

# Calendar No. 484

107<sup>TH</sup> CONGRESS  
2<sup>D</sup> 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, Mr. FRIST, Mrs. CLINTON, Mr. DEWINE, Mr. DASCHLE, Mr. SANTORUM, Mr. CORZINE, Mrs. MURRAY, Mr. BINGAMAN, Mr. DODD, Mr. DURBIN, Mrs. FEINSTEIN, Mr. JEFFORDS, Mr. REED, Mr. EDWARDS, Mr. HARKIN, and Ms. MIKULSKI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

JULY 3, 2002

Reported under the authority of the order of the Senate of June 26, 2002,  
by Mr. KENNEDY, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]

---

## 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “International AIDS  
3 Treatment and Prevention Act of 2002”.

4 **SEC. 2. AUTHORITY OF THE DEPARTMENT OF HEALTH AND**  
5 **HUMAN SERVICES.**

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

9 **“PART P—HIV/AIDS PREVENTION, CARE AND**  
10 **TREATMENT IN DEVELOPING COUNTRIES**  
11 **“SEC. 399AA. GENERAL AUTHORITY OF THE CENTERS FOR**  
12 **DISEASE CONTROL AND PREVENTION.**

13 “(a) **PURPOSE.**—It is the purpose of this section to  
14 provide the Secretary, acting through the Director of the  
15 Centers for Disease Control and Prevention, with the au-  
16 thority to carry out HIV/AIDS prevention, care, treat-  
17 ment, support, capacity development and other activities  
18 (determined appropriate by the Secretary) in countries  
19 with or at risk for severe HIV epidemic with particular  
20 attention to resource constrained countries, as determined  
21 by the Secretary.

22 “(b) **ACTIVITIES AND ASSISTANCE.**—In carrying out  
23 the purpose described in subsection (a), the Secretary, act-  
24 ing through the Director of the Centers for Disease Con-  
25 trol and Prevention, in consultation with the Adminis-  
26 trator of the United States Agency for International De-

1 velopment and the Administrator of the Health Resources  
2 and Services Administration, may provide support and as-  
3 sistance under this section relating to—

4           “(1) HIV prevention services provided  
5 through—

6                   “(A) education and voluntary counseling  
7 and testing activities, including rapid testing;  
8 the development and application of confiden-  
9 tiality protections with respect to such coun-  
10 seling and testing; and the integration of such  
11 activities into programs serving women and  
12 children;

13                   “(B) programs to reduce the mother-to-  
14 child transmission of HIV, including the in-  
15 volvement of fathers in such programs;

16                   “(C) activities involving behavioral inter-  
17 ventions for youth, women, and other vulnerable  
18 groups;

19                   “(D) programs to prevent the transmission  
20 of HIV and other pathogens at health care fa-  
21 cilities (including the use of universal pre-  
22 cautions, equipment sterilization, post-exposure  
23 prophylaxis for health care workers and other  
24 individuals determined to be appropriate, and  
25 other interventions appropriate to the resources

1 available); and to support the use of post expo-  
2 sure prophylaxis, when indicated, for patients;

3 “(E) activities to ensure a safe blood sup-  
4 ply;

5 “(F) programs to provide prevention, care,  
6 treatment, and patient management services for  
7 sexually transmitted infections to infected indi-  
8 viduals and individuals at risk of infection; and

9 “(G) activities, including laboratory sup-  
10 port, to collect and maintain accurate HIV/  
11 AIDS surveillance and epidemiologic data, to  
12 target and monitor programs, and to measure  
13 the effectiveness of interventions;

14 “(2) HIV/AIDS care and treatment services  
15 provided through—

16 “(A) programs to provide care and treat-  
17 ment, integrated with prevention services to  
18 further reduce the transmission of HIV, for in-  
19 dividuals living with HIV/AIDS, including the  
20 treatment of opportunistic infections (including  
21 tuberculosis) and the provision of antiretroviral  
22 therapies and nutritional services;

23 “(B) programs to provide support services  
24 that are needed to enhance the effectiveness of  
25 health services and to promote family stability;

1 including services for family members affected  
2 by, but not infected with, HIV such as children  
3 orphaned by AIDS; and

4 “(C) programs that link care and treat-  
5 ment services to proven prevention programs,  
6 including linkages with voluntary counseling  
7 and testing efforts (including rapid testing);

8 “(3) infrastructure and training through—

9 “(A) activities to improve the health infra-  
10 structure and institutional capacity within par-  
11 ticipating countries, including the training of  
12 appropriate personnel, and to assist such coun-  
13 tries in expanding and improving the avail-  
14 ability of health care facilities, to enable such  
15 countries to develop and manage HIV/AIDS  
16 education, prevention, care and treatment pro-  
17 grams and to conduct evaluations of such pro-  
18 grams; and

19 “(B) activities to provide laboratory sup-  
20 port as well as technical assistance and training  
21 to increase the capacity for the diagnosis, care,  
22 and treatment of HIV/AIDS and related health  
23 conditions (including rapid testing);

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

1           “(A) the provision of support and assist-  
2           ance to participating countries for the develop-  
3           ment of treatment protocols for the delivery of  
4           HIV/AIDS treatment and prevention services;  
5           and

6           “(B) the provision of assistance to partici-  
7           pating countries determined to be ready to im-  
8           plement the protocols described in subpara-  
9           graph (A); and

10          “(5) other activities determined appropriate by  
11          the Secretary.

12          “(e) UTILIZATION OF EXISTING CAPACITIES.—In  
13          carrying out activities under subsection (b), the Secretary,  
14          acting through the Director of the Centers for Disease  
15          Control and Prevention and in consultation with the Ad-  
16          ministrators of the United States Agency for International  
17          Development and the Administrator of the Health Re-  
18          sources and Services Administration, shall, to the max-  
19          imum extent practicable, utilize existing indigenous capac-  
20          ity in developing countries, including coordinating with  
21          relevant government ministries and carrying out activities  
22          in partnership with non-governmental organizations and  
23          affected communities.

24          “(d) HEALTH RESOURCES AND SERVICES ADMINIS-  
25          TRATION.—In carrying out activities under paragraphs (2)

1 and (3) of subsection (b), the Secretary, acting through  
2 the Director of the Centers for Disease Control and Pre-  
3 vention, shall enter into interagency agreements, monetary  
4 transfers, and contracts with the Administrator of the  
5 Health Resources and Services Administration to ensure  
6 that such activities benefit from the specialized expertise  
7 of such Administration related to the assessment of needs  
8 as well as the development and implementation of commu-  
9 nity-based systems of care and appropriate infrastructure,  
10 including the training of health care providers and com-  
11 munity workers.

