

very important, about our resolve to see that North Koreans live with the agreement and that we not backpedal in any way on our commitment that there be a North-South dialog and that we not permit the North Koreans to divide the Republic of Korea, South Korea, and the United States.

Mr. KIM. Mr. Speaker, I rise in strong support of House Joint Resolution 83, the resolution relating to the United States-North Korea Agreed Framework. As the only Korean-American in Congress, I am proud to have sponsored this measure with Asia Subcommittee chairman DOUG BEREUTER.

In October 1994, when the administration first unveiled the United States-North Korea Agreed Framework, many praised it as the beginning of the end to a perilous nuclear crisis in the Pacific rim. Unfortunately, I did not share that same optimism. In fact, I felt that the agreed framework was yet another effort to appease North Korea at the expense of the national security interests of both the United States and our ally, the Republic of Korea. It looked to me like the United States was obligated to give more than it received in return.

In that regard, I was pleased to help sponsor House Joint Resolution 83 because it defines the specific direction which the administration must follow in its dealings with North Korea, rather than allowing that direction to be dictated by the leadership in Pyongyang. Most important of all is the stipulation that a North-South dialog be of the highest priority to ensure a reduction in the hostilities between the two governments in the hopes of long-term peace on the peninsula.

I think it is important that this Congress, and this administration, send a clear message to North Korea by setting forth a blueprint of what we will accept as positive progress. And, with House Joint Resolution 83 we make it clear that without such progress, we will not provide North Korea with the economic and political benefits they want. Therefore, I ask all of my colleagues to support the immediate passage of House Joint Resolution 83 so that we set a clear plan of action with respect to North Korea.

Mr. GILMAN. Mr. Speaker, I commend the distinguished chairman of our subcommittee on Asia and the Pacific, Mr. BEREUTER, for bringing this resolution before the House. I also commend the distinguished ranking member of the subcommittee, Mr. BERMAN, for his helpful contributions.

The substance of the resolution has, of course, already passed the House as part of H.R. 1561, the American Overseas Interests Act, and so I expect it to receive broad bipartisan support today.

The resolution serves two useful purposes. First, it articulates the views of the Congress with respect to the October 21, 1994, agreed framework between the United States and North Korea under which North Korea is to suspend and then dismantle its nuclear program in exchange for deliveries of heavy fuel oil and construction in North Korea of two 1,000 megawatt light water nuclear reactors.

The resolution does not criticize or reject the agreed framework, but it does sound several cautionary notes about implementation of the agreement. In particular, it urges that the agreed framework be implemented in a manner consistent with United States interests; that South Korea have a central role in imple-

menting the agreed framework; and that the United States not take further steps to normalize our relations with North Korea until North Korea improves its behavior in other areas of concern to us, such as implementing the North-South Joint Declaration on the Denuclearization of the Korean Peninsula, curtailing ballistic missile exports, and reducing tensions along the DMZ.

The second purpose of the resolution is to ensure that all United States foreign assistance that is provided to North Korea or the Korean Peninsula Energy Development Organization pursuant to the agreed framework is provided under the same terms and conditions that govern all other United States foreign assistance. This is necessary because the administration has already on two occasions sought to deliver assistance to North Korea from funds not subject to the terms and conditions of the Foreign Assistance Act—in one case from Defense Department funds, and in the other from Energy Department funds.

House Joint Resolution 83 will make an important contribution to the Congress' ability to oversee implementation of the agreed framework, and I urge its adoption.

Mr. BEREUTER. Mr. Speaker, I have no further requests for time.

Mr. HAMILTON. Mr. Speaker, I, too, have no further requests for time, and I yield back the balance of my time.

Mr. BEREUTER. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Nebraska [Mr. BEREUTER] that the House suspend the rules and pass the joint resolution, House Joint Resolution 83, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended, and the joint resolution, as amended, was passed.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. BEREUTER. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks on the joint resolution just passed.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Nebraska?

There was no objection.

□ 1259

MEDAGOGUES

(Mr. GOSS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GOSS. Mr. Speaker, it is not only House Republicans that are questioning the barrage of scare tactics on Medicare that are being presented by the Democrats and certain of their special interest associates. Last week's Washington Post editorial entitled "Medagogues" puts the entire Medicare debate into perspective by comparing the two parties on this critical issue.

Mr. Speaker, as you may be able to see from this copy, the Post finds the Republican plan to be credible, gutsy, and, in some respects, inventive. It addresses a genuine problem that is only going to get worse, as we all know. What the Democrats have, instead, is a lot of expostulation, TV ads, and scare talk, so says the Washington Post.

The Post is not generally given to commenting so harshly about Democrats. The Post goes on to wonder about how the Democrats propose to finance Medicare without real structural change. They conclude that they are listening in vain for a real response from the Democrats.

Mr. Speaker, I join with the Post to call on my Democratic colleagues to abandon the politics of fear and join us in saving Medicare for current and future beneficiaries. The country needs it and we can do it.

RECESS

The SPEAKER pro tempore (Mr. CLINGER). Pursuant to clause 12 of rule I, the Chair declares the House in recess until 3 p.m.

Accordingly (at 1 o'clock p.m.), the House stood in recess until 3 p.m.

□ 1500

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. FOLEY) at 3 p.m.

RYAN WHITE CARE ACT AMENDMENTS OF 1995

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1872) to amend the Public Health Service Act to revise and extend programs established pursuant to the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, as amended.

The Clerk read as follows:

H.R. 1872

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Ryan White CARE Act Amendments of 1995".

SEC. 2. REFERENCES.

Whenever in this Act an amendment is expressed in terms of an amendment to a section or other provision, the reference shall be considered to be made to that section or other provision of the Public Health Service Act (42 U.S.C. 201 et seq.).

TITLE I—EMERGENCY RELIEF FOR AREAS WITH SUBSTANTIAL NEED FOR SERVICES

SEC. 101. ESTABLISHMENT OF PROGRAM OF GRANTS.

(a) NUMBER OF CASES; DELAYED APPLICABILITY.—Effective October 1, 1996, section 2601(a) (42 U.S.C. 300ff-11) is amended—

(1) by striking "subject to subsection (b)" and inserting "subject to subsections (b) through (d)"; and

(2) by striking "metropolitan area" and all that follows and inserting the following:

"metropolitan area for which there has been reported to the Director of the Centers for Disease Control and Prevention a cumulative total of more than 2,000 cases of acquired immune deficiency syndrome for the most recent period of five calendar years for which such data are available."

(b) OTHER PROVISIONS REGARDING ELIGIBILITY.—Section 2601 (42 U.S.C. 300ff-11) is amended by adding at the end thereof the following subsections:

"(c) REQUIREMENTS REGARDING POPULATION.—

"(1) NUMBER OF INDIVIDUALS.—

"(A) IN GENERAL.—Except as provided in subparagraph (B), the Secretary may not make a grant under this section for a metropolitan area unless the area has a population of 500,000 or more individuals.

"(B) LIMITATION.—Subparagraph (A) does not apply to any metropolitan area that was an eligible area under this part for fiscal year 1995 or any prior fiscal year.

"(2) GEOGRAPHIC BOUNDARIES.—For purposes of eligibility under this part, the boundaries of each metropolitan area are the boundaries that were in effect for the area for fiscal year 1994.

"(d) CONTINUED STATUS AS ELIGIBLE AREA.—Notwithstanding any other provision of this section, a metropolitan area that was an eligible area under this part for fiscal year 1996 is an eligible area for fiscal year 1997 and each subsequent fiscal year."

(c) CONFORMING AMENDMENT REGARDING DEFINITION OF ELIGIBLE AREA.—Section 2607(1) (42 U.S.C. 300ff-17(1)) is amended by striking "The term" and all that follows and inserting the following: "The term 'eligible area' means a metropolitan area meeting the requirements of section 2601 that are applicable to the area."

SEC. 102. HIV HEALTH SERVICES PLANNING COUNCIL.

(a) ESTABLISHMENT.—Section 2602(b)(1) (42 U.S.C. 300ff-12(b)(1)) is amended—

(1) in subparagraph (A), by inserting before the semicolon the following: ", including federally qualified health centers";

(2) in subparagraph (D), by inserting before the semicolon the following: "and providers of services regarding substance abuse";

(3) in subparagraph (G), by inserting before the semicolon the following: "and historically underserved groups and subpopulations";

(4) in subparagraph (I), by inserting before the semicolon the following: ", including the State Medicaid agency and the agency administering the program under part B";

(5) in subparagraph (J), by striking "and" after the semicolon;

(6) by striking subparagraph (K); and

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

"(K) grantees under section 2671, or, if none are operating in the area, representatives of organizations in the area with a history of serving children, youth, women, and families living with HIV; and

"(L) grantees under other HIV-related Federal programs."

