

107TH CONGRESS
2^D SESSION

S. 2649

To provide assistance to combat the HIV/AIDS pandemic in developing
foreign countries.

IN THE SENATE OF THE UNITED STATES

JUNE 19, 2002

Mr. KENNEDY (for himself and Mr. FRIST) introduced the following bill;
which was read twice and referred to the Committee on Health, Edu-
cation, Labor, and Pensions

A BILL

To provide assistance to combat the HIV/AIDS pandemic
in developing foreign countries.

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 “International AIDS
5 Treatment and Prevention Act of 2002”.

6 **SEC. 2. AUTHORITY OF THE DEPARTMENT OF HEALTH AND**
7 **HUMAN SERVICES.**

8 (a) IN GENERAL.—Title III of the Public Health
9 Service Act (42 U.S.C. 241 et seq.) is amended by adding
10 at the end the following:

1 **“PART P—HIV/AIDS PREVENTION, CARE AND**
2 **TREATMENT IN DEVELOPING COUNTRIES**
3 **“SEC. 399AA. GENERAL AUTHORITY OF THE CENTERS FOR**
4 **DISEASE CONTROL AND PREVENTION.**

5 “(a) PURPOSE.—It is the purpose of this section to
6 provide the Secretary, acting through the Director of the
7 Centers for Disease Control and Prevention, with the au-
8 thority to carry out HIV/AIDS prevention, care, treat-
9 ment, support, capacity development and other activities
10 (determined appropriate by the Secretary) in countries
11 with or at risk for severe HIV epidemic with particular
12 attention to resource constrained countries, as determined
13 by the Secretary.

14 “(b) ACTIVITIES AND ASSISTANCE.—In carrying out
15 the purpose described in subsection (a), the Secretary, act-
16 ing through the Director of the Centers for Disease Con-
17 trol and Prevention, in consultation with the Adminis-
18 trator of the United States Agency for International De-
19 velopment and the Administrator of the Health Resources
20 and Services Administration, may provide support and as-
21 sistance under this section relating to—

22 “(1) HIV prevention services provided
23 through—

24 “(A) education and voluntary counseling
25 and testing activities, including rapid testing,
26 the development and application of confiden-

1 tiality protections with respect to such coun-
2 seling and testing, and the integration of such
3 activities into programs serving women and
4 children;

5 “(B) programs to reduce the mother-to-
6 child transmission of HIV, including the in-
7 volvement of fathers in such programs;

8 “(C) activities involving behavioral inter-
9 ventions for youth, women, and other vulnerable
10 groups;

11 “(D) programs to prevent the transmission
12 of HIV and other pathogens at health care fa-
13 cilities (including the use of universal pre-
14 cautions, equipment sterilization, post-exposure
15 prophylaxis for health care workers and other
16 individuals determined to be appropriate, and
17 other interventions appropriate to the resources
18 available), and to support the use of post expo-
19 sure prophylaxis, when indicated, for patients;

20 “(E) activities to ensure a safe blood sup-
21 ply;

22 “(F) programs to provide prevention, care,
23 treatment, and patient management services for
24 sexually transmitted infections to infected indi-
25 viduals and individuals at risk of infection; and

1 “(G) activities, including laboratory sup-
2 port, to collect and maintain accurate HIV/
3 AIDS surveillance and epidemiologic data, to
4 target and monitor programs, and to measure
5 the effectiveness of interventions;

6 “(2) HIV/AIDS care and treatment services
7 provided through—

8 “(A) programs to provide care and treat-
9 ment, integrated with prevention services to
10 further reduce the transmission of HIV, for in-
11 dividuals living with HIV/AIDS, including the
12 treatment of opportunistic infections (including
13 tuberculosis) and the provision of antiretroviral
14 therapies and nutritional services;

15 “(B) programs to provide support services
16 that are needed to enhance the effectiveness of
17 health services and to promote family stability,
18 including services for family members affected
19 by, but not infected with, HIV such as children
20 orphaned by AIDS; and

21 “(C) programs that link care and treat-
22 ment services to proven prevention programs,
23 including linkages with voluntary counseling
24 and testing efforts (including rapid testing);