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

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

19 “(2) increase recruitment and retention of ap-  
20 propriate blood donors; and

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

24 “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
25 is authorized to be appropriated to carry out this section,

1 \$400,000,000 for fiscal year 2003, and such sums as may  
 2 be necessary for fiscal year 2004. Of the amount appro-  
 3 priated under the preceding sentence for each fiscal year,  
 4 the Secretary shall make available \$30,000,000 in fiscal  
 5 year 2003 and \$45,000,000 in fiscal year 2004 to carry  
 6 out subsection (b)(2)(A) and section 399DD. Amounts ap-  
 7 propriated under this subsection shall remain available  
 8 until expended.

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

11 “(a) PURPOSE.—It is the purpose of this section to  
 12 provide the Secretary, acting through the Administrator  
 13 of the Health Resources and Services Administration, with  
 14 the authority to carry out HIV/AIDS care, treatment, ca-  
 15 pacity development and other activities (determined appro-  
 16 priate by the Secretary) in countries with or at risk for  
 17 severe HIV epidemic with particular attention to resource  
 18 constrained countries, as determined by the Secretary.

19 “(b) ACTIVITIES AND ASSISTANCE.—In carrying out  
 20 the purpose described in subsection (a), the Secretary, act-  
 21 ing through the Administrator of the Health Resources  
 22 and Services Administration, in consultation with the Di-  
 23 rector of the Centers for Disease Control and Prevention  
 24 and the Administrator of the United States Agency for



1 International Development, may provide assistance under  
2 this section relating to—

3 “(1) activities to assist communities in assess-  
4 ing the strengths and capabilities of the existing sys-  
5 tem of care and treatment relating to HIV/AIDS  
6 and other opportunistic infections, including critical  
7 unmet needs;

8 “(2) activities to assist communities in the de-  
9 velopment and implementation of appropriate sys-  
10 tems of care that provide for a continuum of HIV/  
11 AIDS-related services for prevention, treatment, pali-  
12 liative care, and hospice services based on an assess-  
13 ment under paragraph (1);

14 “(3) activities to improve the health-related in-  
15 frastructure and institutional capacity of partici-  
16 pating countries, including the training of health  
17 care providers and community workers, to enable  
18 such countries to develop and manage HIV/AIDS  
19 education, prevention, care and treatment programs  
20 and to conduct evaluations of such programs;

21 “(4) activities to assist in the development of  
22 training modules and curricula on HIV/AIDS and  
23 associated conditions as part of the professional  
24 training programs for physicians, nurses, dentists,  
25 pharmacists, and other health care providers; and

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

3           “(e) UTILIZATION OF EXISTING CAPACITIES.—In  
4 carrying out activities under subsection (b), the Secretary,  
5 acting through the Administrator of the Health Resources  
6 and Services Administration and in consultation with the  
7 Director of the Centers for Disease Control and Preven-  
8 tion and the Administrator of the United States Agency  
9 for International Development, shall, to the maximum ex-  
10 tent practicable, utilize existing indigenous capacity in  
11 participating countries, including coordinating with rel-  
12 evant government ministries and carrying out activities in  
13 partnership with non-governmental organizations and af-  
14 fected communities.

15           “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
16 is authorized to be appropriated to carry out this section,  
17 \$40,000,000 for fiscal year 2003, and such sums as may  
18 be necessary for fiscal year 2004. Amounts appropriated  
19 under this subsection shall remain available until ex-  
20 pended.

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

22           “(a) IN GENERAL.—The Secretary, acting through  
23 the Director of the National Institutes of Health and in  
24 coordination with the Administrator of the Health Re-  
25 sources and Services Administration, shall award supple-

1 mental grants to eligible entities to enable such entities  
2 to provide support for clinical education and training in  
3 the delivery of HIV/AIDS care and treatment services.

4 “(b) ELIGIBLE ENTITIES.—To be eligible to receive  
5 a supplemental grant under subsection (a), an entity  
6 shall—

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

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

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

20 “(c) USE OF FUNDS.—An entity shall use amounts  
21 received under a supplemental grant under subsection (a)  
22 to provide clinical education and training in the delivery  
23 of HIV/AIDS care and treatment services. Such education  
24 and training shall be designed to develop health care pro-  
25 vider capacity to deliver HIV/AIDS care and treatment

1 services in a variety of institutional and community-based  
2 settings.

3       “(d) **PRIORITY.**—In awarding grants under sub-  
4 section (a), the Director of the National Institutes of  
5 Health shall give priority to applicants that will carry out  
6 activities that assess existing provider capacity and ad-  
7 dress the training needs of a range of health care pro-  
8 viders (from physicians to nurses to other health care pro-  
9 viders).

10       “(e) **AUTHORIZATION OF APPROPRIATIONS.**—There  
11 is authorized to be appropriated to carry out this section,  
12 \$50,000,000 for fiscal year 2003, and such sums as may  
13 be necessary for fiscal year 2004. Amounts appropriated  
14 under this subsection shall remain available until ex-  
15 pended.

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

17       “(a) **PURPOSE.**—The purpose of this section is to  
18 provide support, through a public-private partnership, for  
19 the provision of medical care and support services to HIV  
20 positive parents and their children identified through ex-  
21 isting programs to prevent mother-to-child transmission of  
22 HIV in countries with or at risk for severe HIV epidemic  
23 with particular attention to resource constrained coun-  
24 tries, as determined by the Secretary.

25       “(b) **GRANTS.**—

1           “(1) IN GENERAL.—The Secretary, acting  
2 through the Director of the Centers for Disease  
3 Control and Prevention, is authorized to award a  
4 grant to an eligible administrative organization to  
5 enable the organization to award subgrants to eligi-  
6 ble entities to expand activities to prevent the moth-  
7 er-to-child transmission of HIV by providing medical  
8 care and support services to HIV infected parents  
9 and their children.

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

13           “(A) have a demonstrable record in man-  
14 aging large scale maternal and child health pro-  
15 grams in countries with or at risk for severe  
16 HIV epidemic with particular attention to re-  
17 source constrained countries, as determined by  
18 the Secretary, and sufficient HIV/AIDS exper-  
19 tise;

20           “(B) have established relationships with  
21 major international organizations and multilat-  
22 eral institutions;

23           “(C) provide an assurance to the Secretary  
24 that the organization will contribute (either di-  
25 rectly or through private sector financial sup-

1 port) non-Federal funds to the costs of the ac-  
2 tivities to be carried out under this section in  
3 an amount that is not less than the amount of  
4 funds provided to the organization under a  
5 grant this section; and

6 “(D) prepare and submit an application to  
7 the Secretary at such time, in such manner,  
8 and accompanied by such information as the  
9 Secretary may require.

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

13 “(A) to award subgrants to eligible entities  
14 to enable such entities to carry out activities de-  
15 scribed in subsection (c);

16 “(B) for administrative support and  
17 subgrant management;

18 “(C) for administrative data collection and  
19 reporting concerning grant activities;

20 “(D) for the monitoring and evaluation of  
21 grant activities;

22 “(E) for training and technical assistance  
23 for subgrantees; and

24 “(F) to promote sustainability.