(b) DUTIES.—Section 2602(b)(3) (42 U.S.C. 300ff-12(b)(3)) is amended—

(1) by striking "The planning" in the matter preceding subparagraph (A) and all that follows through the semicolon at the end of subparagraph (A) and inserting the following: "The planning council under paragraph (1) shall carry out the following:

"(A) Establish priorities for the allocation of funds within the eligible area based on the following factors:

"(i) Documented needs of the HIV-infected population.

"(ii) Cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are reasonably available.

"(iii) Priorities of the HIV-infected communities for which the services are intended.

"(iv) Availability of other governmental and nongovernmental resources."

(2) in subparagraph (B)—

(A) by striking "develop" and inserting "Develop"; and

(B) by striking "; and" and inserting a period;

(3) in subparagraph (C)—

(A) by striking "assess" and inserting "Assess";

(B) by striking "rapidly"; and

(C) by inserting before the period the following: ", and assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs"; and

(4) by adding at the end the following subparagraphs:

"(D) Participate in the development of the statewide coordinated statement of need initiated by the State health department (where it has been so initiated).

"(E) Obtain input on community needs through conducting public meetings."

(c) GENERAL PROVISIONS.—Section 2602(b) (42 U.S.C. 300ff-12(b)) is amended by adding at the end the following paragraph:

"(4) GENERAL PROVISIONS.—

"(A) COMPOSITION OF COUNCIL.—The planning council under paragraph (1) shall (in addition to requirements under such paragraph) reflect in its composition the demographics of the epidemic in the eligible area involved, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations. Nominations for membership on the council shall be identified through an open process, and candidates shall be selected based on locally delineated and publicized criteria. Such criteria shall include a conflict-of-interest standard for each nominee.

"(B) CONFLICTS OF INTEREST.—

"(i) The planning council under paragraph (1) may not be directly involved in the administration of a grant under section 2601(a). With respect to compliance with the preceding sentence, the planning council may not designate (or otherwise be involved in the selection of) particular entities as recipients of any of the amounts provided in the grant.

"(ii) An individual may serve on the planning council under paragraph (1) only if the individual agrees to comply with the following:

"(I) If the individual has a financial interest in an entity, and such entity is seeking amounts from a grant under section 2601(a), the individual will not, with respect to the purpose for which the entity seeks such amounts, participate (directly or in an advisory capacity) in the process of selecting entities to receive such amounts for such purpose.

"(II) In the case of a public or private entity of which the individual is an employee, or a public or private organization of which the individual is a member, the individual will not participate (directly or in an advisory capacity) in the process of making any decision that relates to the expenditure of a grant under section 2601(a) for such entity or organization or that otherwise directly affects the entity or organization."

SEC. 103. TYPE AND DISTRIBUTION OF GRANTS.

(a) FORMULA GRANTS BASED ON RELATIVE NEED OF AREAS.—Section 2603(a) (42 U.S.C. 300ff-13(a)) is amended—

(1) in paragraph (1)—

(A) in the second sentence, by inserting ", subject to paragraph (4)" before the period; and

(B) by adding at the end the following sentence: "Grants under this paragraph for a fiscal year shall be disbursed not later than

60 days after the date on which amounts appropriated under section 2677 become available for the fiscal year, subject to any waivers under section 2605(d).";

(2) in paragraph (2), by amending the paragraph to read as follows:

"(2) ALLOCATIONS.—Of the amount available under section 2677 for a fiscal year for making grants under section 2601(a)—

"(A) the Secretary shall reserve 50 percent for making grants under paragraph (1) in amounts determined in accordance with paragraph (3); and

"(B) the Secretary shall, after compliance with subparagraph (A), reserve such funds as may be necessary to carry out paragraph (4)."; and

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

"(4) MAXIMUM REDUCTION IN GRANT.—In the case of any eligible area for which a grant under paragraph (1) was made for fiscal year 1995, the Secretary, in making grants under such paragraph for the area for the fiscal years 1996 through 2000, shall (subject to the extent of the amount available under section 2677 for the fiscal year involved for making grants under section 2601(a)) ensure that the amounts of the grants do not, relative to such grant for the area for fiscal year 1995, constitute a reduction of more than the following, as applicable to the fiscal year involved:

"(A) 1 percent, in the case of fiscal year 1996.

"(B) 2 percent, in the case of fiscal year 1997.

"(C) 3 percent, in the case of fiscal year 1998.

"(D) 4 percent, in the case of fiscal year 1999.

"(E) 5 percent, in the case of fiscal year 2000."

(b) SUPPLEMENTAL GRANTS.—Section 2603(b) (42 U.S.C. 300ff-13(b)) is amended—

(1) in paragraph (1)—

(A) in the matter preceding subparagraph (A), by striking "Not later than" and all that follows through "section 2605(b)—" and inserting the following: "After allocating in accordance with subsection (a) the amounts available under section 2677 for grants under section 2601(a) for a fiscal year, the Secretary, in carrying out section 2601(a), shall from the remaining amounts make grants to eligible areas described in this paragraph. Such grants shall be disbursed not later than 150 days after the date on which amounts appropriated under section 2677 become available for the fiscal year. An eligible area described in this paragraph is an eligible area whose application under section 2605(b)—";

(B) in subparagraph (D), by striking "and" after the semicolon;

(C) in subparagraph (E), by striking the period at the end and inserting "; and"; and

(D) by adding at the end thereof the following subparagraph:

"(F) demonstrates the manner in which the proposed services are consistent with the local needs assessment and the statewide coordinated statement of need."; and

(2)(A) by redesignating paragraphs (2) through (4) as paragraphs (3) through (5), respectively; and

(B) by inserting after paragraph (1) the following paragraph:

"(2) PRIORITY.—

"(A) SEVERE NEED.—In determining severe need in accordance with paragraph (1)(B), the Secretary shall give priority consideration in awarding grants under this subsection to eligible areas that (in addition to complying with paragraph (1)) demonstrate a more severe need based on the prevalence in the eligible area of—

“(i) sexually transmitted diseases, substance abuse, tuberculosis, severe mental illness, or other conditions determined relevant by the Secretary, which significantly affect the impact of HIV disease;

“(ii) subpopulations with HIV disease that were previously unknown in such area; or

“(iii) homelessness.

“(B) PREVALENCE.—In determining prevalence of conditions under subparagraph (A), the Secretary shall use data on the prevalence of the conditions described in such subparagraph among individuals with HIV disease (except that, in the case of an eligible area for which such data are not available, the Secretary shall use data on the prevalences of the conditions in the general population of such area).”

(C) ADDITIONAL REQUIREMENTS FOR GRANTS.—Section 2603 (42 U.S.C. 300ff-13) is amended by adding at the end the following subsection:

“(c) COMPLIANCE WITH PRIORITIES OF HIV PLANNING COUNCIL.—Notwithstanding any other provision of this part, the Secretary, in carrying out section 2601(a), may not make any grant under subsection (a) or (b) to an eligible area unless the application submitted by such area under section 2605 for the grant involved demonstrates that the grants made under subsections (a) and (b) to the area for the preceding fiscal year (if any) were expended in accordance with the priorities applicable to such year that were established, pursuant to section 2602(b)(3)(A), by the planning council serving the area.”

SEC. 104. USE OF AMOUNTS.

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

(1) in subsection (b)—

(A) in paragraph (1)(A), by striking “including case management and comprehensive treatment services, for individuals” and inserting the following: “including HIV-related comprehensive treatment services (including treatment education and measures for the prevention and treatment of opportunistic infections), case management, and substance abuse treatment and mental health treatment, for individuals”;

(B) in paragraph (2)(A)—

(i) by inserting after “nonprofit private entities,” the following: “or private for-profit entities if such entities are the only available provider of quality HIV care in the area.”; and

(ii) by striking “and homeless health centers” and inserting “homeless health centers, substance abuse treatment programs, and mental health programs”;

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

“(3) PRIORITY FOR WOMEN, INFANTS AND CHILDREN.—For the purpose of providing health and support services to infants, children, and women with HIV disease, the chief elected official of an eligible area shall use, of the grants made for the area under section 2601(a) for a fiscal year, not less than the percentage constituted by the ratio of the population in such area of infants, children, and women with acquired immune deficiency syndrome to the general population in such area of individuals with such syndrome, or 15 percent, whichever is less. In expending the funds reserved under the preceding sentence for a fiscal year, the chief elected official shall give priority to providing, for pregnant women, measures to prevent the perinatal transmission of HIV.”; and

(2) in subsection (e), by adding at the end thereof the following sentence: “In the case of entities to which such officer allocates amounts received by the officer under the grant, the officer shall ensure that, of the aggregate amount so allocated, the total of the expenditures by such entities for admin-

istrative expenses does not exceed 10 percent (without regard to whether particular entities expend more than 10 percent for such expenses).”