25 “(3) infrastructure and training through—

1 “(A) activities to improve the health infra-
2 structure and institutional capacity within par-
3 ticipating countries, including the training of
4 appropriate personnel, and to assist such coun-
5 tries in expanding and improving the avail-
6 ability of health care facilities, to enable such
7 countries to develop and manage HIV/AIDS
8 education, prevention, care and treatment pro-
9 grams and to conduct evaluations of such pro-
10 grams; and

11 “(B) activities to provide laboratory sup-
12 port as well as technical assistance and training
13 to increase the capacity for the diagnosis, care,
14 and treatment of HIV/AIDS and related health
15 conditions (including rapid testing);

16 “(4) HIV/AIDS treatment protocols through—

17 “(A) the provision of support and assist-
18 ance to participating countries for the develop-
19 ment of treatment protocols for the delivery of
20 HIV/AIDS treatment and prevention services;
21 and

22 “(B) the provision of assistance to partici-
23 pating countries determined to be ready to im-
24 plement the protocols described in subpara-
25 graph (A); and

1 “(5) other activities determined appropriate by
2 the Secretary.

3 “(c) UTILIZATION OF EXISTING CAPACITIES.—In
4 carrying out activities under subsection (b), the Secretary,
5 acting through the Director of the Centers for Disease
6 Control and Prevention and in consultation with the Ad-
7 ministrator of the United States Agency for International
8 Development and the Administrator of the Health Re-
9 sources and Services Administration, shall, to the max-
10 imum extent practicable, utilize existing indigenous capac-
11 ity in developing countries, including coordinating with
12 relevant government ministries and carrying out activities
13 in partnership with non-governmental organizations and
14 affected communities.

15 “(d) HEALTH RESOURCES AND SERVICES ADMINIS-
16 TRATION.—In carrying out activities under paragraphs (2)
17 and (3) of subsection (b), the Secretary, acting through
18 the Director of the Centers for Disease Control and Pre-
19 vention, shall enter into interagency agreements, monetary
20 transfers, and contracts with the Administrator of the
21 Health Resources and Services Administration to ensure
22 that such activities benefit from the specialized expertise
23 of such Administration related to the assessment of needs
24 as well as the development and implementation of commu-
25 nity-based systems of care and appropriate infrastructure,

1 including the training of health care providers and com-
2 munity workers.

3 “(e) BLOOD SUPPLY.—In carrying out activities
4 under subsection (b)(1)(E), the Secretary, acting through
5 the Director of the Centers for Disease Control and Pre-
6 vention, shall assist participating countries in developing
7 national, regional, or local systems to—

8 “(1) monitor, manage, and test the blood sup-
9 ply to ensure that such supply is screened for HIV;

10 “(2) increase recruitment and retention of ap-
11 propriate blood donors; and

12 “(3) provide for technology transfer and capac-
13 ity building in proven best blood safety practices ap-
14 propriate to local conditions.

15 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
16 is authorized to be appropriated to carry out this section,
17 \$400,000,000 for fiscal year 2003, and such sums as may
18 be necessary for fiscal year 2004. Of the amount appro-
19 priated under the preceding sentence for each fiscal year,
20 the Secretary shall make available \$30,000,000 in fiscal
21 year 2003 and \$45,000,000 in fiscal year 2004 to carry
22 out subsection (b)(2)(A) and section 399DD. Amounts ap-
23 propriated under this subsection shall remain available
24 until expended.

1 **“SEC. 399BB. GENERAL AUTHORITY OF THE HEALTH RE-**
2 **SOURCES AND SERVICES ADMINISTRATION.**

3 “(a) PURPOSE.—It is the purpose of this section to
4 provide the Secretary, acting through the Administrator
5 of the Health Resources and Services Administration, with
6 the authority to carry out HIV/AIDS care, treatment, ca-
7 pacity development and other activities (determined appro-
8 priate by the Secretary) in countries with or at risk for
9 severe HIV epidemic with particular attention to resource
10 constrained countries, as determined by the Secretary.