25 “(c) SUBGRANTS.—

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

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

7           “(A) be a local health organization, an  
8 international organization, or a partnership of  
9 such organizations;

10           “(B) demonstrate to the awarding organi-  
11 zation that such entity—

12           “(i) is currently administering a prov-  
13 en intervention to prevent mother-to-child  
14 transmission of HIV in countries with or  
15 at risk for severe HIV epidemic with par-  
16 ticular attention to resource constrained  
17 countries, as determined by the Secretary;

18           “(ii) serves a catchment area with a  
19 minimum HIV seroprevalence of 3 percent  
20 in pregnant women;

21           “(iii) has demonstrated support for  
22 the proposed program from relevant gov-  
23 ernment entities;

24           “(iv) is able to provide HIV care, in-  
25 cluding antiretroviral treatment when

1 medically indicated, to HIV positive  
 2 women, men, and children with the support  
 3 of the project funding; and

4 “(v) has the ability to enroll a min-  
 5 imum of 250 HIV infected women per  
 6 service site, based on the current uptake  
 7 rate, into existing HIV mother-to-child  
 8 transmission programs; and

9 “(C) prepare and submit to the awarding  
 10 organization an application at such time, in  
 11 such manner, and containing such information  
 12 as the organization may require.

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

15 “(A) the term ‘local health organization’  
 16 means a public sector health system, non-gov-  
 17 ernmental organization, institution of higher  
 18 education, community-based organization, or  
 19 non-profit health system that provides directly,  
 20 or has a clear link with a provider for the indi-  
 21 rect provision of, primary health care services;  
 22 and

23 “(B) the term ‘international organization’  
 24 means—

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



1                   “(ii) an international charitable insti-  
2                   tution;

3                   “(iii) a private voluntary international  
4                   entity; or

5                   “(iv) a multilateral institution.

6                   “(4) SELECTION OF SUBGRANT RECIPIENTS.—

7                   In awarding subgrants under this subsection, the or-  
8                   ganization shall—

9                   “(A) consider applicants from a range of  
10                  health care settings, program approaches, and  
11                  geographic locations; and

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

15                  “(5) USE OF SUBGRANT FUNDS.—An eligible  
16                  entity awarded a subgrant under this subsection  
17                  shall use subgrant funds to expand activities to pre-  
18                  vent mother-to-child transmission of HIV by pro-  
19                  viding medical care and support services to parents  
20                  and their children, including—

21                  “(A) the hiring and training of local per-  
22                  sonnel, including physicians, nurses, other  
23                  health care providers, counselors, social work-  
24                  ers, outreach personnel, laboratory technicians,

1 data managers, and administrative support per-  
2 sonnel;

3 “(B) paying laboratory costs, including  
4 costs related to necessary equipment and diag-  
5 nostic testing and monitoring (including rapid  
6 testing); complete blood counts, standard chem-  
7 istries, and liver function testing for infants,  
8 children, and parents, and costs related to the  
9 purchase of necessary laboratory equipment;

10 “(C) purchasing pharmaceuticals for HIV-  
11 related conditions, including antiretroviral  
12 therapies;

13 “(D) funding support services including  
14 adherence and psychosocial support services;

15 “(E) operational support activities; and

16 “(F) conducting community outreach and  
17 capacity building activities, including activities  
18 to raise the awareness of individuals of the pro-  
19 gram carried out by the subgrantee, other com-  
20 munications activities in support of the pro-  
21 gram, local advisory board functions, and trans-  
22 portation necessary to ensure program partici-  
23 pation.

24 “(d) REPORTS.—Not later than 6 months after the  
25 date of enactment of this section, and annually thereafter,

1 an administrative organization awarded a grant under  
 2 subsection (b)(1) shall submit to the Secretary and the  
 3 appropriate committees of Congress, a report that  
 4 includes—

5           “(A) the progress of programs funded  
 6           under this section;

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

9           “(C) recommendations of how best to pro-  
 10          ceed with the programs funded under this sec-  
 11          tion upon the expiration of funding under sub-  
 12          section (e).

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

16                 “(1) \$45,000,000 is made available to carry out  
 17                 this section for fiscal year 2003; and

18                 “(2) \$30,000,000 is made available to carry out  
 19                 this section for fiscal year 2004.

20          “(f) LIMITATION ON ADMINISTRATIVE EXPENSES.—

21          An administrative organization shall ensure that not more  
 22          than 12 percent of the amount of a grant received under  
 23          this section by the organization is used for the administra-  
 24          tive activities described in subparagraphs (B), (C), (D),  
 25          and (E) of subsection (b)(3) and subsection (b)(5)(E).

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

3 “(a) IN GENERAL.—The Secretary, acting through  
4 the Director of the Office of International Affairs (re-  
5 ferred to in this section as the ‘Director’) of the Depart-  
6 ment of Health and Human Services (referred to in this  
7 section as the ‘Department’), shall ensure—

8 “(1) the coordination of all Department pro-  
9 grams related to the prevention, treatment, and  
10 monitoring of HIV/AIDS in countries with or at risk  
11 for severe HIV epidemic with particular attention to  
12 resource constrained countries, as determined by the  
13 Secretary (referred to in this section as ‘Department  
14 programs’); and

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

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

21 “(1) review all Departmental programs to en-  
22 sure proper coordination and compatibility of the ac-  
23 tivities, strategies, and policies of such programs;  
24 and

25 “(2) ensure that the Departmental programs  
26 utilize the best possible practices for HIV/AIDS pre-

1       vention, treatment, and monitoring to improve the  
2       effectiveness of Department programs in countries in  
3       which the Department operates.

4       “(e) REPORT.—

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

7             “(A) describes the actions that are being  
8       taken to coordinate the multiple roles and poli-  
9       cies of, and foster collaboration among, the of-  
10      fices and agencies of the Department that con-  
11      tribute to global HIV/AIDS activities;

12            “(B) describes the respective roles and ac-  
13      tivities of each of the offices and agencies of the  
14      Department;

15            “(C) contains any recommendations for  
16      legislative and funding actions that are needed  
17      to create a coherent, effective departmental ap-  
18      proach to global HIV/AIDS that achieves the  
19      goals for Department programs; and

20            “(D) describes the progress made towards  
21      meeting the HIV/AIDS goals and outcomes as  
22      identified by the Director.

23            “(2) SUBMISSION TO CONGRESS.—Not later  
24      than 1 year after the date of enactment of this part,  
25      and annually thereafter, the Secretary shall submit

1 the report described in paragraph (1) to the appro-  
 2 priate committees of Congress.”.

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

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

8 (2) in paragraph (2), by striking “2002” and  
 9 inserting “2004”; and

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

11 “(3) **COORDINATION.**—Activities under this sec-  
 12 tion shall, to the extent practicable, be coordinated  
 13 with related activities carried out under the Inter-  
 14 national AIDS Treatment and Prevention Act of  
 15 2002 (and the amendments made by that Act).”.