SEC. 105. APPLICATION.

Section 2605 (42 U.S.C. 300ff-15) is amended—

(1) in subsection (a)—

(A) in paragraph (1)(B), by striking “1-year period” and all that follows through “eligible area” and inserting “preceding fiscal year”;

(B) in paragraph (4), by striking “and” at the end thereof;

(C) in paragraph (5), by striking the period at the end thereof and inserting “; and”; and

(D) by adding at the end thereof the following paragraph:

“(6) that the applicant will participate in the process for the statewide coordinated statement of need (where it has been initiated by the State), and will ensure that the services provided under the comprehensive plan are consistent with such statement.”;

(2) in subsection (b)—

(A) in the subsection heading, by striking “ADDITIONAL”; and

(B) in the matter preceding paragraph (1), by striking “additional”;

(3) by redesignating subsections (c) and (d) as subsections (d) and (e), respectively; and

(4) by inserting after subsection (b), the following subsection:

“(c) SINGLE APPLICATION.—Upon the request of the chief elected official of an eligible area, the Secretary may authorize the official to submit a single application through which the official simultaneously requests a grant pursuant to subsection (a) of section 2603 and a grant pursuant to subsection (b) of such section. The Secretary may establish such criteria for carrying out this subsection as the Secretary determines to be appropriate.”

SEC. 106. TECHNICAL ASSISTANCE; PLANNING GRANTS.

Section 2606 (42 U.S.C. 300ff-16) is amended—

(1) by inserting before “The Administrator” the following: “(a) IN GENERAL.—”;

(2) by striking “may, beginning” and all that follows through “title,” and inserting “(referred to in this section as the ‘Administrator’) shall”; and

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

“(b) PLANNING GRANTS REGARDING INITIAL ELIGIBILITY FOR GRANTS.—

“(1) ADVANCE PAYMENTS ON FIRST-YEAR FORMULA GRANTS.—With respect to a fiscal year (referred to in this subsection as the ‘planning year’), if a metropolitan area has not previously received a grant under section 2601 and the Administrator reasonably projects that the area will be eligible for such a grant for the subsequent fiscal year, the Administrator may make a grant for the planning year for the purpose of assisting the area in preparing for the responsibilities of the area in carrying out activities under this part.

“(2) REQUIREMENTS.—

“(A) IN GENERAL.—A grant under paragraph (1) for a planning year shall be made directly to the chief elected official of the city or urban county that administers the public health agency to which section 2602(a)(1) is projected to apply for purposes of such paragraph. The grant may not be made in an amount exceeding \$75,000.

“(B) OFFSETTING REDUCTION IN FIRST FORMULA GRANT.—In the case of a metropolitan area that has received a grant under paragraph (1) for a planning year, the first grant made pursuant to section 2603(a) for such area shall be reduced by an amount equal to the amount of the grant under such para-

graph for the planning year. With respect to amounts resulting from reductions under the preceding sentence for a fiscal year, the Secretary shall use such amounts to make grants under section 2603(a) for the fiscal year, subject to ensuring that none of such amounts are provided to any metropolitan area for which such a reduction was made for the fiscal year.

“(3) FUNDING.—Of the amounts available under section 2677 for a fiscal year for carrying out this part, the Administrator may reserve not more than 1 percent for making grants under paragraph (1).”

TITLE II—CARE PROGRAM

SEC. 201. GENERAL USE OF GRANTS.

Section 2612 (42 U.S.C. 300ff-22) is amended to read as follows:

“SEC. 2612. GENERAL USE OF GRANTS.

“(a) IN GENERAL.—A State may use amounts provided under grants made under this part for the following:

“(1) To provide the services described in section 2604(b)(1) for individuals with HIV disease.

“(2) To provide to such individuals treatments that in accordance with section 2616 have been determined to prolong life or prevent serious deterioration of health.

“(3) To provide home- and community-based care services for such individuals in accordance with section 2614.

“(4) To provide assistance to assure the continuity of health insurance coverage for such individuals in accordance with section 2615.

“(5) To establish and operate consortia under section 2613 within areas most affected by HIV disease, which consortia shall be designed to provide a comprehensive continuum of care to individuals and families with such disease in accordance with such section.

“(b) PRIORITY FOR WOMEN, INFANTS AND CHILDREN.—For the purpose of providing health and support services to infants, children, and women with HIV disease, a State shall use, of the funds allocated under this part to the State for a fiscal year, not less than the percentage constituted by the ratio of the population in the State of infants, children, and women with acquired immune deficiency syndrome to the general population in the State of individuals with such syndrome, or 15 percent, whichever is less. In expending the funds reserved under the preceding sentence for a fiscal year, the State shall give priority to providing, for pregnant women, measures to prevent the perinatal transmission of HIV.”

SEC. 202. GRANTS TO ESTABLISH HIV CARE CONSORTIA.

Section 2613 (42 U.S.C. 300ff-23) is amended—

(1) in subsection (a)—

(A) in paragraph (1), by inserting “(or private for-profit providers or organizations if such entities are the only available providers of quality HIV care in the area)” after “nonprofit private.”; and

(B) in paragraph (2)(A)—

(i) by inserting “substance abuse treatment, mental health treatment,” after “nursing.”; and

(ii) by inserting after “monitoring,” the following: “measures for the prevention and treatment of opportunistic infections, treatment education for patients (provided in the context of health care delivery).”; and

(2) in subsection (c)(2)—

(A) in clause (ii) of subparagraph (A), by striking “and” after the semicolon;

(B) in subparagraph (B), by striking the period at the end and inserting “; and”; and

(C) by adding after subparagraph (B) the following subparagraph:

“(C) grantees under section 2671, or, if none are operating in the area, representatives in

the area of organizations with a history of serving children, youth, women, and families living with HIV."

SEC. 203. PROVISION OF TREATMENTS.

Section 2616(a) (42 U.S.C. 300ff-26(a)) is amended—

(1) by striking "may use amounts" and inserting "shall use a portion of the amounts";

(2) by striking "section 2612(a)(4)" and inserting "section 2612(a)(2)"; and

(3) by inserting before the period the following: ", including measures for the prevention and treatment of opportunistic infections".

SEC. 204. ADDITIONAL REQUIREMENTS FOR GRANTS.

(a) FINDINGS.—The Congress finds as follows:

(1) Research studies have demonstrated that administration of antiviral medication during pregnancy can significantly reduce the transmission of the human immunodeficiency virus (commonly known as HIV) from an infected mother to her baby.

(2) The Centers for Disease Control and Prevention have recommended that all pregnant women receive HIV counseling; voluntary, confidential HIV testing; and appropriate medical treatment (including antiviral therapy) and support services.

(3) The provision of such testing without access to such counseling, treatment, and services will not improve the health of the woman or the child.

(4) The provision of such counseling, testing, treatment, and services can reduce the number of pediatric cases of acquired immune deficiency syndrome, can improve access to and provision of medical care for the woman, and can provide opportunities for counseling to reduce transmission among adults.

(5) The provision of such counseling, testing, treatment, and services can reduce the overall cost of pediatric cases of acquired immune deficiency syndrome.

(6) The cancellation or limitation of health insurance or other health coverage on the basis of HIV status should be impermissible under applicable law. Such cancellation or limitation could result in disincentives for appropriate counseling, testing, treatment, and services.

(7) For the reasons specified in paragraphs (1) through (6)—

(A) mandatory counseling and voluntary testing of pregnant women should be the standard of care; and

(B) the relevant medical organizations as well as public health officials should issue guidelines making such counseling and testing the standard of care.

(b) ADDITIONAL REQUIREMENTS FOR GRANTS.—Part B (42 U.S.C. 300ff-21 et seq.) is amended—

(1) in section 2611, by adding at the end the following sentence: "The authority of the Secretary to provide grants under this part is subject to section 2673D (relating to the testing of pregnant women and newborn infants)."; and

(2) by inserting after section 2616 the following section:

"SEC. 2616A. REQUIREMENT REGARDING HEALTH INSURANCE.

"(a) IN GENERAL.—Subject to subsection (c), the Secretary shall not make a grant under this part to a State unless the State has in effect a statute or regulations regulating insurance that imposes the following requirements:

"(1) That, if health insurance is in effect for an individual, the insurer involved may not (without the consent of the individual) discontinue the insurance, or alter the terms of the insurance (except as provided in paragraph (3)), solely on the basis that the indi-

vidual is infected with HIV disease or solely on the basis that the individual has been tested for the disease.

