

106TH CONGRESS
2^D SESSION

S. 2311

IN THE HOUSE OF REPRESENTATIVES

JUNE 7, 2000

Referred to the Committee on Commerce

AN ACT

To revise and extend the Ryan White CARE Act programs under title XXVI of the Public Health Service Act, to improve access to health care and the quality of care under such programs, and to provide for the development of increased capacity to provide health care and related support services to individuals and families with HIV disease, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

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

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

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

8 (b) TABLE OF CONTENTS.—The table of contents of
 9 this Act is as follows:

Sec. 1. Short title.

Sec. 2. References; table of contents.

TITLE I—AMENDMENTS TO HIV HEALTH CARE PROGRAM

Subtitle A—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 requirements.

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 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. 128. Supplement grants for certain States.

Sec. 129. Use of treatment funds.

Sec. 130. Increase in minimum allotment.

Sec. 131. 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.
 Sec. 146. Technical amendment.

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—Amendments to Part A**
 4 **(Emergency Relief Grants)**

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

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

8 (1) in subsection (b)—

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

13 (B) in paragraph (4), by striking “shall—
 14 ” and all that follows and inserting “shall have
 15 the responsibilities specified in subsection (d).”;
 16 and

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

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

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

11 “(A) The size and demographic character-
12 istics of the population with HIV disease to be
13 served, including, subject to subsection (e), the
14 needs of individuals living with HIV infection
15 who are not receiving HIV-related health serv-
16 ices.

17 “(B) The documented needs of the popu-
18 lation with HIV disease with particular atten-
19 tion being given to disparities in health services
20 among affected subgroups within the eligible
21 area.

22 “(C) The demonstrated or probable cost
23 and outcome effectiveness of proposed strate-
24 gies and interventions, to the extent that data
25 are reasonably available.

1 “(D) Priorities of the communities with
2 HIV disease for whom the services are in-
3 tended.

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

11 “(F) Capacity development needs resulting
12 from gaps in the availability of HIV services in
13 historically underserved low-income commu-
14 nities.

15 “(2) COMPREHENSIVE SERVICE DELIVERY
16 PLAN.—The council shall develop a comprehensive
17 plan for the organization and delivery of health and
18 support services described in section 2604. Such
19 plan shall be compatible with any existing State or
20 local plans regarding the provision of such services
21 to individuals with HIV disease.

22 “(3) ASSESSMENT OF FUND ALLOCATION EFFI-
23 CIENCY.—The council shall assess the efficiency of
24 the administrative mechanism in rapidly allocating

1 funds to the areas of greatest need within the eligi-
2 ble area.

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

8 “(5) COORDINATION WITH OTHER FEDERAL
9 GRANTEES.—The council shall coordinate with Fed-
10 eral grantees providing HIV-related services within
11 the eligible area.

12 “(6) COMMUNITY PARTICIPATION.—The council
13 shall establish methods for obtaining input on com-
14 munity needs and priorities which may include pub-
15 lic meetings, conducting focus groups, and convening
16 ad-hoc panels.

17 “(e) PROCESS FOR ESTABLISHING ALLOCATION PRI-
18 ORITIES.—

19 “(1) IN GENERAL.—Not later than 24 months
20 after the date of enactment of the Ryan White
21 CARE Act Amendments of 2000, the Secretary
22 shall—

23 “(A) consult with eligible metropolitan
24 areas, affected communities, experts, and other
25 appropriate individuals and entities, to develop

1 epidemiologic measures for establishing the
2 number of individuals living with HIV disease
3 who are not receiving HIV-related health serv-
4 ices; and

5 “(B) provide advice and technical assist-
6 ance to planning councils with respect to the
7 process for establishing priorities for the alloca-
8 tion of funds under subsection (d)(1).

9 “(2) EXCEPTION.—Grantees under this part
10 shall not be required to establish priorities for indi-
11 viduals not in care until epidemiologic measures are
12 developed under paragraph (1).”.

13 **SEC. 102. QUALITY MANAGEMENT.**

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

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

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

20 “(c) QUALITY MANAGEMENT.—

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

1 are consistent with the most recent Public Health
2 Service guidelines for the treatment of HIV disease
3 and related opportunistic infection and to develop
4 strategies for improvements in the access to and
5 quality of medical services.

