

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.

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

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,”; and

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”; and

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

1 “(B) OUTPATIENT SUPPORT SERVICES.—
 2 Outpatient and ambulatory support services (in-
 3 cluding case management), to the extent that
 4 such services facilitate, enhance, support, or
 5 sustain the delivery, continuity, or benefits of
 6 health services for individuals and families with
 7 HIV disease.”.

8 (b) CONFORMING AMENDMENT TO APPLICATION RE-
 9 QUIREMENTS.—Section 2605(a) (42 U.S.C. 300ff–15(a)),
 10 as amended by section 102(b), is further amended—

11 (1) in paragraph (6) (as so redesignated), by
 12 striking “and” at the end thereof;

13 (2) in paragraph (7) (as so redesignated), by
 14 striking the period and inserting “; and”; and

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

16 “(8) that the eligible area has procedures in
 17 place to ensure that services provided with funds re-
 18 ceived under this part meet the criteria specified in
 19 section 2604(b)(1).”.

20 **SEC. 105. USE OF GRANT FUNDS FOR EARLY INTERVEN-**
 21 **TION SERVICES.**

22 (a) IN GENERAL.—Section 2604(b)(1) (42 U.S.C.
 23 300ff–14(b)(1)), as amended by section 104(a), is further
 24 amended by adding at the end the following:

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.

○