"(2) That paragraph (1) does not apply to an individual who, in applying for the health insurance involved, knowingly misrepresented any of the following:

"(A) The HIV status of the individual.

"(B) Facts regarding whether the individual has been tested for HIV disease.

"(C) Facts regarding whether the individual has engaged in any behavior that places the individual at risk for the disease.

"(3) That paragraph (1) does not apply to any reasonable alteration in the terms of health insurance for an individual with HIV disease that would have been made if the individual had a serious disease other than HIV disease.

"(b) REGULATION OF HEALTH INSURANCE.—A statute or regulation shall be deemed to regulate insurance for purposes of this section only to the extent that it is treated as regulating insurance for purposes of section 514(b)(2) of the Employee Retirement Income Security Act of 1974.

"(c) APPLICABILITY OF REQUIREMENT.—

"(1) IN GENERAL.—Except as provided in paragraph (2), this section applies upon the expiration of the 120-day period beginning on the date of the enactment of the Ryan White CARE Act Amendments of 1995.

"(2) DELAYED APPLICABILITY FOR CERTAIN STATES.—In the case of the State involved, if the Secretary determines that a requirement of this section cannot be implemented in the State without the enactment of State legislation, then such requirement applies to the State on and after the first day of the first calendar quarter that begins after the close of the first regular session of the State legislature that begins after the date of the enactment of the Ryan White CARE Act Amendments of 1995. For purposes of the preceding sentence, in the case of a State that has a 2-year legislative session, each year of such session is deemed to be a separate regular session of the State legislature."

(c) TESTING OF NEWBORNS; PRENATAL TESTING.—Part D (42 U.S.C. 300ff-71 et seq.) is amended by inserting before section 2674 the following sections:

"SEC. 2673C. TESTING OF PREGNANT WOMEN AND NEWBORN INFANTS; PROGRAM OF GRANTS.

"(a) PROGRAM OF GRANTS.—The Secretary may make grants to States described in subsection (b) for the following purposes:

"(1) Making available to pregnant women appropriate counseling on HIV disease.

"(2) Making available to such women testing for such disease.

"(3) Testing newborn infants for such disease.

"(4) In the case of newborn infants who test positive for such disease, making available counseling on such disease to the parents or other legal guardians of the infant.

"(5) Collecting data on the number of pregnant women and newborn infants in the State who have undergone testing for such disease.

"(b) ELIGIBLE STATES.—Subject to subsection (c), a State referred to in subsection (a) is a State that has in effect, in statute or through regulations, the following requirements:

"(1) In the case of newborn infants who are born in the State and whose biological mothers have not undergone prenatal testing for HIV disease, that each such infant undergo testing for such disease.

"(2) That the results of such testing of a newborn infant be promptly disclosed in accordance with the following, as applicable to the infant involved:

"(A) To the biological mother of the infant (without regard to whether she is the legal guardian of the infant).

"(B) If the State is the legal guardian of the infant:

"(i) To the appropriate official of the State agency with responsibility for the care of the infant.

"(ii) To the appropriate official of each authorized agency providing assistance in the placement of the infant.

"(iii) If the authorized agency is giving significant consideration to approving an individual as a foster parent of the infant, to the prospective foster parent.

"(iv) If the authorized agency is giving significant consideration to approving an individual as an adoptive parent of the infant, to the prospective adoptive parent.

"(C) If neither the biological mother nor the State is the legal guardian of the infant, to another legal guardian of the infant.

"(3) That, in the case of prenatal testing for HIV disease that is conducted in the State, the results of such testing be promptly disclosed to the pregnant woman involved.

"(4) That, in disclosing the test results to an individual under paragraph (2) or (3), appropriate counseling on the human immunodeficiency virus be made available to the individual (except in the case of a disclosure to an official of a State or an authorized agency).

"(c) LIMITATION REGARDING AVAILABILITY OF GRANT FUNDS.—With respect to an activity described in any of paragraphs (1) through (4) of subsection (b), the requirement established by a State under such subsection that the activity be carried out applies for purposes of this section only to the extent that the following sources of funds are available for carrying out the activity:

"(1) Federal funds provided to the State in grants under subsection (a).

"(2) Funds that the State or private entities have elected to provide, including through entering into contracts under which health benefits are provided. This section does not require any entity to expend non-Federal funds.

"(d) DEFINITIONS.—For purposes of this section, the term 'authorized agency', with respect to the placement of a child (including an infant) for whom a State is a legal guardian, means an entity licensed or otherwise approved by the State to assist in such placement.

"(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$10,000,000 for each of the fiscal years 1996 through 2000.

"SEC. 2673D. TESTING OF PREGNANT WOMEN AND NEWBORN INFANTS; CONTINGENT REQUIREMENT REGARDING STATE GRANTS UNDER PART B.

"(a) DETERMINATION BY SECRETARY.—During the first 30 days following the expiration of the 2-year period beginning on the date of the enactment of the Ryan White CARE Act Amendments of 1995, the Secretary shall publish in the Federal Register a determination of whether it has become a routine practice in the provision of health care in the United States to carry out each of the activities described in paragraphs (1) through (4) of section 2673C(b). In making the determination, the Secretary shall consult with the States and with other public or private entities that have knowledge or expertise relevant to the determination.

"(b) CONTINGENT APPLICABILITY.—

"(1) IN GENERAL.—If the determination published in the Federal Register under subsection (a) is that (for purposes of such subsection) the activities involved have become routine practices, paragraph (2) applies on

and after the expiration of the 18-month period beginning on the date on which the determination is so published.

“(2) REQUIREMENT.—Subject to subsection (c), the Secretary shall not make a grant under part B to a State unless the State meets not less than one of the following requirements:

“(A) The State has in effect, in statute or through regulations, the requirements specified in paragraphs (1) through (4) of section 2673C(b).

“(B) The State demonstrates that, of the newborn infants born in the State during the most recent 1-year period for which the data are available, the HIV antibody status of 95 percent of the infants is known.

“(C) LIMITATION REGARDING AVAILABILITY OF FUNDS.—With respect to an activity described in any of paragraphs (1) through (4) of section 2673C(b), the requirements established by a State under subsection (b)(2)(A) that the activity be carried out applies for purposes of this section only to the extent that the following sources of funds are available for carrying out the activity:

“(1) Federal funds provided to the State in grants under part B.

“(2) Federal funds provided to the State in grants under section 2673C.

“(3) Funds that the State or private entities have elected to provide, including through entering into contracts under which health benefits are provided. This section does not require any entity to expend non-Federal funds.”

SEC. 205. STATE APPLICATION.

Section 2617(b)(2) (42 U.S.C. 300ff-27(b)(2)) is amended—

(1) in subparagraph (A), by striking “and” after the semicolon;

(2) in subparagraph (B), by striking “and” after the semicolon; and

(3) by adding at the end thereof the following subparagraphs:

“(C) a description of the activities carried out by the State under section 2616; and

“(D) a description of how the allocation and utilization of resources are consistent with a statewide coordinated statement of need, developed in partnership with other grantees in the State that receive funding under this title and after consultation with individuals receiving services under this part.”

SEC. 206. ALLOCATION OF ASSISTANCE BY STATES; PLANNING, EVALUATION, AND ADMINISTRATION.

Section 2618(c) (42 U.S.C. 300ff-28(c)) is amended—

(1) by striking paragraph (1);

(2) by redesignating paragraphs (2) through (5) as paragraphs (1) through (4), respectively; and

(3) in paragraph (3) (as so redesignated), by adding at the end the following sentences: “In the case of entities to which the State allocates amounts received by the State under the grant (including consortia under section 2613), the State shall ensure that, of the aggregate amount so allocated, the total of the expenditures by such entities for administrative expenses does not exceed 10 percent (without regard to whether particular entities expend more than 10 percent for such expenses).”

SEC. 207. TECHNICAL ASSISTANCE.

Section 2619 (42 U.S.C. 300ff-29) is amended by inserting before the period the following: “, including technical assistance for the development and implementation of statewide coordinated statements of need”.

TITLE III—EARLY INTERVENTION SERVICES

SEC. 301. ESTABLISHMENT OF PROGRAM.

Section 2651(b) (42 U.S.C. 300ff-51(b)) is amended—

(1) in paragraph (1), by inserting before the period the following: “, and unless the applicant agrees to expend not less than 50 percent of the grant for such services that are specified in subparagraphs (B) through (E) of such paragraph”; and

(2) in paragraph (4), by inserting after “nonprofit private entities” the following: “(or private for-profit entities, if such entities are the only available providers of quality HIV care in the area)”.

SEC. 302. MINIMUM QUALIFICATIONS OF GRANTEES.