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

11 “(A) 5 percent of amounts received under
12 the grant; or

13 “(B) \$3,000,000.”.

14 (b) QUALITY MANAGEMENT REQUIRED FOR ELIGI-
15 BILITY FOR GRANTS.—Section 2605(a) (42 U.S.C. 300ff-
16 15(a)) is amended—

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

19 (2) by inserting after paragraph (2) the fol-
20 lowing:

21 “(3) that the chief elected official of the eligible
22 area will satisfy all requirements under section
23 2604(e);”.

1 **SEC. 103. FUNDED ENTITIES REQUIRED TO HAVE HEALTH**
2 **CARE RELATIONSHIPS.**

3 (a) USE OF AMOUNTS.—Section 2604(e)(1) (42
4 U.S.C. 300ff–14(d)(1)) (as so redesignated by section
5 102(a)) is amended by inserting “and the State Children’s
6 Health Insurance Program under title XXI of such Act”
7 after “Social Security Act”.

8 (b) APPLICATIONS.—Section 2605(a) (42 U.S.C.
9 300ff–15(a)) is amended by inserting after paragraph (3),
10 as added by section 102(b), the following:

11 “(4) that funded entities within the eligible area
12 that receive funds under a grant under section
13 2601(a) shall maintain appropriate relationships
14 with entities in the area served that constitute key
15 points of access to the health care system for indi-
16 viduals with HIV disease (including emergency
17 rooms, substance abuse treatment programs, detoxi-
18 fication centers, adult and juvenile detention facili-
19 ties, sexually transmitted disease clinics, HIV coun-
20 seling and testing sites, mental health programs,
21 and homeless shelters) and other entities under sec-
22 tion 2652(a) for the purpose of facilitating early
23 intervention for individuals newly diagnosed with
24 HIV disease and individuals knowledgeable of their
25 status but not in care;”.

1 **SEC. 104. SUPPORT SERVICES REQUIRED TO BE HEALTH**
2 **CARE-RELATED.**

3 (a) IN GENERAL.—Section 2604(b)(1) (42 U.S.C.
4 300ff–14(b)(1)) is amended—

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

8 (2) in subparagraph (A)—

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

15 (B) by striking “; and” and inserting a pe-
16 riod;

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

21 (4) by inserting after subparagraph (A) the fol-
22 lowing:

23 “(B) OUTPATIENT SUPPORT SERVICES.—
24 Outpatient and ambulatory support services (in-
25 cluding case management), to the extent that
26 such services facilitate, enhance, support, or

1 sustain the delivery, continuity, or benefits of
2 health services for individuals and families with
3 HIV disease.”.

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

7 (1) in paragraph (7) (as so redesignated), by
8 striking “and” at the end thereof;

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

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

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

16 **SEC. 105. USE OF GRANT FUNDS FOR EARLY INTERVEN-**
17 **TION SERVICES.**

18 (a) IN GENERAL.—Section 2604(b)(1) (42 U.S.C.
19 300ff–14(b)(1)), as amended by section 104(a), is further
20 amended by adding at the end the following:

21 “(D) EARLY INTERVENTION SERVICES.—
22 Early intervention services as described in sec-
23 tion 2651(b)(2), with follow-through referral,
24 provided for the purpose of facilitating the ac-
25 cess of individuals receiving the services to

1 HIV-related health services, but only if the enti-
2 ty providing such services—

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

5 “(II) is an entity constituting a point
6 of access to services, as described in sec-
7 tion 2605(a)(4), that maintains a relation-
8 ship with an entity described in subclause
9 (I) and that is serving individuals at ele-
10 vated risk of HIV disease;

11 “(ii) demonstrates to the satisfaction
12 of the chief elected official that Federal,
13 State, or local funds are inadequate for the
14 early intervention services the entity will
15 provide with funds received under this sub-
16 paragraph; and

17 “(iii) demonstrates to the satisfaction
18 of the chief elected official that funds will
19 be utilized under this subparagraph to sup-
20 plement not supplant other funds available
21 for such services in the year for which such
22 funds are being utilized.