11 “(b) ACTIVITIES AND ASSISTANCE.—In carrying out
12 the purpose described in subsection (a), the Secretary, act-
13 ing through the Administrator of the Health Resources
14 and Services Administration, in consultation with the Di-
15 rector of the Centers for Disease Control and Prevention
16 and the Administrator of the United States Agency for
17 International Development, may provide assistance under
18 this section relating to—

19 “(1) activities to assist communities in assess-
20 ing the strengths and capabilities of the existing sys-
21 tem of care and treatment relating to HIV/AIDS
22 and other opportunistic infections, including critical
23 unmet needs;

24 “(2) activities to assist communities in the de-
25 velopment and implementation of appropriate sys-
26 tems of care that provide for a continuum of HIV/

1 AIDS-related services for prevention, treatment, pal-
2 liative care, and hospice services based on an assess-
3 ment under paragraph (1);

4 “(3) activities to improve the health-related in-
5 frastructure and institutional capacity of partici-
6 pating countries, including the training of health
7 care providers and community workers, to enable
8 such countries to develop and manage HIV/AIDS
9 education, prevention, care and treatment programs
10 and to conduct evaluations of such programs;

11 “(4) activities to assist in the development of
12 training modules and curricula on HIV/AIDS and
13 associated conditions as part of the professional
14 training programs for physicians, nurses, dentists,
15 pharmacists, and other health care providers; and

16 “(5) other activities determined appropriate by
17 the Secretary.

18 “(c) UTILIZATION OF EXISTING CAPACITIES.—In
19 carrying out activities under subsection (b), the Secretary,
20 acting through the Administrator of the Health Resources
21 and Services Administration and in consultation with the
22 Director of the Centers for Disease Control and Preven-
23 tion and the Administrator of the United States Agency
24 for International Development, shall, to the maximum ex-
25 tent practicable, utilize existing indigenous capacity in

1 participating countries, including coordinating with rel-
2 evant government ministries and carrying out activities in
3 partnership with non-governmental organizations and af-
4 fected communities.

5 “(d) **AUTHORIZATION OF APPROPRIATIONS.**—There
6 is authorized to be appropriated to carry out this section,
7 \$40,000,000 for fiscal year 2003, and such sums as may
8 be necessary for fiscal year 2004. Amounts appropriated
9 under this subsection shall remain available until ex-
10 pended.

11 **“SEC. 399CC. HIV/AIDS TRAINING PARTNERSHIP.**

12 “(a) **IN GENERAL.**—The Secretary, acting through
13 the Director of the National Institutes of Health and in
14 coordination with the Administrator of the Health Re-
15 sources and Services Administration, shall award supple-
16 mental grants to eligible entities to enable such entities
17 to provide support for clinical education and training in
18 the delivery of HIV/AIDS care and treatment services.

19 “(b) **ELIGIBLE ENTITIES.**—To be eligible to receive
20 a supplemental grant under subsection (a), an entity
21 shall—

22 “(1) be a recipient of an international HIV/
23 AIDS clinical research, education, or training grant
24 awarded by the National Institutes of Health;

1 “(2) provide assurances to the Secretary that
2 the entity has developed a partnership with a hos-
3 pital-based or community-based health care entity in
4 the host country for the purpose of providing serv-
5 ices under each grant; and

6 “(3) prepare and submit to the Secretary an
7 application at such time, in such manner, and con-
8 taining such information as the Secretary may re-
9 quire, including a description of the activities to be
10 carried out with amounts received under the grant.

11 “(c) USE OF FUNDS.—An entity shall use amounts
12 received under a supplemental grant under subsection (a)
13 to provide clinical education and training in the delivery
14 of HIV/AIDS care and treatment services. Such education
15 and training shall be designed to develop health care pro-
16 vider capacity to deliver HIV/AIDS care and treatment
17 services in a variety of institutional and community-based
18 settings.

19 “(d) PRIORITY.—In awarding grants under sub-
20 section (a), the Director of the National Institutes of
21 Health shall give priority to applicants that will carry out
22 activities that assess existing provider capacity and ad-
23 dress the training needs of a range of health care pro-
24 viders (from physicians to nurses to other health care pro-
25 viders).

1 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section,
3 \$50,000,000 for fiscal year 2003, and such sums as may
4 be necessary for fiscal year 2004. Amounts appropriated
5 under this subsection shall remain available until ex-
6 pended.

7 **“SEC. 399DD. FAMILY SURVIVAL PARTNERSHIPS.**

8 “(a) PURPOSE.—The purpose of this section is to
9 provide support, through a public-private partnership, for
10 the provision of medical care and support services to HIV
11 positive parents and their children identified through ex-
12 isting programs to prevent mother-to-child transmission of
13 HIV in countries with or at risk for severe HIV epidemic
14 with particular attention to resource constrained coun-
15 tries, as determined by the Secretary.