Section 2652(b)(1)(B) (42 U.S.C. 300ff-52(b)(1)(B)) is amended by inserting after “nonprofit private entity” the following: “(or a private for-profit entity, if such an entity is the only available provider of quality HIV care in the area)”.

SEC. 303. MISCELLANEOUS PROVISIONS; PLANNING AND DEVELOPMENT GRANTS.

Section 2654 (42 U.S.C. 300ff-54) is amended by adding at the end thereof the following subsection:

“(c) PLANNING AND DEVELOPMENT GRANTS.—

“(1) IN GENERAL.—The Secretary may provide planning grants, in an amount not to exceed \$50,000 for each such grant, to public and nonprofit private entities for the purpose of enabling such entities to provide early intervention services.

“(2) REQUIREMENT.—The Secretary may award a grant to an entity under paragraph (1) only if the Secretary determines that the entity will use such grant to assist the entity in qualifying for a grant under section 2651.

“(3) PREFERENCE.—In awarding grants under paragraph (1), the Secretary shall give preference to entities that provide HIV primary care services in rural or underserved communities.

“(4) LIMITATION.—Not to exceed 1 percent of the amount appropriated for a fiscal year under section 2655 may be used to carry out this section.”

SEC. 304. ADDITIONAL REQUIRED AGREEMENTS.

Section 2664(a)(1) (42 U.S.C. 300ff-64(a)(1)) is amended—

(1) in subparagraph (A), by striking “and” after the semicolon; and

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

“(C) evidence that the proposed program is consistent with the statewide coordinated statement of need and that the applicant will participate in the ongoing revision of such statement of need.”

SEC. 305. AUTHORIZATION OF APPROPRIATIONS.

Section 2655 (42 U.S.C. 300ff-55) is amended by striking “\$75,000,000” and all that follows and inserting “such sums as may be necessary for each of the fiscal years 1996 through 2000.”

TITLE IV—GENERAL PROVISIONS

SEC. 401. COORDINATED SERVICES AND ACCESS TO RESEARCH FOR WOMEN, INFANTS, AND CHILDREN.

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

(1) in subsection (a), by amending the subsection to read as follows:

“(a) IN GENERAL.—

“(1) PROGRAM OF GRANTS.—The Secretary, acting through the Administrator of the Health Resources and Services Administration and in consultation with the Director of the National Institutes of Health, shall make grants to public and nonprofit private entities that provide primary care (directly or through contracts) for the purpose of—

“(A) providing through such entities, in accordance with this section, opportunities for women, infants, and children to be participants in research of potential clinical benefit to individuals with HIV disease; and

“(B) providing to women, infants, and children health care on an outpatient basis.

“(2) PROVISIONS REGARDING PARTICIPATION IN RESEARCH.—With respect to the projects of research with which an applicant under paragraph (1) is concerned, the Secretary may not make a grant under such paragraph to the applicant unless the following conditions are met:

“(A) The applicant agrees to make reasonable efforts—

“(i) to identify which of the patients of the applicant are women, infants, and children who would be appropriate participants in the projects; and

“(ii) to offer women, infants, and children the opportunity to so participate (as appropriate), including the provision of services under subsection (f).

“(B) The applicant agrees that the applicant, and the projects of research, will comply with accepted standards of protection for human subjects (including the provision of written informed consent) who participate as subjects in clinical research.

“(C) For the third or subsequent fiscal year for which a grant under such paragraph is sought by the applicant, the Secretary has determined that—

“(i) a significant number of women, infants, and children who are patients of the applicant are participating in the projects (except to the extent this clause is waived under subsection (k)); and

“(ii) the applicant, and the projects of research, have complied with the standards referred to in subparagraph (B).

“(3) PROHIBITION.—Receipt of services by a patient shall not be conditioned upon the consent of the patient to participate in research.

“(4) CONSIDERATION BY SECRETARY OF CERTAIN CIRCUMSTANCES.—In administering the requirement of paragraph (2)(C)(i), the Secretary shall take into account circumstances in which a grantee under paragraph (1) is temporarily unable to comply with the requirement for reasons beyond the control of the grantee, and shall in such circumstances provide to the grantee a reasonable period of opportunity in which to reestablish compliance with the requirement.”

(2) in subsection (c), by amending the subsection to read as follows:

“(c) PROVISIONS REGARDING CONDUCT OF RESEARCH.—With respect to eligibility for a grant under subsection (a):

“(1) A project of research for which subjects are sought pursuant to such subsection may be conducted by the applicant for the grant, or by an entity with which the applicant has made arrangements for purposes of the grant. The grant may not be expended for the conduct of any project of research.

“(2) The grant may not be made unless the Secretary makes the following determinations:

“(A) The applicant or other entity (as the case may be under paragraph (1)) is appropriately qualified to conduct the project of research. An entity shall be considered to be so qualified if any research protocol of the entity has been recommended for funding under this Act pursuant to technical and scientific peer review through the National Institutes of Health.

“(B) The project of research is being conducted in accordance with a research protocol to which the Secretary gives priority regarding the prevention and treatment of HIV disease in women, infants, and children. After consultation with public and private entities that conduct such research, and with providers of services under this section and recipients of such services, the Secretary shall establish a list of such protocols that are appropriate for purposes of this section. The Secretary may give priority under this

subparagraph to a research protocol that is not on such list.”;

(3) by striking subsection (i);

(4) by redesignating subsections (g) and (h) as subsections (h) and (i), respectively;

(5) by inserting after subsection (f) the following subsection:

“(g) **ADDITIONAL PROVISIONS.**—The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees as follows:

“(1) The applicant will coordinate activities under the grant with other providers of health care services under this Act, and under title V of the Social Security Act.

“(2) The applicant will participate in the statewide coordinated statement of need under part B (where it has been initiated by the State) and in revisions of such statement.”;

(6) by redesignating subsection (j) as subsection (m); and

(7) by inserting before subsection (m) (as so redesignated) the following subsections:

“(j) **COORDINATION WITH NATIONAL INSTITUTES OF HEALTH.**—The Secretary shall develop and implement a plan that provides for the coordination of the activities of the National Institutes of Health with the activities carried out under this section. In carrying out the preceding sentence, the Secretary shall ensure that projects of research conducted or supported by such Institutes are made aware of applicants and grantees under this section, shall require that the projects, as appropriate, enter into arrangements for purposes of this section, and shall require that each project entering into such an arrangement inform the applicant or grantee under this section of the needs of the project for the participation of women, infants, and children.

“(k) **TEMPORARY WAIVER REGARDING SIGNIFICANT PARTICIPATION.**—

“(1) **IN GENERAL.**—In the case of an applicant under subsection (a) who received a grant under this section for fiscal year 1995, the Secretary may, subject to paragraph (2), provide to the applicant a waiver of the requirement of subsection (a)(2)(C)(i) if the Secretary determines that the applicant is making reasonable progress toward meeting the requirement.

“(2) **TERMINATION OF AUTHORITY FOR WAIVERS.**—The Secretary may not provide any waiver under paragraph (1) on or after October 1, 1998. Any such waiver provided prior to such date terminates on such date, or on such earlier date as the Secretary may specify.

“(1) **TRAINING AND TECHNICAL ASSISTANCE.**—Of the amounts appropriated under subsection (m) for a fiscal year, the Secretary may use not more than five percent to provide training and technical assistance to assist applicants and grantees under subsection (a) in complying with the requirements of this section.”.

(b) **CONFORMING AMENDMENTS.**—Section 2671 (42 U.S.C. 300ff-71) is amended—

(1) in the heading for the section, by striking “**DEMONSTRATION**” and all that follows and inserting “**COORDINATED SERVICES AND ACCESS TO RESEARCH FOR WOMEN, INFANTS, AND CHILDREN.**”;

(2) in subsection (b), by striking “pediatric patients and pregnant women” and inserting “women, infants, and children”; and

(3) in each of subsections (d) through (f), by striking “pediatric”, each place such term appears.

(c) **AUTHORIZATION OF APPROPRIATIONS.**—Section 2671 (42 U.S.C. 300ff-71) is amended in subsection (m) (as redesignated by subsection (a)(6)) by striking “there are” and all that follows and inserting the following: “there are authorized to be appropriated

such sums as may be necessary for each of the fiscal years 1996 through 2000.”.

SEC. 402. PROJECTS OF NATIONAL SIGNIFICANCE.

(a) **IN GENERAL.**—Part D of title XXVI (42 U.S.C. 300ff-71 et seq.) is amended by inserting after section 2673 the following section:

“SEC. 2673A. DEMONSTRATION PROJECTS OF NATIONAL SIGNIFICANCE.