23 (b) CONFORMING AMENDMENTS TO APPLICATION
24 REQUIREMENTS.—Section 2605(a)(1) (42 U.S.C. 300ff-
25 15(a)(1)) is amended—

1 **SEC. 108. SET-ASIDE FOR INFANTS, CHILDREN, AND**
 2 **WOMEN.**

3 Section 2604(b)(3) (42 U.S.C. 300ff–14(b)(3)) is
 4 amended—

5 (1) by inserting “for each population under this
 6 subsection” after “council”; and

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

9 **Subtitle B—Amendments to Part B**
 10 **(Care Grant Program)**

11 **SEC. 121. STATE REQUIREMENTS CONCERNING IDENTI-**
 12 **FICATION OF NEED AND ALLOCATION OF RE-**
 13 **SOURCES.**

14 (a) **GENERAL USE OF GRANTS.**—Section 2612 (42
 15 U.S.C. 300ff–22) is amended—

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

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

19 (A) by striking “Services” and inserting:

20 “(b) **DELIVERY OF SERVICES.**—Services”;

21 (B) by striking “paragraph (1)” and in-
 22 serting “subsection (a)(1)”; and

23 (C) by striking “paragraph (2)” and in-
 24 serting “subsection (a)(2) and section 2613”;

25 (b) **APPLICATION.**—Section 2617(b) (42 U.S.C.
 26 300ff–27(b)) is amended—

1 (1) in paragraph (1)(C)—

2 (A) by striking clause (i) and inserting the
3 following:

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

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

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

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

22 “(vi) the capacity development needs
23 resulting in gaps in the provision of HIV
24 services in historically underserved low-in-

1 come and rural low-income communities;
2 and

3 “(vii) the efficiency of the administra-
4 tive mechanism in rapidly allocating funds
5 to the areas of greatest need within the
6 State;”); and

7 (2) in paragraph (2)—

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

10 (B) by redesignating subparagraph (C) as
11 subparagraph (F); and

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

14 “(C) an assurance that capacity develop-
15 ment needs resulting from gaps in the provision
16 of services in underserved low-income and rural
17 low-income communities will be addressed; and

18 “(D) with respect to fiscal year 2003 and
19 subsequent fiscal years, assurances that, in the
20 planning and allocation of resources, the State,
21 through systems of HIV-related health services
22 provided under paragraphs (1), (2), and (3) of
23 section 2612(a), will make appropriate provi-
24 sion for the HIV-related health and support
25 service needs of individuals who have been diag-

1 nosed with HIV disease but who are not cur-
2 rently receiving such services, based on the epi-
3 demologic measures developed under paragraph
4 (1)(C)(i);”.

5 **SEC. 122. QUALITY MANAGEMENT.**

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

9 (1) by striking subparagraph (C) and inserting
10 the following:

11 “(C) the State will provide for—

12 “(i) the establishment of a quality
13 management program to assess the extent
14 to which medical services provided to pa-
15 tients under the grant are consistent with
16 the most recent Public Health Service
17 guidelines for the treatment of HIV dis-
18 ease and related opportunistic infections
19 and to develop strategies for improvements
20 in the access to and quality of medical
21 services; and

22 “(ii) a periodic review (such as
23 through an independent peer review) to as-
24 sess the quality and appropriateness of
25 HIV-related health and support services

1 provided by entities that receive funds
2 from the State under this part;”;

3 (2) by redesignating subparagraphs (E) and
4 (F) as subparagraphs (F) and (G), respectively;

5 (3) by inserting after subparagraph (D), the
6 following:

7 “(E) an assurance that the State, through
8 systems of HIV-related health services provided
9 under paragraphs (1), (2), and (3) of section
10 2612(a), has considered strategies for working
11 with providers to make optimal use of financial
12 assistance under the State medicaid plan under
13 title XIX of the Social Security Act, the State
14 Children’s Health Insurance Program under
15 title XXI of such Act, and other Federal grant-
16 ees that provide HIV-related services, to maxi-
17 mize access to quality HIV-related health and
18 support services;

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

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

23 (b) AVAILABILITY OF FUNDS FOR QUALITY MANAGE-
24 MENT.—

1 (1) AVAILABILITY OF GRANT FUNDS FOR PLAN-
2 NING AND EVALUATION.—Section 2618(c)(3) (42
3 U.S.C. 300ff–28(c)(3)) is amended by inserting be-
4 fore the period “, including not more than
5 \$3,000,000 for all activities associated with its qual-
6 ity management program”.