16 **SEC. 3. MICROBICIDE RESEARCH AT THE NATIONAL INSTI-**  
 17 **TUTES OF HEALTH.**

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

21 **“SEC. 2351A. MICROBICIDES FOR PREVENTING TRANS-**  
 22 **MISSION OF HIV AND OTHER SEXUALLY**  
 23 **TRANSMITTED INFECTIONS.**

24 “(a) **EXPANSION AND COORDINATION OF ACTIVI-**  
 25 **TIES.**—The Secretary, acting through the Director of the

1 Office of AIDS Research and in coordination with other  
2 relevant institutes and offices, shall expand, intensify, and  
3 coordinate the activities of all appropriate institutes and  
4 components of the National Institutes of Health with re-  
5 spect to research on the development of microbicides to  
6 prevent the transmission of HIV and other sexually trans-  
7 mitted infections (in this section referred to as  
8 ‘microbicide research’).

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

23 “(c) MICROBICIDE RESEARCH AND DEVELOPMENT  
24 TEAMS.—

1           “(1) IN GENERAL.—The Secretary, acting  
2           through the Director of the National Institutes of  
3           Health, shall award grants or contracts to public  
4           and private entities for the development and oper-  
5           ation of multidisciplinary teams to conduct research  
6           on innovative microbicide concepts, including com-  
7           bination microbicides.

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

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



1 of Health regarding microbicide research. Each such re-  
2 port shall include—

3 “(1) an updated research plan;

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

7 “(3) a summary and analysis of expenditures  
8 made, during the period for which the report is  
9 made, for activities with respect to microbicides re-  
10 search conducted and supported by the National In-  
11 stitutes of Health, including the number of full-time  
12 equivalent employees; and

13 “(4) recommendations as the Director of the  
14 Office of AIDS Research considers appropriate.

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

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

19 (a) PURPOSE.—It is the purpose of this section to  
20 provide the Secretary of Labor with the authority to carry  
21 out workplace-based HIV/AIDS programs in countries  
22 with or at risk for severe HIV epidemic with particular  
23 attention to resource constrained countries, as determined  
24 by the Secretary.

1       (b) **ACTIVITIES AND ASSISTANCE.**—In carrying out  
2 the purpose described in subsection (a), the Secretary of  
3 Labor, in consultation with the Administrator of the  
4 United States Agency for International Development, may  
5 provide assistance under this section relating to—

6           (1) the establishment and implementation of  
7 workplace HIV/AIDS prevention and education pro-  
8 grams in countries with or at risk for severe HIV  
9 epidemic with particular attention to resource con-  
10 strained countries, as determined by the Secretary,  
11 including programs that emphasize protections  
12 against discrimination and the creation of supportive  
13 environments for individuals living with HIV/AIDS;

14           (2) the development and implementation of on-  
15 site care and wellness programs that enhance the  
16 health and productivity of the workforce in countries  
17 with or at risk for severe HIV epidemic with par-  
18 ticular attention to resource constrained countries,  
19 as determined by the Secretary;

20           (3) activities to strengthen collaboration among  
21 governments, business, and labor leaders to respond  
22 to the HIV/AIDS pandemic; and

23           (4) other activities determined appropriate by  
24 the Secretary.

1           (e) **AUTHORIZATION OF APPROPRIATIONS.**—There is  
 2 authorized to be appropriated to carry out this section,  
 3 \$10,000,000 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. 5. AUTHORITY FOR INTERNATIONAL PROGRAMS.**

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

10           (1) in subsection (b)—

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

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

15                   (C) in the flush sentence after paragraph  
 16 (7), by inserting “new” before “facility in any  
 17 foreign country”; and

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

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

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

24           “(2) The Secretary is authorized to use the authority  
 25 contained in section 1 of the Act of April 18, 1930 (46

1 Stat. 177; 22 U.S.C. 291) and section 1 of the Foreign  
 2 Service Buildings Act (22 U.S.C. 292) directly or through  
 3 contract, grant, or cooperative agreement to lease, alter,  
 4 or renovate facilities in foreign countries as necessary to  
 5 conduct programs of assistance for international health  
 6 activities, including activities relating to HIV/AIDS and  
 7 other infectious diseases, chronic and environmental dis-  
 8 eases, and other health activities abroad.

9 “(e) In exercising the authority set forth in para-  
 10 graphs (1) and (2) of subsection (d), the Secretary shall  
 11 consult with the Secretary of State to ensure that planned  
 12 activities are within the legal strictures of the State De-  
 13 partment Basic Authorities Act of 1956 and other applica-  
 14 ble laws.”.

15 **SECTION 1. SHORT TITLE.**

16 *This Act may be cited as the “International AIDS*  
 17 *Treatment and Prevention Act of 2002”.*

18 **SEC. 2. AUTHORITY OF THE DEPARTMENT OF HEALTH AND**

19 **HUMAN SERVICES.**

20 (a) *IN GENERAL.*—*Title III of the Public Health Serv-*  
 21 *ice Act (42 U.S.C. 241 et seq.) is amended by adding at*  
 22 *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 act internationally to carry out prevention, care,  
9       treatment, support, capacity development, and other activi-  
10      ties (determined appropriate by the Secretary) for HIV/  
11      AIDS, malaria, and tuberculosis in countries determined  
12      by the Secretary to have or be at risk for severe HIV epi-  
13      demic with particular attention to resource constrained  
14      countries.

15      “(b) *ACTIVITIES AND ASSISTANCE.*—In carrying out  
16      the purpose described in subsection (a), the Secretary, act-  
17      ing through the Director of the Centers for Disease Control  
18      and Prevention, in coordination with the Administrator of  
19      the United States Agency for International Development  
20      and the Administrator of the Health Resources and Services  
21      Administration, may provide support and assistance under  
22      this section relating to—

23              “(1) *HIV prevention services provided 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 chil-*  
4           *dren;*

5           “(B) *programs to reduce the mother-to-child*  
6           *transmission of HIV, including the treatment*  
7           *and care of HIV-infected women, their children,*  
8           *and families, and including the involvement of*  
9           *fathers in such programs;*

10          “(C) *activities involving behavioral inter-*  
11          *ventions for youth, women, and other vulnerable*  
12          *populations;*

13          “(D) *programs to prevent the transmission*  
14          *of HIV and other pathogens at health care facili-*  
15          *ties (including the use of universal precautions,*  
16          *equipment sterilization, post-exposure prophy-*  
17          *laxis for health care workers and other individ-*  
18          *uals determined to be appropriate, and other*  
19          *interventions appropriate to the resources avail-*  
20          *able), and to support the use of post exposure*  
21          *prophylaxis, when indicated, for patients;*

22          “(E) *activities to ensure a safe blood sup-*  
23          *ply;*

24          “(F) *programs to provide prevention, care,*  
25          *treatment, and patient management services for*

1           *sexually transmitted infections to infected indi-*  
2           *viduals and individuals at risk of infection; and*

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

8           “(2) HIV/AIDS care and treatment services pro-  
9           vided through—