“(a) **IN GENERAL.**—The Secretary shall make grants to public and nonprofit private entities (including community-based organizations and Indian tribes and tribal organizations) for the purpose of carrying out demonstration projects that provide for the care and treatment of individuals with HIV disease, and that—

“(1) assess the effectiveness of particular models for the care and treatment of individuals with such disease;

“(2) are of an innovative nature; and

“(3) have the potential to be replicated in similar localities, or nationally.

“(b) **CERTAIN PROJECTS.**—Demonstration projects under subsection (a) shall include the development and assessment of innovative models for the delivery of HIV services that are designed—

“(1) to address the needs of special populations (including individuals and families with HIV disease living in rural communities, adolescents with HIV disease, Native American individuals and families with HIV disease, homeless individuals and families with HIV disease, hemophiliacs with HIV disease, and incarcerated individuals with HIV disease); and

“(2) to ensure the ongoing availability of services for Native American communities to enable such communities to care for Native Americans with HIV disease.

“(c) **COORDINATION.**—The Secretary may not make a grant under this section unless the applicant submits evidence that the proposed program is consistent with the applicable statewide coordinated statement of need under part B, and the applicant agrees to participate in the ongoing revision process of such statement of need (where it has been initiated by the State).

“(d) **REPLICATION.**—The Secretary shall make information concerning successful models developed under this section available to grantees under this title for the purpose of coordination, replication, and integration.

“(e) **FUNDING; ALLOCATION OF AMOUNTS.**—

“(1) **IN GENERAL.**—Of the amounts available under this title for a fiscal year for each program specified in paragraph (2), the Secretary shall reserve 3 percent for making grants under subsection (a).

“(2) **RELEVANT PROGRAMS.**—The programs referred to in subsection (a) are the program under part A, the program under part B, the program under part C, the program under section 2671, the program under section 2672, and the program under section 2673.”.

(b) **STRIKING OF RELATED PROVISION.**—Section 2618 (42 U.S.C. 300ff-28) is amended by striking subsection (a).

SEC. 403. SPECIAL TRAINING PROJECTS.

(a) **TRANSFER OF PROGRAM.**—The Public Health Service Act (42 U.S.C. 201 et seq.) is amended—

(1) by transferring section 776 from the current placement of the section;

(2) by redesignating the section as section 2673B; and

(3) by inserting the section after section 2673A (as added by section 402(a)).

(b) **MODIFICATIONS.**—Section 2673B (as transferred and redesignated by subsection (a)) is amended—

(1) in subsection (a)(1)—

(A) by striking subparagraphs (B) and (C);

(B) by redesignating subparagraphs (A) and (D) as subparagraphs (B) and (C), respectively;

(C) by inserting before subparagraph (B) (as so redesignated) the following subparagraph:

“(A) to train health personnel, including practitioners in programs under this title and other community providers, in the diagnosis, treatment, and prevention of HIV disease, including the prevention of the perinatal transmission of the disease and including measures for the prevention and treatment of opportunistic infections;”;

(D) in subparagraph (B) (as so redesignated), by adding “and” after the semicolon; and

(E) in subparagraph (C) (as so redesignated), by striking “curricula and”;

(2) by striking subsection (c) and redesignating subsection (d) as subsection (c); and

(3) in subsection (c) (as so redesignated)—

(A) in paragraph (1)—

(i) by striking “is authorized” and inserting “are authorized”; and

(ii) by inserting before the period the following: “, and such sums as may be necessary for each of the fiscal years 1996 through 2000”; and

(B) in paragraph (2)—

(i) by striking “is authorized” and inserting “are authorized”; and

(ii) by inserting before the period the following: “, and such sums as may be necessary for each of the fiscal years 1996 through 2000”.

SEC. 404. EVALUATIONS AND REPORTS.

Section 2674 (42 U.S.C. 300ff-74) is amended—

(1) in subsection (b)—

(A) in the matter preceding paragraph (1), by striking “not later than 1 year” and all that follows through “title,” and inserting the following: “not later than October 1, 1996.”;

(B) by striking paragraphs (1) through (3) and inserting the following paragraph:

“(1) evaluating the programs carried out under this title; and”;

(C) by redesignating paragraph (4) as paragraph (2); and

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

“(d) **ALLOCATION OF FUNDS.**—The Secretary shall carry out this section with amounts available under section 241. Such amounts are in addition to any other amounts that are available to the Secretary for such purpose.”.

SEC. 405. COORDINATION OF PROGRAM.

Section 2675 of the Public Health Service Act (42 U.S.C. 300ff-75) is amended by adding at the end the following subsection:

“(d) **ANNUAL REPORT.**—Not later than October 1, 1996, and annually thereafter, the Secretary shall submit to the appropriate committees of the Congress a report concerning coordination efforts under this title at the Federal, State, and local levels, including a statement of whether and to what extent there exist Federal barriers to integrating HIV-related programs.”.

TITLE V—ADDITIONAL PROVISIONS

SEC. 501. AMOUNT OF EMERGENCY RELIEF GRANTS.

Paragraph (3) of section 2603(a) (42 U.S.C. 300ff-13(a)(3)) is amended to read as follows:

“(3) **AMOUNT OF GRANT.**—

“(A) **IN GENERAL.**—Subject to the extent of amounts made available in appropriations Acts, a grant made for purposes of this paragraph on an eligible area shall be made in an amount equal to the product of—

“(i) an amount equal to the amount available for distribution under paragraph (2) for the fiscal year involved; and

“(i) the percentage constituted by the ratio of the distribution factor for the eligible area to the sum of the respective distribution factors for all eligible areas.

“(B) DISTRIBUTION FACTOR.—For purposes of subparagraph (A)(ii), the term ‘distribution factor’ means the product of—

“(i) an amount equal to the estimated number of living cases of acquired immune deficiency syndrome in the eligible area involved, as determined under subparagraph (C); and

“(ii) the cost index for the eligible area involved, as determined under subparagraph (D).

“(C) ESTIMATE OF LIVING CASES.—The amount determined in this subparagraph is an amount equal to the product of—

“(i) the number of cases of acquired immune deficiency syndrome in the eligible area during each year in the most recent 120-month period for which data are available with respect to all eligible areas, as indicated by the number of such cases reported to and confirmed by the Director of the Centers for Disease Control and Prevention for each year during such period; and

“(ii) with respect to—

“(I) the first year during such period, .06;

“(II) the second year during such period, .06;

“(III) the third year during such period, .08;

“(IV) the fourth year during such period, .10;

“(V) the fifth year during such period, .16;

“(VI) the sixth year during such period, .16;

“(VII) the seventh year during such period, .24;

“(VIII) the eighth year during such period, .40;

“(IX) the ninth year during such period, .57; and

“(X) the tenth year during such period, .88.

“(D) COST INDEX.—The amount determined in this subparagraph is an amount equal to the sum of—

“(i) the product of—

“(I) the average hospital wage index reported by hospitals in the eligible area involved under section 1886(d)(3)(E) of the Social Security Act for the 3-year period immediately preceding the year for which the grant is being awarded; and

“(II) .70; and

“(ii) .30.

“(E) UNEXPENDED FUNDS.—The Secretary may, in determining the amount of a grant for a fiscal year under this paragraph, adjust the grant amount to reflect the amount of unexpended and uncanceled grant funds remaining at the end of the most recent fiscal year for which the amount of such funds can be determined using the required financial status report. The amount of any such unexpended funds shall be determined using the financial status report of the grantee.

“(F) PUERTO RICO, VIRGIN ISLANDS, GUAM.—For purposes of subparagraph (D), the cost index for an eligible area within Puerto Rico, the Virgin Islands, or Guam shall be 1.0.”

SEC. 502. AMOUNT OF CARE GRANTS.

Section 2618 (42 U.S.C. 300ff-28), as amended by section 402(b), is amended by striking subsection (b) and inserting the following subsections:

“(a) AMOUNT OF GRANT.—

“(1) IN GENERAL.—Subject to subsection (b) (relating to minimum grants), the amount of a grant under this part for a State for a fiscal year shall be the sum of—

“(A) the amount determined for the State under paragraph (2); and

“(B) the amount determined for the State under paragraph (4) (if applicable).

“(2) PRINCIPAL FORMULA GRANTS.—For purposes of paragraph (1)(A), the amount deter-

mined under this paragraph for a State for a fiscal year shall be the product of—

“(A) the amount available under section 2677 for carrying out this part, less the reservation of funds made in paragraph (4)(A) and less any other applicable reservation of funds authorized or required in this Act (which amount is subject to subsection (b)); and

“(B) the percentage constituted by the ratio of—

“(i) the distribution factor for the State;

to

“(ii) the sum of the distribution factors for all States.