16 “(b) GRANTS.—

17 “(1) IN GENERAL.—The Secretary, acting
18 through the Director of the Centers for Disease
19 Control and Prevention, is authorized to award a
20 grant to an eligible administrative organization to
21 enable the organization to award subgrants to eligi-
22 ble entities to expand activities to prevent the moth-
23 er-to-child transmission of HIV by providing medical
24 care and support services to HIV infected parents
25 and their children.

1 “(2) ADMINISTRATIVE ORGANIZATION.—To be
2 eligible to receive a grant under paragraph (1), an
3 administrative organization shall—

4 “(A) have a demonstrable record in man-
5 aging large scale maternal and child health pro-
6 grams in countries with or at risk for severe
7 HIV epidemic with particular attention to re-
8 source constrained countries, as determined by
9 the Secretary, and sufficient HIV/AIDS exper-
10 tise;

11 “(B) have established relationships with
12 major international organizations and multilat-
13 eral institutions;

14 “(C) provide an assurance to the Secretary
15 that the organization will contribute (either di-
16 rectly or through private sector financial sup-
17 port) non-Federal funds to the costs of the ac-
18 tivities to be carried out under this section in
19 an amount that is not less than the amount of
20 funds provided to the organization under a
21 grant this section; and

22 “(D) prepare and submit an application to
23 the Secretary at such time, in such manner,
24 and accompanied by such information as the
25 Secretary may require.

1 “(3) USE OF FUNDS.—Amounts provided under
2 a grant awarded under paragraph (1) shall be
3 used—

4 “(A) to award subgrants to eligible entities
5 to enable such entities to carry out activities de-
6 scribed in subsection (c);

7 “(B) for administrative support and
8 subgrant management;

9 “(C) for administrative data collection and
10 reporting concerning grant activities;

11 “(D) for the monitoring and evaluation of
12 grant activities;

13 “(E) for training and technical assistance
14 for subgrantees; and

15 “(F) to promote sustainability.

16 “(c) SUBGRANTS.—

17 “(1) IN GENERAL.—An organization awarded a
18 grant under subsection (b) shall use amounts re-
19 ceived under the grant to award subgrants to eligible
20 entities.

21 “(2) ELIGIBILITY.—To be eligible to receive a
22 subgrant under paragraph (1), an entity shall—

23 “(A) be a local health organization, an
24 international organization, or a partnership of
25 such organizations;

1 “(B) demonstrate to the awarding organi-
2 zation that such entity—

3 “(i) is currently administering a prov-
4 en intervention to prevent mother-to-child
5 transmission of HIV in countries with or
6 at risk for severe HIV epidemic with par-
7 ticular attention to resource constrained
8 countries, as determined by the Secretary;

9 “(ii) serves a catchment area with a
10 minimum HIV seroprevalence of 3 percent
11 in pregnant women;

12 “(iii) has demonstrated support for
13 the proposed program from relevant gov-
14 ernment entities;

15 “(iv) is able to provide HIV care, in-
16 cluding antiretroviral treatment when
17 medically indicated, to HIV positive
18 women, men, and children with the support
19 of the project funding; and

20 “(v) has the ability to enroll a min-
21 imum of 250 HIV infected women per
22 service site, based on the current uptake
23 rate, into existing HIV mother-to-child
24 transmission programs; and

1 “(C) prepare and submit to the awarding
2 organization an application at such time, in
3 such manner, and containing such information
4 as the organization may require.

5 “(3) LOCAL HEALTH AND INTERNATIONAL OR-
6 GANIZATIONS.—For purposes of paragraph (2)(A)—

7 “(A) the term ‘local health organization’
8 means a public sector health system, non-gov-
9 ernmental organization, institution of higher
10 education, community-based organization, or
11 non-profit health system that provides directly,
12 or has a clear link with a provider for the indi-
13 rect provision of, primary health care services;
14 and

15 “(B) the term ‘international organization’
16 means—

17 “(i) a non-profit international entity;

18 “(ii) an international charitable insti-
19 tution;

20 “(iii) a private voluntary international
21 entity; or

22 “(iv) a multilateral institution.