10           “(A) programs to provide care and treat-  
11           ment, integrated with prevention services to fur-  
12           ther reduce the transmission of HIV, for individ-  
13           uals living with HIV/AIDS, including the treat-  
14           ment of opportunistic infections (including tu-  
15           berculosis) and the provision of antiretroviral  
16           therapies and nutritional services;

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

23           “(C) programs that link care and treatment  
24           services to proven prevention programs, includ-

1            *ing linkages with voluntary counseling and test-*  
2            *ing efforts (including rapid testing);*

3            *“(3) infrastructure and training through—*

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

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

19            *“(4) HIV/AIDS treatment protocols through—*

20                   *“(A) the provision of support and assistance*  
21                   *to countries determined by the Secretary to have*  
22                   *or be at risk for severe HIV epidemic with par-*  
23                   *ticular attention to resource constrained coun-*  
24                   *tries for the development of treatment protocols*



1           *for the delivery of HIV/AIDS treatment and pre-*  
2           *vention services; and*

3           “(B) *the provision of assistance to countries*  
4           *determined by the Secretary to have or be at risk*  
5           *for severe HIV epidemic with particular atten-*  
6           *tion to resource constrained countries and to be*  
7           *ready to implement the protocols described in*  
8           *subparagraph (A); and*

9           “(5) *other activities determined appropriated by*  
10          *the Secretary.*

11          “(c) *UTILIZATION OF EXISTING CAPACITIES.—In car-*  
12          *rying out activities under subsection (b), the Secretary, act-*  
13          *ing through the Director of the Centers for Disease Control*  
14          *and Prevention and in coordination with the Administrator*  
15          *of the United States Agency for International Development*  
16          *and the Administrator of the Health Resources and Services*  
17          *Administration, shall, to the maximum extent practicable,*  
18          *utilize existing indigenous capacity in developing countries,*  
19          *including coordinating with relevant government ministries*  
20          *and carrying out activities in partnership with non-govern-*  
21          *mental organizations and affected communities.*

22          “(d) *HEALTH RESOURCES AND SERVICES ADMINIS-*  
23          *TRATION.—In carrying out activities under paragraphs (2)*  
24          *and (3) of subsection (b), the Secretary, acting through the*  
25          *Director of the Centers for Disease Control and Prevention,*

1 *shall enter into interagency agreements, monetary transfers,*  
2 *and contracts with the Administrator of the Health Re-*  
3 *sources and Services Administration to ensure that such ac-*  
4 *tivities benefit from the specialized expertise of such Admin-*  
5 *istration related to the assessment of needs as well as the*  
6 *development and implementation of community-based sys-*  
7 *tems of care and appropriate infrastructure, including the*  
8 *training of health care providers and community workers.*

9       “(e) *BLOOD SUPPLY.—In carrying out activities under*  
10 *subsection (b)(1)(E), the Secretary, acting through the Di-*  
11 *rector of the Centers for Disease Control and Prevention,*  
12 *shall assist participating countries in developing national,*  
13 *regional, or local systems to—*

14               “(1) *monitor, manage, and test the blood supply*  
15 *to ensure that such supply is screened for HIV;*

16               “(2) *increase recruitment and retention of ap-*  
17 *propriate blood donors; and*

18               “(3) *provide for technology transfer and capacity*  
19 *building in proven best blood safety practices appro-*  
20 *priate to local conditions, including anemia preven-*  
21 *tion efforts.*

22       “(f) *AUTHORIZATION OF APPROPRIATIONS.—There is*  
23 *authorized to be appropriated to carry out this section,*  
24 *\$400,000,000 for fiscal year 2003, and such sums as may*  
25 *be necessary for fiscal year 2004. Of the amount appro-*

1 *priated under the preceding sentence for each fiscal year,*  
 2 *the Secretary shall make available \$45,000,000 in fiscal*  
 3 *year 2003 and \$30,000,000 in fiscal year 2004 to carry*  
 4 *out section 399DD. Amounts appropriated under this sub-*  
 5 *section shall remain available until expended.*

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

8 *“(a) PURPOSE.—It is the purpose of this section to*  
 9 *provide the Secretary, acting through the Administrator of*  
 10 *the Health Resources and Services Administration, with the*  
 11 *authority to act internationally to carry out prevention,*  
 12 *care, treatment, support, capacity development, and other*  
 13 *activities (determined appropriate by the Secretary) for*  
 14 *HIV/AIDS, malaria, and tuberculosis in countries deter-*  
 15 *mined by the Secretary to have or be at risk for severe HIV*  
 16 *epidemic with particular attention to resource constrained*  
 17 *countries.*

18 *“(b) ACTIVITIES AND ASSISTANCE.—In carrying out*  
 19 *the purpose described in subsection (a), the Secretary, act-*  
 20 *ing through the Administrator of the Health Resources and*  
 21 *Services Administration, in coordination with the Director*  
 22 *of the Centers for Disease Control and Prevention and the*  
 23 *Administrator of the United States Agency for Inter-*  
 24 *national Development, may provide assistance under this*  
 25 *section relating to—*

1           “(1) activities to assist communities in assessing  
2           the strengths and capabilities of the existing system of  
3           care and treatment relating to HIV/AIDS and other  
4           opportunistic infections, including critical unmet  
5           needs;

6           “(2) activities to assist communities in the devel-  
7           opment and implementation of appropriate systems of  
8           care that provide for a continuum of HIV/AIDS-re-  
9           lated services for prevention, treatment, palliative  
10          care, and hospice services based on an assessment  
11          under paragraph (1);

12          “(3) activities to improve the health-related in-  
13          frastructure and institutional capacity of partici-  
14          pating countries, including the training of health care  
15          providers and community workers, to enable such  
16          countries to develop and manage HIV/AIDS edu-  
17          cation, prevention, care and treatment programs and  
18          to conduct evaluations of such programs;

19          “(4) activities to assist in the development of  
20          training modules and curricula on HIV/AIDS and  
21          associated conditions as part of the professional train-  
22          ing programs for physicians, nurses, dentists, phar-  
23          macists, and other health care providers;

24          “(5) activities to improve the coordination be-  
25          tween American medical centers and hospitals and

1       *indigenous hospitals and clinics in participating*  
2       *countries; and*

3               “(6) *other activities determined appropriated by*  
4       *the Secretary.*

5       “(c) *UTILIZATION OF EXISTING CAPACITIES.—In car-*  
6       *rying out activities under subsection (b), the Secretary, act-*  
7       *ing through the Administrator of the Health Resources and*  
8       *Services Administration and in consultation with the Di-*  
9       *rector of the Centers for Disease Control and Prevention*  
10       *and the Administrator of the United States Agency for*  
11       *International Development, shall, to the maximum extent*  
12       *practicable, utilize existing indigenous capacity in coun-*  
13       *tries determined by the Secretary to have or be at risk for*  
14       *severe HIV epidemic with particular attention to resource*  
15       *constrained countries, including coordinating with relevant*  
16       *government ministries and carrying out activities in part-*  
17       *nership with non-governmental organizations and affected*  
18       *communities.*