“(3) DISTRIBUTION FACTOR FOR PRINCIPAL FORMULA GRANTS.—For purposes of paragraph (2)(B), the term ‘distribution factor’ means the following, as applicable:

“(A) In the case of each of the 50 States, the District of Columbia, and the Commonwealth of Puerto Rico, the product of—

“(i) the number of cases of acquired immune deficiency syndrome in the State, as indicated by the number of cases reported to and confirmed by the Secretary for the 2 most recent fiscal years for which such data are available; and

“(ii) the cube root of the ratio (based on the most recent available data) of—

“(I) the average per capita income of individuals in the United States (including the territories); to

“(II) the average per capita income of individuals in the State.

“(B) In the case of a territory of the United States (other than the Commonwealth of Puerto Rico), the number of additional cases of such syndrome in the specific territory, as indicated by the number of cases reported to and confirmed by the Secretary for the 2 most recent fiscal years for which such data is available.

“(4) SUPPLEMENTAL AMOUNTS FOR CERTAIN STATES.—For purposes of paragraph (1)(B), an amount shall be determined under this paragraph for each State that does not contain any metropolitan area whose chief elected official received a grant under part A for fiscal year 1996. The amount determined under this paragraph for such a State for a fiscal year shall be the product of—

“(A) an amount equal to 7 percent of the amount available under section 2677 for carrying out this part for the fiscal year (subject to subsection (b)); and

“(B) the percentage constituted by the ratio of—

“(i) the number of cases of acquired immune deficiency syndrome in the State (as determined under paragraph (3)(A)(i)); to

“(ii) the sum of the respective numbers determined under clause (i) for each State to which this paragraph applies.

“(5) DEFINITIONS.—For purposes of this subsection and subsection (b):

“(A) The term ‘State’ means each of the 50 States, the District of Columbia, and the territories of the United States.

“(B) The term ‘territory of the United States’ means each of the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, and the Republic of the Marshall Islands.

“(b) MINIMUM AMOUNT OF GRANT.—

“(1) IN GENERAL.—Subject to the extent of the amounts specified in paragraphs (2)(A) and (4)(A) of subsection (a), a grant under this part for a State for a fiscal year shall be the greater of—

“(A) the amount determined for the State under subsection (a); and

“(B) the amount applicable under paragraph (2) to the State.

“(2) APPLICABLE AMOUNT.—For purposes of paragraph (1)(B), the amount applicable

under this paragraph for a fiscal year is the following:

“(A) In the case of the 50 States, the District of Columbia, and the Commonwealth of Puerto Rico—

“(i) \$100,000, if it has less than 90 cases of acquired immune deficiency syndrome (as determined under subsection (a)(3)(A)(i)); and

“(ii) \$250,000, if it has 90 or more such cases (as so determined).

“(B) In the case of each of the territories of the United States (other than the Commonwealth of Puerto Rico), \$0.0.”

SEC. 503. CONSOLIDATION OF AUTHORIZATIONS OF APPROPRIATIONS.

(a) IN GENERAL.—Part D of title XXVI (42 U.S.C. 300ff-71) is amended by adding at the end thereof the following section:

“SEC. 2677. AUTHORIZATION OF APPROPRIATIONS.

“(a) IN GENERAL.—For the purpose of carrying out parts A and B, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1996 through 2000. Subject to section 2673A and to subsection (b), of the amount appropriated under this section for a fiscal year, the Secretary shall make available 64 percent of such amount to carry out part A and 36 percent of such amount to carry out part B.

“(b) DEVELOPMENT OF METHODOLOGY.—With respect to each of the fiscal years 1997 through 2000, the Secretary may develop and implement a methodology for adjusting the percentages referred to in subsection (a).”

(b) REPEALS.—Sections 2608 and 2620 (42 U.S.C. 300ff-18 and 300ff-30) are repealed.

(c) CONFORMING AMENDMENTS.—Section 2605(d)(1) (as redesignated by section 105(3)), is amended by striking “2608” and inserting “2677”.

SEC. 504. ADDITIONAL PROVISIONS.

(a) DEFINITIONS.—Section 2676(4) (42 U.S.C. 300ff-76(4)) is amended by inserting “funeral service practitioners,” after “emergency medical technicians.”

(b) MISCELLANEOUS AMENDMENT.—Section 1201(a) (42 U.S.C. 300d(a)) is amended in the matter preceding paragraph (1) by striking “The Secretary,” and all that follows through “shall,” and inserting “The Secretary shall.”

(c) TECHNICAL CORRECTIONS.—Title XXVI (42 U.S.C. 300ff-11 et seq.) is amended—

(1) in section 2601(a), by inserting “section” before “2604”;

(2) in section 2603(b)(4)(B), by striking “an expedited grants” and inserting “an expedited grant”;

(3) in section 2617(b)(3)(B)(iv), by inserting “section” before “2615”;

(4) in section 2618(b)(1)(B), by striking “paragraph 3” and inserting “paragraph (3)”;

(5) in section 2647—

(A) in subsection (a)(1), by inserting “to” before “HIV”;

(B) in subsection (c), by striking “section 2601” and inserting “section 2641”; and

(C) in subsection (d)—

(i) in the matter preceding paragraph (1), by striking “section 2601” and inserting “section 2641”; and

(ii) in paragraph (1), by striking “has in place” and inserting “will have in place”;

(6) in section 2648—

(A) by converting the heading for the section to boldface type; and

(B) by redesignating the second subsection (g) as subsection (h);

(7) in section 2649—

(A) in subsection (b)(1), by striking “subsection (a) of”;

(B) in subsection (c)(1), by striking “this subsection” and inserting “subsection”;

(8) in section 2651—

(A) in subsection (b)(3)(B), by striking “facility” and inserting “facilities”; and

(B) in subsection (c), by striking "exist" and inserting "exists";

(9) in section 2676—

(A) in paragraph (2), by striking "section" and all that follows through "by the" and inserting "section 2686 by the"; and

(B) in paragraph (10), by striking "673(a)" and inserting "673(2)";

(10) in part E, by converting the headings for subparts I and II to Roman typeface; and

(11) in section 2684(b), in the matter preceding paragraph (1), by striking "section 2682(d)(2)" and inserting "section 2683(d)(2)".

TITLE VI—EFFECTIVE DATE

SEC. 601. EFFECTIVE DATE.

Except as provided in section 101(a), this Act takes effect October 1, 1995.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida [Mr. BILIRAKIS] will be recognized for 20 minutes, and the gentleman from California [Mr. WAXMAN] will be recognized for 20 minutes.

The Chair recognizes the gentleman from Florida [Mr. BILIRAKIS].

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume.

(Mr. BILIRAKIS asked and was given permission to revise and extend his remarks.)

Mr. BILIRAKIS. Mr. Speaker, H.R. 1872, as amended, exemplifies a true bipartisan effort which included Chairman TOM BLILEY, Ranking Minority Member JOHN DINGELL, Subcommittee Ranking Minority Member HENRY WAXMAN, and myself. The bill before us represents the bill as reported out of the Commerce Committee with technical and clarifying changes and an amendment negotiated by Congressmen COBURN and WAXMAN regarding HIV testing of newborns.

The Ryan White Care Act was first enacted into law in 1990 to provide emergency relief to areas hardest hit by the AIDS epidemic and to provide essential health services to individuals afflicted by HIV and AIDS. This reauthorization has provided the first opportunity to evaluate how the program is working. Generally, I believe the program is working as intended. The bill before us makes modifications and clarifications to respond to the changes in the AIDS epidemic over the last 5 years.

Some of the key provisions of H.R. 1872 include: Modifications to both the title I and title II formulas; conflict of interest provisions for title I planning councils; priority for supplemental grants to areas with greater prevalence of specified comorbidity factors; and limits on administrative costs. In addition, the bill includes a requirement that all four titles contribute 3 percent to the Projects of National Significance; clarification that the intent of title IV is to increase the number of women and children in clinical research projects; transfer of the dental reimbursement program from title 7 of the Public Health Service Act; and reauthorization of all programs at such sums through fiscal year 2000.

Clearly, one of the most difficult issues we faced was the funding formulas for title I and II. Because of the spread

of HIV across the country, some States were seeing significant increases in their number of HIV-AIDS cases but did not have any one area with enough cases to qualify as an eligible metropolitan area. Our goal was to provide these States with very needed additional funds without shifting large amounts of money from other States with a high percentage of AIDS cases. We tried to balance the need for additional money with our concern that services currently being provided to people with AIDS not be disrupted. The bill ensures that all States will receive at least the current dollar amount appropriated to them. And many States will receive increases over what they are currently receiving—no State will lose money.

