
18           the fiscal year involved.

19           **SEC. 129. USE OF TREATMENT FUNDS.**

20           (a) STATE DUTIES.—Section 2616(c) (42 U.S.C.  
21           300ff-26(c)) is amended—

22                   (1) in the matter preceding paragraph (1), by  
23           striking “shall—” and inserting “shall use funds  
24           made available under this section to—”;

1           (2) by redesignating paragraphs (1) through  
2           (5) as subparagraphs (A) through (E), respectively  
3           and realigning the margins of such subparagraphs  
4           appropriately;

5           (3) in subparagraph (D) (as so redesignated),  
6           by striking “and” at the end;

7           (4) in subparagraph (E) (as so redesignated),  
8           by striking the period and “; and”; and

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

10           “(F) encourage, support, and enhance adher-  
11           ence to and compliance with treatment regimens, in-  
12           cluding related medical monitoring.”;

13           (6) by striking “In carrying” and inserting the  
14           following:

15           “(1) IN GENERAL.—In carrying”; and

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

17           “(2) LIMITATIONS.—

18           “(A) IN GENERAL.—No State shall use  
19           funds under paragraph (1)(F) unless the limita-  
20           tions on access to HIV/AIDS therapeutic regi-  
21           mens as defined in subsection (e)(2) are elimi-  
22           nated.

23           “(B) AMOUNT OF FUNDING.—No State  
24           shall use in excess of 10 percent of the amount  
25           set-aside for use under this section in any fiscal

1           year to carry out activities under paragraph  
2           (1)(F) unless the State demonstrates to the  
3           Secretary that such additional services are es-  
4           sential and in no way diminish access to thera-  
5           peutics.”.

6           (b) SUPPLEMENT GRANTS.—Section 2616 (42  
7 U.S.C. 300ff-26(c)) is amended by adding at the end the  
8 following:

9           “(e) SUPPLEMENTAL GRANTS FOR THE PROVISION  
10 OF TREATMENTS.—

11           “(1) IN GENERAL.—From amounts made avail-  
12 able under paragraph (5), the Secretary shall award  
13 supplemental grants to States determined to be eligi-  
14 ble under paragraph (2) to enable such States to  
15 provide access to therapeutics to treat HIV disease  
16 as provided by the State under subsection (c)(1)(B)  
17 for individuals at or below 200 percent of the Fed-  
18 eral poverty line.

19           “(2) CRITERIA.—The Secretary shall develop  
20 criteria for the awarding of grants under paragraph  
21 (1) to States that demonstrate a severe need. In de-  
22 termining the criteria for demonstrating State sever-  
23 ity of need (as defined for purposes of section  
24 2603(b)(2)(A)), the Secretary shall consider whether  
25 limitation to access exist such that—

1           “(A) the State programs under this section  
2           are unable to provide HIV/AIDS therapeutic  
3           regimens to all eligible individuals living at or  
4           below 200 percent of the Federal poverty line;  
5           and

6           “(B) the State programs under this section  
7           are unable to provide to all eligible individuals  
8           appropriate HIV/AIDS therapeutic regimens as  
9           recommended in the most recent Federal treat-  
10          ment guidelines.

11          “(3) STATE REQUIREMENT.—The Secretary  
12          may not make a grant to a State under this sub-  
13          section unless the State agrees that—

14               “(A) the State will make available (directly  
15               or through donations from public or private en-  
16               tities) non-Federal contributions toward the ac-  
17               tivities to be carried out under the grant in an  
18               amount equal to \$1 for each \$4 of Federal  
19               funds provided in the grant; and

20               “(B) the State will not impose eligibility  
21               requirements for services or scope of benefits  
22               limitations under subsection (a) that are more  
23               restrictive than such requirements in effect as  
24               of January 1, 2000.

1           “(4) USE AND COORDINATION.—Amounts made  
2           available under a grant under this subsection shall  
3           only be used by the State to provide AIDS/HIV-re-  
4           lated medications. The State shall coordinate the use  
5           of such amounts with the amounts otherwise pro-  
6           vided under this section in order to maximize drug  
7           coverage.

8           “(5) FUNDING.—

9                   “(A) RESERVATION OF AMOUNT.—The  
10           Secretary may reserve not to exceed 4 percent,  
11           but not less than 2 percent, of any amount re-  
12           ferred to in section 2618(b)(2)(H) that is ap-  
13           propriated for a fiscal year, to carry out this  
14           subsection.