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

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

18 “(A) that portion of the amount that may
19 be used for such purposes in excess of 15 per-
20 cent of the grant is used for its quality manage-
21 ment program; and

22 “(B) the State submits and the Secretary
23 approves a plan (in such form and containing
24 such information as the Secretary may pre-

1 scribe) for use of funds for its quality manage-
2 ment program.”.

3 **SEC. 123. FUNDED ENTITIES REQUIRED TO HAVE HEALTH**
4 **CARE RELATIONSHIPS.**

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

8 “(H) that funded entities maintain appro-
9 priate relationships with entities in the area
10 served that constitute key points of access to
11 the health care system for individuals with HIV
12 disease (including emergency rooms, substance
13 abuse treatment programs, detoxification cen-
14 ters, adult and juvenile detention facilities, sex-
15 ually transmitted disease clinics, HIV coun-
16 seling and testing sites, mental health pro-
17 grams, and homeless shelters), and other enti-
18 ties under section 2652(a), for the purpose of
19 facilitating early intervention for individuals
20 newly diagnosed with HIV disease and individ-
21 uals knowledgeable of their status but not in
22 care.”.

1 **SEC. 124. SUPPORT SERVICES REQUIRED TO BE HEALTH**
 2 **CARE-RELATED.**

3 (a) TECHNICAL AMENDMENT.—Section
 4 3(c)(2)(A)(iii) of the Ryan White CARE Act Amendments
 5 of 1996 (Public Law 104–146) is amended by inserting
 6 “before paragraph (2) as so redesignated” after “insert-
 7 ing”.

8 (b) SERVICES.—Section 2612(a)(1) (42 U.S.C.
 9 300ff–22(a)(1)), as so designated by section 121(a), is
 10 amended by striking “for individuals with HIV disease”
 11 and inserting “, subject to the conditions and limitations
 12 that apply under such section”.

13 (c) CONFORMING AMENDMENT TO STATE APPLICA-
 14 TION REQUIREMENT.—Section 2617(b)(2) (42 U.S.C.
 15 300ff–27(b)(2)), as amended by section 121(b), is further
 16 amended by inserting after subparagraph (D) the fol-
 17 lowing:

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

23 **SEC. 125. USE OF GRANT FUNDS FOR EARLY INTERVEN-**
 24 **TION SERVICES.**

25 Section 2612(a) (42 U.S.C. 300ff–22(a)), as amend-
 26 ed by section 121, is further amended—

1 (1) in paragraph (4), by striking “and” at the
2 end;

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

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

6 “(6) to provide, through systems of HIV-related
7 health services provided under paragraphs (1), (2),
8 and (3), early intervention services, as described in
9 section 2651(b)(2), with follow-up referral, provided
10 for the purpose of facilitating the access of individ-
11 uals receiving the services to HIV-related health
12 services, but only if the entity providing such
13 services—

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

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

22 “(B) demonstrates to the State’s satisfac-
23 tion that other Federal, State, or local funds
24 are inadequate for the early intervention serv-

1 ices the entity will provide with funds received
2 under this paragraph; and

3 “(C) demonstrates to the satisfaction of
4 the State that funds will be utilized under this
5 paragraph to supplement not supplant other
6 funds available for such services in the year for
7 which such funds are being utilized.”.

8 **SEC. 126. AUTHORIZATION OF APPROPRIATIONS FOR HIV-**
9 **RELATED SERVICES FOR WOMEN AND CHIL-**
10 **DREN.**

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

14 **SEC. 127. REPEAL OF REQUIREMENT FOR COMPLETED IN-**
15 **STITUTE OF MEDICINE REPORT.**

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

17 **SEC. 128. SUPPLEMENTAL GRANTS FOR CERTAIN STATES.**

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

21 **“SEC. 2622. SUPPLEMENTAL GRANTS.**

22 “(a) IN GENERAL.—The Secretary shall award sup-
23 plemental grants to States determined to be eligible under
24 subsection (b) to enable such States to provide comprehen-
25 sive services of the type described in section 2612(a) to

1 supplement the services otherwise provided by the State
2 under a grant under this subpart in emerging communities
3 within the State that are not eligible to receive grants
4 under part A.