19       “(d) *AUTHORIZATION OF APPROPRIATIONS.—There is*  
20       *authorized to be appropriated to carry out this section,*  
21       *\$40,000,000 for fiscal year 2003, and such sums as may*  
22       *be necessary for fiscal year 2004. Amounts appropriated*  
23       *under this subsection shall remain available until expended.*

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

2       “(a) *IN GENERAL.*—*The Secretary, acting through the*  
3 *Director of the National Institutes of Health and in coordi-*  
4 *nation with the Administrator of the Health Resources and*  
5 *Services Administration, shall award supplemental grants*  
6 *to eligible entities to enable such entities to provide support*  
7 *for clinical education and training in the delivery of HIV/*  
8 *AIDS care and treatment services.*

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

11               “(1) *be a recipient of an international HIV/*  
12 *AIDS clinical research, education, or training grant*  
13 *awarded by the National Institutes of Health or the*  
14 *Health Resources and Services Administration;*

15               “(2) *provide assurances to the Secretary that the*  
16 *entity has developed a partnership with a hospital-*  
17 *based or community-based health care entity in the*  
18 *host country for the purpose of providing services*  
19 *under each grant; and*

20               “(3) *prepare and submit to the Secretary an ap-*  
21 *plication at such time, in such manner, and con-*  
22 *taining such information as the Secretary may re-*  
23 *quire, including a description of the activities to be*  
24 *carried out with amounts received under the grant.*

25       “(c) *USE OF FUNDS.*—*An entity shall use amounts re-*  
26 *ceived under a supplemental grant under subsection (a) to*

1 *provide clinical education and training in the delivery of*  
2 *HIV/AIDS care and treatment services. Such education and*  
3 *training shall be designed to develop health care provider*  
4 *capacity to deliver HIV/AIDS care and treatment services*  
5 *in a variety of institutional and community-based settings.*

6       “(d) *PRIORITY.—In awarding grants under subsection*  
7 *(a), the Secretary shall give priority to applicants that will*  
8 *carry out activities that assess existing provider capacity*  
9 *and address the training needs of a range of health care*  
10 *providers (from physicians to nurses to other health care*  
11 *providers).*

12       “(e) *AUTHORIZATION OF APPROPRIATIONS.—There is*  
13 *authorized to be appropriated to carry out this section,*  
14 *\$50,000,000 for fiscal year 2003, and such sums as may*  
15 *be necessary for fiscal year 2004. Amounts appropriated*  
16 *under this subsection shall remain available until expended.*

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

18       “(a) *PURPOSE.—The purpose of this section is to pro-*  
19 *vide support, through a public-private partnership, for the*  
20 *provision of medical care and support services to HIV posi-*  
21 *tive parents and their children identified through existing*  
22 *programs to prevent mother-to-child transmission of HIV*  
23 *in countries with or at risk for severe HIV epidemic with*  
24 *particular attention to resource constrained countries, as*  
25 *determined by the Secretary.*

1       “(b) *GRANTS.*—

2               “(1) *IN GENERAL.*—*The Secretary, acting*  
3 *through the Director of the Centers for Disease Con-*  
4 *trol and Prevention, is authorized to award a grant*  
5 *to an eligible administrative organization to enable*  
6 *the organization to award subgrants to eligible enti-*  
7 *ties to expand activities to prevent the mother-to-child*  
8 *transmission of HIV by providing medical care and*  
9 *support services to HIV infected parents and their*  
10 *children.*

11               “(2) *ADMINISTRATIVE ORGANIZATION.*—*To be el-*  
12 *igible to receive a grant under paragraph (1), an ad-*  
13 *ministrative organization shall—*

14                       “(A) *have a demonstrable record in man-*  
15 *aging large scale maternal and child health pro-*  
16 *grams in countries with or at risk for severe*  
17 *HIV epidemic with particular attention to re-*  
18 *source constrained countries, as determined by*  
19 *the Secretary, and sufficient HIV/AIDS exper-*  
20 *tise;*

21                       “(B) *have established relationships with*  
22 *major international organizations and multilat-*  
23 *eral institutions;*

24                       “(C) *provide an assurance to the Secretary*  
25 *that the organization will contribute (either di-*



1           rectly or through private sector financial sup-  
2           port) non-Federal funds to the costs of the activi-  
3           ties to be carried out under this section in an  
4           amount that is not less than the amount of funds  
5           provided to the organization under a grant this  
6           section; and

7           “(D) prepare and submit an application to  
8           the Secretary at such time, in such manner, and  
9           accompanied by such information as the Sec-  
10          retary may require.

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

13               “(A) to award subgrants to eligible entities  
14               to enable such entities to carry out activities de-  
15               scribed in subsection (c);

16               “(B) for administrative support and  
17               subgrant management;

18               “(C) for administrative data collection and  
19               reporting concerning grant activities;

20               “(D) for the monitoring and evaluation of  
21               grant activities;

22               “(E) for training and technical assistance  
23               for subgrantees; and

24               “(F) to promote sustainability.

25          “(c) *SUBGRANTS.*—

1           “(1) *IN GENERAL.*—*An organization awarded a*  
2           *grant under subsection (b) shall use amounts received*  
3           *under the grant to award subgrants to eligible enti-*  
4           *ties.*

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

7                   “(A) *be a local health organization, an*  
8                   *international organization, or a partnership of*  
9                   *such organizations;*

10                   “(B) *demonstrate to the awarding organiza-*  
11                   *tion that such entity—*

12                           “(i) *is currently administering a prov-*  
13                           *en intervention to prevent mother-to-child*  
14                           *transmission of HIV in countries with or at*  
15                           *risk for severe HIV epidemic with par-*  
16                           *ticular attention to resource constrained*  
17                           *countries, as determined by the Secretary;*

18                           “(ii) *serves a catchment area with a*  
19                           *minimum HIV seroprevalence of 3 percent*  
20                           *in pregnant women;*

21                           “(iii) *has demonstrated support for the*  
22                           *proposed program from relevant government*  
23                           *entities;*

24                           “(iv) *is able to provide HIV care, in-*  
25                           *cluding antiretroviral treatment when*

1           *medically indicated, to HIV positive*  
 2           *women, men, and children with the support*  
 3           *of the project funding; and*

4           *“(v) has the ability to enroll a min-*  
 5           *imum of 250 HIV infected women per serv-*  
 6           *ice site, based on the current uptake rate,*  
 7           *into existing HIV mother-to-child trans-*  
 8           *mission programs; and*

9           *“(C) prepare and submit to the awarding*  
 10          *organization an application at such time, in*  
 11          *such manner, and containing such information*  
 12          *as the organization may require.*

13          *“(3) LOCAL HEALTH AND INTERNATIONAL ORGA-*  
 14          *NIZATIONS.—For purposes of paragraph (2)(A)—*

15          *“(A) the term ‘local health organization’*  
 16          *means a public sector health system, non-govern-*  
 17          *mental organization, institution of higher edu-*  
 18          *cation, community-based organization, or non-*  
 19          *profit health system that provides directly, or*  
 20          *has a clear link with a provider for the indirect*  
 21          *provision of, primary health care services; and*

22          *“(B) the term ‘international organization’*  
 23          *means—*

24          *“(i) a non-profit international entity;*

1                   “(ii) an international charitable insti-  
2                   tution;

3                   “(iii) a private voluntary inter-  
4                   national entity; or

5                   “(iv) a multilateral institution.