23 “(4) SELECTION OF SUBGRANT RECIPIENTS.—
24 In awarding subgrants under this subsection, the or-
25 ganization shall—

1 “(A) consider applicants from a range of
2 health care settings, program approaches, and
3 geographic locations; and

4 “(B) if appropriate, award not less than 1
5 grant to an applicant to fund a national system
6 of health care delivery to HIV positive families.

7 “(5) USE OF SUBGRANT FUNDS.—An eligible
8 entity awarded a subgrant under this subsection
9 shall use subgrant funds to expand activities to pre-
10 vent mother-to-child transmission of HIV by pro-
11 viding medical care and support services to parents
12 and their children, including—

13 “(A) the hiring and training of local per-
14 sonnel, including physicians, nurses, other
15 health care providers, counselors, social work-
16 ers, outreach personnel, laboratory technicians,
17 data managers, and administrative support per-
18 sonnel;

19 “(B) paying laboratory costs, including
20 costs related to necessary equipment and diag-
21 nostic testing and monitoring (including rapid
22 testing), complete blood counts, standard chem-
23 istries, and liver function testing for infants,
24 children, and parents, and costs related to the
25 purchase of necessary laboratory equipment;

1 “(C) purchasing pharmaceuticals for HIV-
2 related conditions, including antiretroviral
3 therapies;

4 “(D) funding support services including
5 adherence and psychosocial support services;

6 “(E) operational support activities; and

7 “(F) conducting community outreach and
8 capacity building activities, including activities
9 to raise the awareness of individuals of the pro-
10 gram carried out by the subgrantee, other com-
11 munications activities in support of the pro-
12 gram, local advisory board functions, and trans-
13 portation necessary to ensure program partici-
14 pation.

15 “(d) REPORTS.—Not later than 6 months after the
16 date of enactment of this section, and annually thereafter,
17 an administrative organization awarded a grant under
18 subsection (b)(1) shall submit to the Secretary and the
19 appropriate committees of Congress, a report that
20 includes—

21 “(A) the progress of programs funded
22 under this section;

23 “(B) the benchmarks of success of pro-
24 grams funded under this section; and

1 “(C) recommendations of how best to pro-
2 ceed with the programs funded under this sec-
3 tion upon the expiration of funding under sub-
4 section (e).

5 “(e) FUNDING.—In making amounts available under
6 section 399AA(f) to carry out this section, the Secretary
7 shall ensure that not less than—

8 “(1) \$45,000,000 is made available to carry out
9 this section for fiscal year 2003; and

10 “(2) \$30,000,000 is made available to carry out
11 this section for fiscal year 2004.

12 “(f) LIMITATION ON ADMINISTRATIVE EXPENSES.—
13 An administrative organization shall ensure that not more
14 than 12 percent of the amount of a grant received under
15 this section by the organization is used for the administra-
16 tive activities described in subparagraphs (B), (C), (D),
17 and (E) of subsection (b)(3) and subsection (b)(5)(E).

18 **“SEC. 399EE. INTRA-AGENCY COORDINATION OF GLOBAL**
19 **HIV/AIDS INITIATIVES.**

20 “(a) IN GENERAL.—The Secretary, acting through
21 the Director of the Office of International Affairs (re-
22 ferred to in this section as the ‘Director’) of the Depart-
23 ment of Health and Human Services (referred to in this
24 section as the ‘Department’), shall ensure—

1 “(1) the coordination of all Department pro-
2 grams related to the prevention, treatment, and
3 monitoring of HIV/AIDS in countries with or at risk
4 for severe HIV epidemic with particular attention to
5 resource constrained countries, as determined by the
6 Secretary (referred to in this section as ‘Department
7 programs’); and

8 “(2) that global HIV/AIDS activities are con-
9 ducted in a coordinated, strategic fashion, utilizing
10 the expertise from the various agencies within the
11 Department, to the maximum extent practicable.

12 “(b) DUTIES.—In carrying out this section, the Sec-
13 retary shall—

14 “(1) review all Departmental programs to en-
15 sure proper coordination and compatibility of the ac-
16 tivities, strategies, and policies of such programs;
17 and

18 “(2) ensure that the Departmental programs
19 utilize the best possible practices for HIV/AIDS pre-
20 vention, treatment, and monitoring to improve the
21 effectiveness of Department programs in countries in
22 which the Department operates.