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

7 “(1) be eligible to receive a grant under this
8 subpart;

9 “(2) demonstrate the existence in the State of
10 an emerging community as defined in subsection
11 (d)(1); and

12 “(3) submit the information described in sub-
13 section (c).

14 “(c) REPORTING REQUIREMENTS.—A State that de-
15 sires a grant under this section shall, as part of the State
16 application submitted under section 2617, submit a de-
17 tailed description of the manner in which the State will
18 use amounts received under the grant and of the severity
19 of need. Such description shall include—

20 “(1) a report concerning the dissemination of
21 supplemental funds under this section and the plan
22 for the utilization of such funds in the emerging
23 community;

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

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

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

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

16 “(6) a demonstration of the inclusiveness of the
17 planning process, with particular emphasis on af-
18 fected communities and individuals with HIV dis-
19 ease; and

20 “(7) a demonstration of the manner in which
21 the proposed services are consistent with local needs
22 assessments and the statewide coordinated state-
23 ment of need.

1 “(d) DEFINITION OF EMERGING COMMUNITY.—In
2 this section, the term ‘emerging community’ means a met-
3 ropolitan area—

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

6 “(2) for which there has been reported to the
7 Director of the Centers for Disease Control and Pre-
8 vention a cumulative total of between 500 and 1999
9 cases of acquired immune deficiency syndrome for
10 the most recent period of 5 calendar years for which
11 such data are available.

12 “(e) FUNDING.—

13 “(1) IN GENERAL.—Subject to paragraph (2),
14 with respect to each fiscal year beginning with fiscal
15 year 2001, the Secretary, to carry out this section,
16 shall utilize—

17 “(A) the greater of—

18 “(i) 25 percent of the amount appro-
19 priated under 2677 to carry out part B,
20 excluding the amount appropriated under
21 section 2618(b)(2)(H), for such fiscal year
22 that is in excess of the amount appro-
23 priated to carry out such part in fiscal
24 year preceding the fiscal year involved; or

25 “(ii) \$5,000,000;

1 to provide funds to States for use in emerging
2 communities with at least 1000, but less than
3 2000, cases of AIDS as reported to and con-
4 firmed by the Director of the Centers for Dis-
5 ease Control and Prevention for the five year
6 period preceding the year for which the grant is
7 being awarded; and

8 “(B) the greater of—

9 “(i) 25 percent of the amount appro-
10 priated under 2677 to carry out part B,
11 excluding the amount appropriated under
12 section 2618(b)(2)(H), for such fiscal year
13 that is in excess of the amount appro-
14 priated to carry out such part in fiscal
15 year preceding the fiscal year involved; or

16 “(ii) \$5,000,000;

17 to provide funds to States for use in emerging
18 communities with at least 500, but less than
19 1000, cases of AIDS reported to and confirmed
20 by the Director of the Centers for Disease Con-
21 trol and Prevention for the five year period pre-
22 ceding the year for which the grant is being
23 awarded.

24 “(2) TRIGGER OF FUNDING.—This section shall
25 be effective only for fiscal years beginning in the

1 first fiscal year in which the amount appropriated
2 under 2677 to carry out part B, excluding the
3 amount appropriated under section 2618(b)(2)(H),
4 exceeds by at least \$20,000,000 the amount appro-
5 priated under 2677 to carry out part B in fiscal year
6 2000, excluding the amount appropriated under sec-
7 tion 2618(b)(2)(H).

8 “(3) MINIMUM AMOUNT IN FUTURE YEARS.—
9 Beginning with the first fiscal year in which
10 amounts provided for emerging communities under
11 paragraph (1)(A) equals \$5,000,000 and under
12 paragraph (1)(B) equals \$5,000,000, the Secretary
13 shall ensure that amounts made available under this
14 section for the types of emerging communities de-
15 scribed in each such paragraph in subsequent fiscal
16 years is at least \$5,000,000.