15                   “(B) MINIMUM AMOUNT.—In providing  
16           grants under this subsection, the Secretary  
17           shall ensure that the amount of a grant to a  
18           State under this part is not less than the  
19           amount the State received under this part in  
20           the previous fiscal year, as a result of grants  
21           provided under this subsection.”.

22           (c) SUPPLEMENT AND NOT SUPPLANT.—Section  
23           2616 (42 U.S.C. 300ff–26(c)), as amended by subsection  
24           (b), is further amended by adding at the end the following:

1       “(f) SUPPLEMENT NOT SUPPLANT.—Notwith-  
 2 standing any other provision of law, amounts made avail-  
 3 able under this section shall be used to supplement and  
 4 not supplant other funding available to provide treatments  
 5 of the type that may be provided under this section.”.

6 **SEC. 130. INCREASE IN MINIMUM ALLOTMENT.**

7       (a) IN GENERAL.—Section 2618(b)(1)(A)(i) (42  
 8 U.S.C. 300ff–28(b)(1)(A)(i)) is amended—

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

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

13       (b) TECHNICAL AMENDMENT.—Section  
 14 2618(b)(3)(B) (42 U.S.C. 300ff–28(b)(3)(B)) is amended  
 15 by striking “and the Republic of the Marshall Islands”  
 16 and inserting “, the Republic of the Marshall Islands, the  
 17 Federated States of Micronesia, and the Republic of  
 18 Palau”.

19 **SEC. 131. SET-ASIDE FOR INFANTS, CHILDREN, AND**  
 20 **WOMEN.**

21       Section 2611(b) (42 U.S.C. 300ff–21(b)) is  
 22 amended—

23           (1) by inserting “for each population under this  
 24       subsection” after “State shall use”; and

1           (2) by striking “ratio of the” and inserting  
2           “ratio of each”.

3       **Subtitle C—Amendments to Part C**  
4       **(Early Intervention Services)**

5       **SEC. 141. AMENDMENT OF HEADING; REPEAL OF FORMULA**  
6               **GRANT PROGRAM.**

7           (a) AMENDMENT OF HEADING.—The heading of part  
8       C of title XXVI is amended to read as follows:

9       “PART C—EARLY INTERVENTION AND PRIMARY CARE  
10                               SERVICES”.

11          (b) REPEAL.—Part C of title XXVI (42 U.S.C.  
12       300ff–41 et seq.) is amended—

13               (1) by repealing subpart I; and

14               (2) by redesignating subparts II and III as sub-  
15       parts I and II.

16          (c) CONFORMING AMENDMENTS.—

17               (1) INFORMATION REGARDING RECEIPT OF  
18       SERVICES.—Section 2661(a) (42 U.S.C. 300ff–  
19       61(a)) is amended by striking “unless—” and all  
20       that follows through “(2) in the case of” and insert-  
21       ing “unless, in the case of”.

22               (2) ADDITIONAL AGREEMENTS.—Section 2664  
23       (42 U.S.C. 300ff–64) is amended—

24                       (A) in subsection (e)(5), by striking  
25               “2642(b) or”;

1 (B) in subsection (f)(2), by striking  
2 “2642(b) or”; and  
3 (C) by striking subsection (h).

4 **SEC. 142. PLANNING AND DEVELOPMENT GRANTS.**

5 (a) ALLOWING PLANNING AND DEVELOPMENT  
6 GRANT TO EXPAND ABILITY TO PROVIDE PRIMARY CARE  
7 SERVICES.—Section 2654(c) (42 U.S.C. 300ff-54(c)) is  
8 amended—

9 (1) in paragraph (1), to read as follows:

10 “(1) IN GENERAL.—The Secretary may provide  
11 planning and development grants to public and non-  
12 profit private entities for the purpose of—

13 “(A) enabling such entities to provide HIV  
14 early intervention services; or

15 “(B) assisting such entities to expand the  
16 capacity, preparedness, and expertise to deliver  
17 primary care services to individuals with HIV  
18 disease in underserved low-income communities  
19 on the condition that the funds are not used to  
20 purchase or improve land or to purchase, con-  
21 struct, or permanently improve (other than  
22 minor remodeling) any building or other facil-  
23 ity.”; and

1           (2) in paragraphs (2) and (3) by striking  
2           “paragraph (1)” each place that such appears and  
3           inserting “paragraph (1)(A)”.