23 “(c) REPORT.—

24 “(1) IN GENERAL.—The Director shall prepare
25 an annual report that—

1 “(A) describes the actions that are being
2 taken to coordinate the multiple roles and poli-
3 cies of, and foster collaboration among, the of-
4 fices and agencies of the Department that con-
5 tribute to global HIV/AIDS activities;

6 “(B) describes the respective roles and ac-
7 tivities of each of the offices and agencies of the
8 Department;

9 “(C) contains any recommendations for
10 legislative and funding actions that are needed
11 to create a coherent, effective departmental ap-
12 proach to global HIV/AIDS that achieves the
13 goals for Department programs; and

14 “(D) describes the progress made towards
15 meeting the HIV/AIDS goals and outcomes as
16 identified by the Director.

17 “(2) SUBMISSION TO CONGRESS.—Not later
18 than 1 year after the date of enactment of this part,
19 and annually thereafter, the Secretary shall submit
20 the report described in paragraph (1) to the appro-
21 priate committees of Congress.”.

22 (b) EXTENSION OF TUBERCULOSIS PREVENTION
23 PROGRAM.—Section 317E(g) of the Public Health Service
24 Act (42 U.S.C. 247b–6(g)) is amended—

1 (1) in paragraph (1)(A), by striking “2002”
2 and inserting “2004”;

3 (2) in paragraph (2), by striking “2002” and
4 inserting “2004”; and

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

6 “(3) COORDINATION.—Activities under this sec-
7 tion shall, to the extent practicable, be coordinated
8 with related activities carried out under the Inter-
9 national AIDS Treatment and Prevention Act of
10 2002 (and the amendments made by that Act).”.

11 **SEC. 3. MICROBICIDE RESEARCH AT THE NATIONAL INSTI-
12 TUTES OF HEALTH.**

13 Subpart I of part D of title XXIII of the Public
14 Health Service Act (42 U.S.C. 300cc–40 et seq.) is
15 amended by inserting after section 2351 the following:

16 **“SEC. 2351A. MICROBICIDES FOR PREVENTING TRANS-
17 MISSION OF HIV AND OTHER SEXUALLY
18 TRANSMITTED INFECTIONS.**

19 “(a) EXPANSION AND COORDINATION OF ACTIVI-
20 TIES.—The Secretary, acting through the Director of the
21 Office of AIDS Research and in coordination with other
22 relevant institutes and offices, shall expand, intensify, and
23 coordinate the activities of all appropriate institutes and
24 components of the National Institutes of Health with re-
25 spect to research on the development of microbicides to

1 prevent the transmission of HIV and other sexually trans-
2 mitted infections (in this section referred to as
3 ‘microbicide research’).

4 “(b) RESEARCH PLAN.—The Secretary, acting
5 through the Director of the Office of AIDS Research and
6 in consultation with the Director of the Institute of Al-
7 lergy and Infectious Diseases, shall expedite the imple-
8 mentation of the strategic plan for the conduct and sup-
9 port of microbicide research, and shall annually review and
10 as appropriate revise the plan. In developing, imple-
11 menting, and reviewing the plan, the Director of the Office
12 of AIDS Research shall consult with the heads of other
13 Federal agencies, including the Director of the Centers for
14 Disease Control and Prevention and the Administrator of
15 the United States Agency for International Development,
16 involved in microbicide research, with the microbicide re-
17 search community, and with health advocates.

18 “(c) MICROBICIDE RESEARCH AND DEVELOPMENT
19 TEAMS.—

20 “(1) IN GENERAL.—The Secretary, acting
21 through the Director of the National Institutes of
22 Health, shall award grants or contracts to public
23 and private entities for the development and oper-
24 ation of multidisciplinary teams to conduct research

1 on innovative microbicide concepts, including com-
2 bination microbicides.

3 “(2) PEER REVIEW REQUIREMENT.—The Di-
4 rector shall award a grant or contract to an entity
5 under paragraph (1) only if the grant or contract
6 has been recommended after technical and scientific
7 peer review in accordance with regulations under
8 section 492.