17 “(4) DISTRIBUTION.—The amount of a grant
18 awarded to a State under this section shall be deter-
19 mined by the Secretary based on the formula de-
20 scribed in section 2618(b)(2), except that in apply-
21 ing such formula, the Secretary shall—

22 “(A) substitute ‘1.0’ for ‘.80’ in subpara-
23 graph (A)(ii)(I) of such section; and

1 “(B) not consider the provisions of sub-
2 paragraphs (A)(ii)(II) and (C) of such sec-
3 tion.”.

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

5 (a) STATE DUTIES.—Section 2616(c) (42 U.S.C.
6 300ff–26(c)) is amended—

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

10 (2) by redesignating paragraphs (1) through
11 (5) as subparagraphs (A) through (E), respectively
12 and realigning the margins of such subparagraphs
13 appropriately;

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

16 (4) in subparagraph (E) (as so redesignated),
17 by striking the period and inserting “; and”; and

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

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

22 (6) by striking “In carrying” and inserting the
23 following:

24 “(1) IN GENERAL.—In carrying”; and

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

1 “(2) LIMITATIONS.—

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

7 “(B) AMOUNT OF FUNDING.—No State
8 shall use in excess of 10 percent of the amount
9 set-aside for use under this section in any fiscal
10 year to carry out activities under paragraph
11 (1)(F) unless the State demonstrates to the
12 Secretary that such additional services are es-
13 sential and in no way diminish access to thera-
14 peutics.”.

15 (b) SUPPLEMENT GRANTS.—Section 2616 (42
16 U.S.C. 300ff-26) is amended by adding at the end the
17 following:

18 “(e) SUPPLEMENTAL GRANTS FOR THE PROVISION
19 OF TREATMENTS.—

20 “(1) IN GENERAL.—From amounts made avail-
21 able under paragraph (5), the Secretary shall award
22 supplemental grants to States determined to be eligi-
23 ble under paragraph (2) to enable such States to in-
24 crease access to therapeutics to treat HIV disease as
25 provided by the State under subsection (c)(1)(B) for

1 individuals at or below 200 percent of the Federal
2 poverty line.

3 “(2) CRITERIA.—The Secretary shall develop
4 criteria for the awarding of grants under paragraph
5 (1) to States that demonstrate a severe need. In de-
6 termining the criteria for demonstrating State sever-
7 ity of need, the Secretary shall consider eligibility
8 standards and formulary composition.

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

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

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

23 “(4) USE AND COORDINATION.—Amounts made
24 available under a grant under this subsection shall
25 only be used by the State to provide HIV/AIDS-re-

1 lated medications. The State shall coordinate the use
2 of such amounts with the amounts otherwise pro-
3 vided under this section in order to maximize drug
4 coverage.

5 “(5) FUNDING.—

6 “(A) RESERVATION OF AMOUNT.—The
7 Secretary shall reserve 3 percent of any amount
8 referred to in section 2618(b)(2)(H) that is ap-
9 propriated for a fiscal year, to carry out this
10 subsection.

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

18 (c) SUPPLEMENT AND NOT SUPPLANT.—Section
19 2616 (42 U.S.C. 300ff–26(c)), as amended by subsection
20 (b), is further amended by adding at the end the following:

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

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

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

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

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

8 (b) TERRITORIES.—Section 2618(b)(1)(B) (42
9 U.S.C. 300ff–28(b)(1)(B)) is amended by inserting “the
10 greater of \$50,000 or” after “shall be”.

11 (c) TECHNICAL AMENDMENT.—Section
12 2618(b)(3)(B) (42 U.S.C. 300ff–28(b)(3)(B)) is amended
13 by striking “and the Republic of the Marshall Islands”
14 and inserting “, the Republic of the Marshall Islands, the
15 Federated States of Micronesia, and the Republic of
16 Palau, and only for purposes of paragraph (1) the Com-
17 monwealth of Puerto Rico”.

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

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

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

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

1 **Subtitle C—Amendments to Part C**
 2 **(Early Intervention Services)**

3 **SEC. 141. AMENDMENT OF HEADING; REPEAL OF FORMULA**
 4 **GRANT PROGRAM.**

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

7 “PART C—EARLY INTERVENTION AND PRIMARY CARE
 8 SERVICES”.

9 (b) REPEAL.—Part C of title XXVI (42 U.S.C.
 10 300ff–41 et seq.) is amended—

11 (1) by repealing subpart I; and

12 (2) by redesignating subparts II and III as sub-
 13 parts I and II.