4           (b) AMOUNT; DURATION.—Section 2654(c) (42  
5 U.S.C. 300ff–54(c)), as amended by subsection (a), is fur-  
6 ther amended—

7           (1) by redesignating paragraph (4) as para-  
8           graph (5); and

9           (2) by inserting after paragraph (3) the fol-  
10          lowing:

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

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

15           “(B) CAPACITY DEVELOPMENT.—

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

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

22          (c) INCREASE IN LIMITATION.—Section 2654(c)(5)  
23 (42 U.S.C. 300ff–54(c)(5)), as so redesignated by sub-  
24 section (b), is amended by striking “1 percent” and insert-  
25 ing “5 percent”.

1 **SEC. 143. AUTHORIZATION OF APPROPRIATIONS FOR CAT-**  
2 **EGORICAL GRANTS.**

3 Section 2655 (42 U.S.C. 300ff-55) is amended by  
4 striking “1996” and all that follows through “2000” and  
5 inserting “2001 through 2005”.

6 **SEC. 144. ADMINISTRATIVE EXPENSES CEILING; QUALITY**  
7 **MANAGEMENT PROGRAM.**

8 Section 2664(g) (42 U.S.C. 300ff-64(g)) is  
9 amended—

10 (1) in paragraph (3), to read as follows:

11 “(3) the applicant will not expend more than 10  
12 percent of the grant for costs of administrative ac-  
13 tivities with respect to the grant;”;

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

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

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

1 **SEC. 145. PREFERENCE FOR CERTAIN AREAS.**

2 Section 2651 (42 U.S.C. 300ff–51) is amended by  
3 adding at the end the following:

4 “(d) PREFERENCE IN AWARDING GRANTS.—Begin-  
5 ning in fiscal year 2001, in awarding new grants under  
6 this section, the Secretary shall give preference to appli-  
7 cants that will use amounts received under the grant to  
8 serve areas that are otherwise not eligible to receive assist-  
9 ance under part A.”.

10 **Subtitle D—Amendments to Part D**  
11 **(General Provisions)**

12 **SEC. 151. RESEARCH INVOLVING WOMEN, INFANTS, CHIL-**  
13 **DREN, AND YOUTH.**

14 (a) ELIMINATION OF REQUIREMENT TO ENROLL  
15 SIGNIFICANT NUMBERS OF WOMEN AND CHILDREN.—

16 Section 2671(b) (42 U.S.C. 300ff–71(b)) is amended—

17 (1) in paragraph (1), by striking subparagraphs  
18 (C) and (D); and

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

20 (b) INFORMATION AND EDUCATION.—Section  
21 2671(d) (42 U.S.C. 300ff–71(d)) is amended by adding  
22 at the end the following:

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

1 (c) QUALITY MANAGEMENT; ADMINISTRATIVE EX-  
2 PENSES CEILING.—Section 2671(f) (42 U.S.C. 300ff-  
3 71(f)) is amended—

4 (1) by striking the subsection heading and des-  
5 ignation and inserting the following:

6 “(f) ADMINISTRATION.—

7 “(1) APPLICATION.—”; and

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

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

12 (d) COORDINATION.—Section 2671(g) (42 U.S.C.  
13 300ff-71(g)) is amended by adding at the end the fol-  
14 lowing: “The Secretary acting through the Director of  
15 NIH, shall examine the distribution and availability of on-  
16 going and appropriate HIV/AIDS-related research  
17 projects to existing sites under this section for purposes  
18 of enhancing and expanding voluntary access to HIV-re-  
19 lated research, especially within communities that are not  
20 reasonably served by such projects.”.

21 (e) AUTHORIZATION OF APPROPRIATIONS.—Section  
22 2671(j) (42 U.S.C. 300ff-71(j)) is amended by striking  
23 “fiscal years 1996 through 2000” and inserting “fiscal  
24 years 2001 through 2005”.

1 **SEC. 152. LIMITATION ON ADMINISTRATIVE EXPENSES.**

2 Section 2671 (42 U.S.C. 300ff-71) is amended—

3 (1) by redesignating subsections (i) and (j), as  
4 subsections (j) and (k), respectively; and

5 (2) by inserting after subsection (h), the fol-  
6 lowing:

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

8 “(1) **DETERMINATION BY SECRETARY.—**Not  
9 later than 12 months after the date of enactment of  
10 the Ryan White Care Act Amendments of 2000, the  
11 Secretary, in consultation with grantees under this  
12 part, shall conduct a review of the administrative,  
13 program support, and direct service-related activities  
14 that are carried out under this part to ensure that  
15 eligible individuals have access to quality, HIV-re-  
16 lated health and support services and research op-  
17 portunities under this part, and to support the pro-  
18 vision of such services.