9 “(d) REPORT.—Not later than 1 year after the date
10 of the initial submission of the research plan under sub-
11 section (b), and annually thereafter, the Secretary, acting
12 through the Director of the Office of AIDS Research and
13 in consultation with the Director of the Institute of Al-
14 lergy and Infectious Diseases, shall submit to the Com-
15 mittee on Energy and Commerce and the Committee on
16 Appropriations of the House of Representatives and the
17 Committee on Health, Education, Labor, and Pensions
18 and the Committee on Appropriations of the Senate a re-
19 port that describes the activities of the National Institutes
20 of Health regarding microbicide research. Each such re-
21 port shall include—

22 “(1) an updated research plan;

23 “(2) a description and evaluation of the
24 progress made, during the period for which such re-
25 port is prepared, in research on microbicides;

1 “(3) a summary and analysis of expenditures
2 made, during the period for which the report is
3 made, for activities with respect to microbicides re-
4 search conducted and supported by the National In-
5 stitutes of Health, including the number of full-time
6 equivalent employees; and

7 “(4) recommendations as the Director of the
8 Office of AIDS Research considers appropriate.

9 “(f) DEFINITION.—In this section, the term ‘HIV’
10 means the human immunodeficiency virus. Such term in-
11 cludes acquired immune deficiency syndrome.”.

12 **SEC. 4. AUTHORITY OF THE DEPARTMENT OF LABOR.**

13 (a) PURPOSE.—It is the purpose of this section to
14 provide the Secretary of Labor with the authority to carry
15 out workplace-based HIV/AIDS programs in countries
16 with or at risk for severe HIV epidemic with particular
17 attention to resource constrained countries, as determined
18 by the Secretary.

19 (b) ACTIVITIES AND ASSISTANCE.—In carrying out
20 the purpose described in subsection (a), the Secretary of
21 Labor, in consultation with the Administrator of the
22 United States Agency for International Development, may
23 provide assistance under this section relating to—

24 (1) the establishment and implementation of
25 workplace HIV/AIDS prevention and education pro-

1 grams in countries with or at risk for severe HIV
2 epidemic with particular attention to resource con-
3 strained countries, as determined by the Secretary,
4 including programs that emphasize protections
5 against discrimination and the creation of supportive
6 environments for individuals living with HIV/AIDS;

7 (2) the development and implementation of on-
8 site care and wellness programs that enhance the
9 health and productivity of the workforce in countries
10 with or at risk for severe HIV epidemic with par-
11 ticular attention to resource constrained countries,
12 as determined by the Secretary;

13 (3) activities to strengthen collaboration among
14 governments, business, and labor leaders to respond
15 to the HIV/AIDS pandemic; and

16 (4) other activities determined appropriate by
17 the Secretary.

18 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
19 authorized to be appropriated to carry out this section,
20 \$10,000,000 for fiscal year 2003, and such sums as may
21 be necessary for fiscal year 2004. Amounts appropriated
22 under this subsection shall remain available until ex-
23 pend.

1 **SEC. 5. AUTHORITY FOR INTERNATIONAL PROGRAMS.**

2 Section 307 of the Public Health Service Act (42
3 U.S.C. 2421) is amended—

4 (1) in subsection (b)—

5 (A) in paragraph (6), by adding “and” at
6 the end;

7 (B) in paragraph (7), by striking “; and”
8 and inserting a period;

9 (C) in the flush sentence after paragraph
10 (7), by inserting “new” before “facility in any
11 foreign country”; and

12 (D) by striking paragraph (8); and

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

14 “(d)(1) The Secretary is authorized to utilize the au-
15 thority contained in section 2 of the State Department
16 Basic Authorities Act of 1956 (22 U.S.C. 2669), subject
17 to the limitations set forth in subsection (e).

18 “(2) The Secretary is authorized to use the authority
19 contained in section 1 of the Act of April 18, 1930 (46
20 Stat. 177; 22 U.S.C. 291) and section 1 of the Foreign
21 Service Buildings Act (22 U.S.C. 292) directly or through
22 contract, grant, or cooperative agreement to lease, alter,
23 or renovate facilities in foreign countries as necessary to
24 conduct programs of assistance for international health
25 activities, including activities relating to HIV/AIDS and

1 other infectious diseases, chronic and environmental dis-
2 eases, and other health activities abroad.

3 “(e) In exercising the authority set forth in para-
4 graphs (1) and (2) of subsection (d), the Secretary shall
5 consult with the Secretary of State to ensure that planned
6 activities are within the legal strictures of the State De-
7 partment Basic Authorities Act of 1956 and other applica-
8 ble laws.”.

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