14 (c) CONFORMING AMENDMENTS.—

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

20 (2) ADDITIONAL AGREEMENTS.—Section 2664
 21 (42 U.S.C. 300ff–64) is amended—

22 (A) in subsection (e)(5), by striking
 23 “2642(b) or”;

24 (B) in subsection (f)(2), by striking
 25 “2642(b) or”; and

1 (C) by striking subsection (h).

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

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

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

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

11 “(A) enabling such entities to provide HIV
12 early intervention services; or

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

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

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

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

6 (2) by inserting after paragraph (3) the fol-
7 lowing:

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

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

12 “(B) CAPACITY DEVELOPMENT.—

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

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

19 (c) INCREASE IN LIMITATION.—Section 2654(c)(5)
20 (42 U.S.C. 300ff–54(c)(5)), as so redesignated by sub-
21 section (b), is amended by striking “1 percent” and insert-
22 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.—In
5 awarding new grants under this section, the Secretary
6 shall give preference to applicants that will use amounts
7 received under the grant to serve areas that are deter-
8 mined to be rural and underserved for the purposes of pro-
9 viding health care to individuals infected with HIV or di-
10 agnosed with AIDS.”.

11 **SEC. 146. TECHNICAL AMENDMENT.**

12 Section 2652(a) (42 U.S.C. 300ff-52(a)) is
13 amended—

14 (1) striking paragraphs (1) and (2) and insert-
15 ing the following:

16 “(1) health centers under section 330;” and

17 (2) by redesignating paragraphs (3) through
18 (6) as paragraphs (2) through (5), respectively.

19 **Subtitle D—Amendments to Part D**
20 **(General Provisions)**

21 **SEC. 151. RESEARCH INVOLVING WOMEN, INFANTS, CHIL-**
22 **DREN, AND YOUTH.**

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

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

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

4 (b) INFORMATION AND EDUCATION.—Section
5 2671(d) (42 U.S.C. 300ff–71(d)) is amended by adding
6 at the end the following:

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

10 (c) QUALITY MANAGEMENT; ADMINISTRATIVE EX-
11 PENSES CEILING.—Section 2671(f) (42 U.S.C. 300ff–
12 71(f)) is amended—

13 (1) by striking the subsection heading and des-
14 ignation and inserting the following:

15 “(f) ADMINISTRATION.—

16 “(1) APPLICATION.—”; and

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

18 “(2) QUALITY MANAGEMENT PROGRAM.—A
19 grantee under this section shall implement a quality
20 management program.”.

21 (d) COORDINATION.—Section 2671(g) (42 U.S.C.
22 300ff–71(g)) is amended by adding at the end the fol-
23 lowing: “The Secretary acting through the Director of
24 NIH, shall examine the distribution and availability of on-
25 going and appropriate HIV/AIDS-related research

1 projects to existing sites under this section for purposes
2 of enhancing and expanding voluntary access to HIV-re-
3 lated research, especially within communities that are not
4 reasonably served by such projects. Not later than 12
5 months after the date of enactment of the Ryan White
6 CARE Act Amendments of 2000, the Secretary shall pre-
7 pare and submit to the appropriate committees of Con-
8 gress a report that describes the findings made by the Di-
9 rector and the manner in which the conclusions based on
10 those findings can be addressed.”.

11 (e) AUTHORIZATION OF APPROPRIATIONS.—Section
12 2671(j) (42 U.S.C. 300ff–71(j)) is amended by striking
13 “fiscal years 1996 through 2000” and inserting “fiscal
14 years 2001 through 2005”.

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

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

17 (1) by redesignating subsections (i) and (j), as
18 subsections (j) and (k), respectively; and

19 (2) by inserting after subsection (h), the fol-
20 lowing:

21 “(i) LIMITATION ON ADMINISTRATIVE EXPENSES.—

22 “(1) DETERMINATION BY SECRETARY.—Not
23 later than 12 months after the date of enactment of
24 the Ryan White Care Act Amendments of 2000, the
25 Secretary, in consultation with grantees under this

1 part, shall conduct a review of the administrative,
2 program support, and direct service-related activities
3 that are carried out under this part to ensure that
4 eligible individuals have access to quality, HIV-re-
5 lated health and support services and research op-
6 portunities under this part, and to support the pro-
7 vision of such services.