6                   “(4) SELECTION OF SUBGRANT RECIPIENTS.—In  
7                   awarding subgrants under this subsection, the organi-  
8                   zation shall—

9                   “(A) consider applicants from a range of  
10                  health care settings, program approaches, and  
11                  geographic locations; and

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

15                  “(5) USE OF SUBGRANT FUNDS.—An eligible en-  
16                  tity awarded a subgrant under this subsection shall  
17                  use subgrant funds to expand activities to prevent  
18                  mother-to-child transmission of HIV by providing  
19                  medical treatment and care and support services to  
20                  parents and their children, including—

21                  “(A) providing treatment and therapy,  
22                  when medically indicated, to HIV-infected  
23                  women, their children, and families;

24                  “(B) the hiring and training of local per-  
25                  sonnel, including physicians, nurses, other health

1           *care providers, counselors, social workers, out-*  
2           *reach personnel, laboratory technicians, data*  
3           *managers, and administrative support personnel;*  
4           “(C) *paying laboratory costs, including*  
5           *costs related to necessary equipment and diag-*  
6           *nostic testing and monitoring (including rapid*  
7           *testing), complete blood counts, standard chem-*  
8           *istries, and liver function testing for infants,*  
9           *children, and parents, and costs related to the*  
10          *purchase of necessary laboratory equipment;*  
11          “(D) *purchasing pharmaceuticals for HIV-*  
12          *related conditions, including antiretroviral*  
13          *therapies;*  
14          “(E) *funding support services including ad-*  
15          *herence and psychosocial support services;*  
16          “(F) *operational support activities; and*  
17          “(G) *conducting community outreach and*  
18          *capacity building activities, including activities*  
19          *to raise the awareness of individuals of the pro-*  
20          *gram carried out by the subgrantee, other com-*  
21          *munications activities in support of the pro-*  
22          *gram, local advisory board functions, and trans-*  
23          *portation necessary to ensure program participa-*  
24          *tion.*

1       “(d) *REPORTS.*—Not later than 6 months after the  
2 date of enactment of this section, and annually thereafter,  
3 an administrative organization awarded a grant under  
4 subsection (b)(1) shall submit to the Secretary and the ap-  
5 propriate committees of Congress, a report that includes—

6               “(1) the progress of programs funded under this  
7 section;

8               “(2) the benchmarks of success of programs fund-  
9 ed under this section; and

10              “(3) recommendations of how best to proceed  
11 with the programs funded under this section upon the  
12 expiration of funding under subsection (e).

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

16              “(1) \$45,000,000 is made available to carry out  
17 this section for fiscal year 2003; and

18              “(2) \$30,000,000 is made available to carry out  
19 this section for fiscal year 2004.

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

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

3 “(a) *IN GENERAL.*—*The Secretary, acting through the*  
4 *Director of the Office of Global Health Affairs (referred to*  
5 *in this section as the ‘Director’)* of the Department of  
6 *Health and Human Services (referred to in this section as*  
7 *the ‘Department’), shall ensure—*

8 “(1) *the coordination of all Department pro-*  
9 *grams related to the prevention, treatment, and moni-*  
10 *toring of HIV/AIDS, malaria, and tuberculosis in*  
11 *countries with or at risk for severe HIV epidemic*  
12 *with particular attention to resource constrained*  
13 *countries, as determined by the Secretary (referred to*  
14 *in this section as ‘Department programs’); and*

15 “(2) *that global HIV/AIDS, malaria, and tuber-*  
16 *culosis activities are conducted in a coordinated, stra-*  
17 *tegic fashion, utilizing the expertise from the various*  
18 *agencies within the Department, to the maximum ex-*  
19 *tent practicable.*

20 “(b) *DUTIES.*—*In carrying out this section, the Sec-*  
21 *retary shall—*

22 “(1) *review all Departmental programs to ensure*  
23 *proper coordination and compatibility of the activi-*  
24 *ties, strategies, and policies of such programs; and*

25 “(2) *ensure that the Departmental programs uti-*  
26 *lize the best possible practices for HIV/AIDS preven-*

1        *tion, treatment, and monitoring to improve the effec-*  
2        *tiveness of Department programs in countries in*  
3        *which the Department operates.*

4        “(c) *REPORT.—*

5                “(1) *IN GENERAL.—The Director shall prepare*  
6        *an annual report that—*

7                “(A) *describes the actions that are being*  
8                *taken to coordinate the multiple roles and poli-*  
9                *cies of, and foster collaboration among, the of-*  
10               *fices and agencies of the Department that con-*  
11               *tribute to global HIV/AIDS activities;*

12               “(B) *describes the respective roles and ac-*  
13               *tivities of each of the offices and agencies of the*  
14               *Department;*

15               “(C) *contains any recommendations for leg-*  
16               *islative and funding actions that are needed to*  
17               *create a coherent, effective departmental ap-*  
18               *proach to global HIV/AIDS that achieves the*  
19               *goals for Department programs; and*

20               “(D) *describes the progress made towards*  
21               *meeting the HIV/AIDS goals and outcomes as*  
22               *identified by the Director.*

23               “(2) *SUBMISSION TO CONGRESS.—Not later than*  
24        *1 year after the date of enactment of this part, and*  
25        *annually thereafter, the Secretary shall submit the re-*



1       port described in paragraph (1) to the appropriate  
2       committees of Congress.”.

3       (b) *EXTENSION OF TUBERCULOSIS PREVENTION PRO-*  
4 *GRAM.*—Section 317E(g) of the Public Health Service Act  
5 (42 U.S.C. 247b–6(g)) is amended—

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

8           (2) in paragraph (2), by striking “2002” and in-  
9       serting “2004”; and

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

11           “(3) *COORDINATION.*—Activities under this sec-  
12       tion shall, to the extent practicable, be coordinated  
13       with related activities carried out under the Inter-  
14       national AIDS Treatment and Prevention Act of  
15       2002 (and the amendments made by that Act).”.