19 “(2) **REQUIREMENTS.—**

20 “(A) **IN GENERAL.—**Not later than 180  
21 days after the expiration of the 12-month pe-  
22 riod referred to in paragraph (1) the Secretary,  
23 in consultation with grantees under this part,  
24 shall determine the relationship between the  
25 costs of the activities referred to in paragraph  
26 (1) and the access of eligible individuals to the

1 services and research opportunities described in  
2 such paragraph.

3 “(B) LIMITATION.—After a final deter-  
4 mination under subparagraph (A), the Sec-  
5 retary may not make a grant under this part  
6 unless the grantee complies with such require-  
7 ments as may be included in such determina-  
8 tion.”.

9 **SEC. 153. EVALUATIONS AND REPORTS.**

10 Section 2674(c) (42 U.S.C. 399ff–74(c)) is amended  
11 by striking “1991 through 1995” and inserting “2001  
12 through 2005”.

13 **SEC. 154. AUTHORIZATION OF APPROPRIATIONS FOR**  
14 **GRANTS UNDER PARTS A AND B.**

15 Section 2677 (42 U.S.C. 300ff–77) is amended to  
16 read as follows:

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

18 “There are authorized to be appropriated—

19 “(1) such sums as may be necessary to carry  
20 out part A for each of the fiscal years 2001 through  
21 2005; and

22 “(2) such sums as may be necessary to carry  
23 out part B for each of the fiscal years 2001 through  
24 2005.”.

1 **Subtitle E—Amendments to Part F**  
 2 **(Demonstration and Training)**

3 **SEC. 161. AUTHORIZATION OF APPROPRIATIONS.**

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

8 (b) DENTAL SCHOOLS.—Section 2692(c)(2) (42  
 9 U.S.C. 300ff–111(c)(2)) is amended by striking “fiscal  
 10 years 1996 through 2000” and inserting “fiscal years  
 11 2001 through 2005”.

12 **TITLE II—MISCELLANEOUS**  
 13 **PROVISIONS**

14 **SEC. 201. INSTITUTE OF MEDICINE STUDY.**

15 (a) IN GENERAL.—Not later than 120 days after the  
 16 date of enactment of this Act, the Secretary of Health and  
 17 Human Services shall enter into a contract with the Insti-  
 18 tute of Medicine for the conduct of a study concerning  
 19 the appropriate epidemiological measures and their rela-  
 20 tionship to the financing and delivery of primary care and  
 21 health-related support services for low-income, uninsured,  
 22 and under-insured individuals with HIV disease.

23 (b) REQUIREMENTS.—

24 (1) COMPLETION.—The study under subsection

25 (a) shall be completed not later than 21 months

1 after the date on which the contract referred to in  
2 such subsection is entered into.

3 (2) ISSUES TO BE CONSIDERED.—The study  
4 conducted under subsection (a) shall consider—

5 (A) the availability and utility of health  
6 outcomes measures and data for HIV primary  
7 care and support services and the extent to  
8 which those measures and data could be used to  
9 measure the quality of such funded services;

10 (B) the effectiveness and efficiency of serv-  
11 ice delivery (including the quality of services,  
12 health outcomes, and resource use) within the  
13 context of a changing health care and thera-  
14 peutic environment as well as the changing epi-  
15 demiology of the epidemic;

16 (C) existing and needed epidemiological  
17 data and other analytic tools for resource plan-  
18 ning and allocation decisions, specifically for es-  
19 timating severity of need of a community and  
20 the relationship to the allocations process; and

21 (D) other factors determined to be relevant  
22 to assessing an individual's or community's  
23 ability to gain and sustain access to quality  
24 HIV services.

1           (c) REPORT.—Not later than 90 days after the date  
2 on which the study is completed under subsection (a), the  
3 Secretary of Health and Human Services shall prepare  
4 and submit to the appropriate committees of Congress a  
5 report describing the manner in which the conclusions and  
6 recommendations of the Institute of Medicine can be ad-  
7 dressed and implemented.

○