8 “(2) REQUIREMENTS.—

9 “(A) IN GENERAL.—Not later than 180
10 days after the expiration of the 12-month pe-
11 riod referred to in paragraph (1) the Secretary,
12 in consultation with grantees under this part,
13 shall determine the relationship between the
14 costs of the activities referred to in paragraph
15 (1) and the access of eligible individuals to the
16 services and research opportunities described in
17 such paragraph.

18 “(B) LIMITATION.—After a final deter-
19 mination under subparagraph (A), the Sec-
20 retary may not make a grant under this part
21 unless the grantee complies with such require-
22 ments as may be included in such determina-
23 tion.”.

1 **SEC. 153. EVALUATIONS AND REPORTS.**

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

5 **SEC. 154. AUTHORIZATION OF APPROPRIATIONS FOR**
6 **GRANTS UNDER PARTS A AND B.**

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

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

10 “There are authorized to be appropriated—

11 “(1) such sums as may be necessary to carry
12 out part A for each of the fiscal years 2001 through
13 2005; and

14 “(2) such sums as may be necessary to carry
15 out part B for each of the fiscal years 2001 through
16 2005.”.

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

19 **SEC. 161. AUTHORIZATION OF APPROPRIATIONS.**

20 (a) SCHOOLS; CENTERS.—Section 2692(c)(1) (42
21 U.S.C. 300ff–111(c)(1)) is amended by striking “fiscal
22 years 1996 through 2000” and inserting “fiscal years
23 2001 through 2005”.

24 (b) DENTAL SCHOOLS.—Section 2692(c)(2) (42
25 U.S.C. 300ff–111(c)(2)) is amended by striking “fiscal

1 years 1996 through 2000” and inserting “fiscal years
2 2001 through 2005”.

3 (c) DENTAL SCHOOLS AND PROGRAMS.—Section
4 2692(b) of the Public Health Service Act (42 U.S.C.
5 300ff-111(b)) is amended—

6 (1) in paragraph (1), by striking
7 “777(b)(4)(B)” and inserting “777(b)(4)(B) (as
8 such section existed on the day before the date of
9 enactment of the Health Professions Education
10 Partnerships Act of 1998 (Public Law 105-392))
11 and dental hygiene programs that are accredited by
12 the Commission on Dental Accreditation”; and

13 (2) in paragraph (2), by striking
14 “777(b)(4)(B)” and inserting “777(b)(4)(B) (as
15 such section existed on the day before the date of
16 enactment of the Health Professions Education
17 Partnerships Act of 1998 (Public Law 105-392))”.

18 **TITLE II—MISCELLANEOUS**
19 **PROVISIONS**

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

21 (a) IN GENERAL.—Not later than 120 days after the
22 date of enactment of this Act, the Secretary of Health and
23 Human Services shall enter into a contract with the Insti-
24 tute of Medicine for the conduct of a study concerning
25 the appropriate epidemiological measures and their rela-

1 tionship to the financing and delivery of primary care and
2 health-related support services for low-income, uninsured,
3 and under-insured individuals with HIV disease.

4 (b) REQUIREMENTS.—

5 (1) COMPLETION.—The study under subsection
6 (a) shall be completed not later than 21 months
7 after the date on which the contract referred to in
8 such subsection is entered into.

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

11 (A) the availability and utility of health
12 outcomes measures and data for HIV primary
13 care and support services and the extent to
14 which those measures and data could be used to
15 measure the quality of such funded services;

16 (B) the effectiveness and efficiency of serv-
17 ice delivery (including the quality of services,
18 health outcomes, and resource use) within the
19 context of a changing health care and thera-
20 peutic environment as well as the changing epi-
21 demiology of the epidemic;

22 (C) existing and needed epidemiological
23 data and other analytic tools for resource plan-
24 ning and allocation decisions, specifically for es-

1 timating severity of need of a community and
2 the relationship to the allocations process; and
3 (D) other factors determined to be relevant
4 to assessing an individual's or community's
5 ability to gain and sustain access to quality
6 HIV services.

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

Passed the Senate June 6, 2000.

Attest:

GARY SISCO,
Secretary.