16 **SEC. 3. MICROBICIDE RESEARCH AT THE NATIONAL INSTI-**  
17 **TUTES OF HEALTH.**

18       Subpart I of part D of title XXIII of the Public Health  
19       Service Act (42 U.S.C. 300cc-40 et seq.) is amended by in-  
20       serting after section 2351 the following:

21 **“SEC. 2351A. MICROBICIDES FOR PREVENTING TRANS-**  
22 **MISSION OF HIV AND OTHER SEXUALLY**  
23 **TRANSMITTED INFECTIONS.**

24       “(a) *EXPANSION AND COORDINATION OF ACTIVI-*  
25 *TIES.*—The Secretary, acting through the Director of the Of-

1 *Office of AIDS Research and in coordination with other rel-*  
2 *evant institutes and offices, shall expand, intensify, and co-*  
3 *ordinate the activities of all appropriate institutes and*  
4 *components of the National Institutes of Health with respect*  
5 *to research on the development of microbicides to prevent*  
6 *the transmission of HIV and other sexually transmitted in-*  
7 *fections (in this section referred to as ‘microbicide re-*  
8 *search’).*

9       “(b) *RESEARCH PLAN.*—*The Secretary, acting through*  
10 *the Director of the Office of AIDS Research and in consulta-*  
11 *tion with the Director of the Institute of Allergy and Infec-*  
12 *tious Diseases, shall expedite the implementation of the*  
13 *strategic plan for the conduct and support of microbicide*  
14 *research, and shall annually review and as appropriate re-*  
15 *vis the plan. In developing, implementing, and reviewing*  
16 *the plan, the Director of the Office of AIDS Research shall*  
17 *coordinate with the heads of other Federal agencies, includ-*  
18 *ing the Director of the Centers for Disease Control and Pre-*  
19 *vention and the Administrator of the United States Agency*  
20 *for International Development, involved in microbicide re-*  
21 *search, with the microbicide research community, and with*  
22 *health advocates.*

23       “(c) *MICROBICIDE RESEARCH AND DEVELOPMENT*  
24 *TEAMS.*—

1           “(1) *IN GENERAL.*—*The Secretary, acting*  
2           *through the Director of the National Institutes of*  
3           *Health, shall award grants or contracts to public and*  
4           *private entities for the development and operation of*  
5           *multidisciplinary teams to conduct research on inno-*  
6           *vative microbicide concepts, including combination*  
7           *microbicides.*

8           “(2) *PEER REVIEW REQUIREMENT.*—*The Direc-*  
9           *tor shall award a grant or contract to an entity*  
10          *under paragraph (1) only if the grant or contract has*  
11          *been recommended after technical and scientific peer*  
12          *review in accordance with regulations under section*  
13          *492.*

14          “(d) *REPORT.*—*Not later than 1 year after the date*  
15          *of the initial submission of the research plan under sub-*  
16          *section (b), and annually thereafter, the Secretary, acting*  
17          *through the Director of the Office of AIDS Research and*  
18          *in consultation with the Director of the Institute of Allergy*  
19          *and Infectious Diseases, shall submit to the Committee on*  
20          *Energy and Commerce and the Committee on Appropria-*  
21          *tions of the House of Representatives and the Committee*  
22          *on Health, Education, Labor, and Pensions and the Com-*  
23          *mittee on Appropriations of the Senate a report that de-*  
24          *scribes the activities of the National Institutes of Health*

1 *regarding microbicide research. Each such report shall*  
2 *include—*

3 *“(1) an updated research plan;*

4 *“(2) a description and evaluation of the progress*  
5 *made, during the period for which such report is pre-*  
6 *pared, in research on microbicides;*

7 *“(3) a summary and analysis of expenditures*  
8 *made, during the period for which the report is made,*  
9 *for activities with respect to microbicides research*  
10 *conducted and supported by the National Institutes of*  
11 *Health, including the number of full-time equivalent*  
12 *employees; and*

13 *“(4) recommendations as the Director of the Of-*  
14 *fice of AIDS Research considers appropriate.*

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

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

19 *(a) PURPOSE.—It is the purpose of this section to pro-*  
20 *vide the Secretary of Labor with the authority to carry out*  
21 *workplace-based HIV/AIDS programs in countries with or*  
22 *at risk for severe HIV epidemic with particular attention*  
23 *to resource constrained countries, as determined by the Sec-*  
24 *retary.*

1           (b) *ACTIVITIES AND ASSISTANCE.*—*In carrying out the*  
2 *purpose described in subsection (a), the Secretary of Labor,*  
3 *in coordination with the Secretary of Health and Human*  
4 *Services and the Administrator of the United States Agency*  
5 *for International Development, may provide assistance*  
6 *under this section relating to—*

7           (1) *the establishment and implementation of*  
8 *workplace HIV/AIDS prevention and education pro-*  
9 *grams in countries with or at risk for severe HIV epi-*  
10 *demic with particular attention to resource con-*  
11 *strained countries, as determined by the Secretary,*  
12 *including programs that emphasize protections*  
13 *against discrimination and the creation of supportive*  
14 *environments for individuals living with HIV/AIDS;*

15           (2) *the development and implementation of on-*  
16 *site care and wellness programs that enhance the*  
17 *health and productivity of the workforce in countries*  
18 *with or at risk for severe HIV epidemic with par-*  
19 *ticular attention to resource constrained countries, as*  
20 *determined by the Secretary;*

21           (3) *activities to strengthen collaboration among*  
22 *governments, business, and labor leaders to respond to*  
23 *the HIV/AIDS pandemic; and*

24           (4) *other activities determined appropriated by*  
25 *the Secretary.*

1       (c) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*  
 2 *authorized to be appropriated to carry out this section,*  
 3 *\$10,000,000 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 expended.*

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

7       *Section 307 of the Public Health Service Act (42*  
 8 *U.S.C. 242l) is amended—*

9           (1) *in subsection (b)—*

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

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

14               (C) *in the flush sentence after paragraph*  
 15 *(7), by inserting “new” before “facility in any*  
 16 *foreign country”; and*

17               (D) *by striking paragraph (8); and*

18           (2) *by adding at the end the following:*

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

23           “*(2) The Secretary is authorized to use the authority*  
 24 *contained in section 1 of the Act of April 18, 1930 (46 Stat.*  
 25 *177; 22 U.S.C. 291) and section 1 of the Foreign Service*”

1 *Buildings Act (22 U.S.C. 292) directly or through contract,*  
2 *grant, or cooperative agreement to lease, alter, or renovate*  
3 *facilities in foreign countries as necessary to conduct pro-*  
4 *grams of assistance for international health activities, in-*  
5 *cluding activities relating to HIV/AIDS and other infec-*  
6 *tious diseases, chronic and environmental diseases, and*  
7 *other health activities abroad.*

8       “(e) *In exercising the authority set forth in paragraphs*  
9 *(1) and (2) of subsection (d), the Secretary shall consult*  
10 *with the Secretary of State to ensure that planned activities*  
11 *are within the legal strictures of the State Department*  
12 *Basic Authorities Act of 1956 and other applicable laws.”.*

**Calendar No. 484**

107<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

**S. 2649**

---

---

**A BILL**

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

---

---

JULY 3, 2002

Reported under the authority of the order of the Senate  
of June 26, 2002, with an amendment