I urge my colleagues to support H.R. 1872, but, before I reserve the balance of my time, at this point I would like to express my appreciation to the staffs, the staff of the majority of the subcommittee, Melody Harned, and also to the staff of the gentleman from California [Mr. WAXMAN] and other people who helped us to craft this very, very needed bill and to handle the controversy, if I can call it that, that involved the testing of newborns.

Mr. Speaker, I reserve the balance of my time.

Mr. WAXMAN. Mr. Speaker, I yield myself such time as I may consume.

(Mr. WAXMAN asked and was given permission to revise and extend his remarks.)

Mr. WAXMAN. Mr. Speaker, I rise in support of the motion to suspend the rules, and I urge my colleagues to support the bill. The bill has passed the Senate, was reported by the Commerce Committee unanimously, and it should be acted on expeditiously by the House.

The Ryan White program was originally enacted in 1990 to respond to the crisis in AIDS health services in America's cities and States, and in its clinics and hospitals. This act has been a great success.

Outpatient services are now available as an alternative to expensive hospital care; prescription drugs are provided to people who have no other source of coverage; early intervention treatments can be given to keep people healthy longer; and, effective service programs for mothers and children are up and running, programs which also coordinate their activities with research organizations to assure that appropriate research opportunities are available to their clients.

This law has improved health care for people with AIDS and HIV all over the country.

This bill renews the authorization for these successful programs and fine tunes the response to the new and changing needs of the epidemic. I'm especially pleased to say that this legislation, and the committee report that accompanies it, emphasize those basic services that people with HIV need most—the services that slow the progress of the disease, that prevent

opportunistic infections, and that meet basic primary care needs—and that it targets assistance to those people least likely to be able to afford such services themselves. At a time when funding will continue to be limited, it is important that all services programs focus on the primary care of people with HIV.

This legislation does contain some controversial items. The inevitable disputes over formulas among cities and States appear here, as they have done and will continue to do in so much legislation before this Congress. The formulas contained in this bill represent a good faith effort to provide basic care to all Americans with HIV, and this bill is a balanced political compromise.

In addition, this legislation contains compromise provisions regarding the testing of newborns that I have worked out with the gentleman from Oklahoma [Mr. COBURN]. Although the so-called Coburn-Waxman amendment bears my name, I do have many reservations about this provision, as, I am sure, does the gentleman from Oklahoma. It deals with an issue about which there are profound differences in approach, which cannot be smoothed over. However, I believe the compromise approach embodied in this bill is necessary to move the Ryan White reauthorization forward and I urge Members to support it today.

Let me be clear at the outset: We do not disagree about the ultimate goals here. Mr. COBURN and I both want to reduce the number of HIV infections passed from mother to infant, and we have agreed that the most effective means of achieving that goal is counseling and voluntary testing of pregnant women. This agreement is reflected in the findings of the Coburn-Waxman provisions.

Mr. COBURN and I also agree that we want to reduce the rate of preventable pneumonia and other illnesses among HIV-infected infants and to improve their health care. Where we have differences is the most effective way of achieving the goal.

During the committee's consideration of this bill, an amendment was offered by Mr. COBURN that would have required all States to initiate the mandatory testing of all newborns immediately. I opposed that amendment, as did a wide variety of health and medical groups. I asked the gentleman from Oklahoma to withdraw his amendment and to work with me to produce an amendment that would provide alternatives to the mandatory approach.

I am gratified to say that he was willing to do so and that our staffs have worked since that time to come to some agreement. The provisions reflected in this bill are the product of that work.

This provision is not perfect by any means. As I say, I have serious concerns about its possible effects.

I believe that voluntary programs of HIV testing of infants would result in more infants receiving the care needed

to prevent pneumonia and improve their health.

I believe that mothers who are highly encouraged to have their babies tested will be better partners in the lifelong medical care of these children than will mothers who are required to do so.

And I remain very concerned that the emphasis on newborn testing will divert attention and resources from the more important goal of encouraging pregnant women to be tested themselves in time to provide care that will reduce the chance that the baby will be infected.

But I believe that the Coburn-Waxman amendment is a significant improvement over other proposals that have been considered. This provision postpones requirements that a State mandatorily test all newborns until a time when it is agreed such mandatory testing is the recommended standard of medical care. Some believe that day will inevitably come, but, at this time, virtually all medical groups oppose the practice.

The provision also gives States 2 years to develop effective alternatives to mandatory testing. If, after that time, mandatory testing is determined to be the routine of practice and if the State is not reaching most of its infants, the State will have up to 18 months to enact a mandatory testing law.

I support the Coburn-Waxman amendment as far preferable to the alternative of an immediately effective requirement of mandatory testing. I thank the gentleman from Oklahoma for his willingness to work with me on this more flexible approach.

I also want to take this moment to remind my colleagues why this action is taking place. Over the past year, new research developments have made it possible to prevent pneumonia and other diseases in newborns. That is why the question of testing babies is being debated and legislated about.

In addition, there have been research breakthroughs that are truly good news about the possibility of reducing HIV transmission from mother to child. That is what the findings of this bill are about, stating that voluntary prenatal testing should be the standard of care. This is not about testing newborns, but it has often been discussed in the same breath.

But both of these possibilities—preventing HIV through prenatal services and preventing disease in infected newborns through early intervention services—require services. Testing is not the answer; medical care is. Testing without care will make no difference. Testing without treatment is a cruel hoax on everyone concerned.

And, in truth, most of the care for HIV-infected pregnant women and children come from one source—Medicaid. I hope that as my colleagues move to reshape the Medicaid Program, that they will remember that there are services that we can all agree should be available to poor people.

Many of my colleagues, from both sides of the aisle, support the Coburn-Waxman amendment that may require States to provide testing of newborns if it is determined to be the medical standard of care. I hope that their enthusiasm for testing will be reflected in equal enthusiasm for assuring that the health care services are paid for.

Finally, the Coburn-Waxman amendment includes provisions about health insurance. These provisions repeat the protections that the Americans With Disabilities Act provides for people with any disability, in any employment setting. It was believed to be appropriate to repeat these protections here so that anyone concerned that HIV testing would be used inappropriately could see the testing provision and the protection in one place.

In addition, the provision describes how insurers may respond if fraud was committed. It is my clear understanding that this provision does not override any ADA, State law, or NAIC provisions that limit what may be asked for a person seeking insurance or holding insurance. These provisions are included to provide clear consumer protection and to allow insurers to respond appropriately if there is fraud in the answering of a permissible question. For instance, the National Association of Insurance Commissioners and many States have regulations restricting what can be asked of a person who is insured or seeking insurance. The insurance provisions of the Coburn-Waxman amendment provide additional protection for these consumers and are not intended to undo the NAIC and State actions.

In conclusion, I would note for my colleagues that this bill was reported from the Commerce Committee unanimously. Whatever the differences among us on other issues, we have come together to reauthorize this program of AIDS health care services and to assure those who depend on it that it will continue. I urge my colleagues to do so today.

Finally I would like to thank the staff involved for their diligent work on this important bill. Karen Nelson, Kay Holcombe, Melody Harned, Mark Agrast, Roland Foster, and Peter Goodloe have put in many long hours on this legislation and I want to express my appreciation to them.

□ 1515

Mr. BILIRAKIS. Mr. Speaker, I yield such time as he may consume to the distinguished gentleman from North Carolina [Mr. BURR].

Mr. BURR. Mr. Speaker, I rise today to offer support for the passage of the Ryan White CARE Act. I strongly support the intent of this legislation, but have some strong concerns about the inequitable distribution of funds to non-title I areas.

Currently, there is a 15 percent increase in the incidence of AIDS in rural areas. This is far greater than the 5 percent increase in cities of more than

50,000. I believe that we must address the serious problems associated with AIDS in all pockets of this country, not just the ones that are most visible. It is for this reason that I support inclusion of the Senate passed title II distribution formula.

By adopting the Senate title II formula, the conference committee has an opportunity to put a stop to unfair double counting. In effect, double counting places a higher priority on the needs of AIDS patients in 42 metropolitan areas than it does the needs of AIDS victims across the rest of America. After all, who are we to geographically prioritize the value of American lives.

As I have become more familiar with the horrors of this disease, I am acutely aware of the need for AIDS funding, and I appreciate the efforts of the chairman to craft a bill which addresses this growing concern. I hope that the conference committee will go one step further by adopting a title II formula which looks to the needs of all AIDS victims, and helps to prevent the spread of this dreadful disease in both urban and rural areas.

Mr. Speaker, I along with other Members of the Commerce Committee, urge this body to support the reauthorization. I encourage the chairman and the ranking minority member to fight in Congress for the Senate formula so that all areas of this country can be represented.

Mr. WAXMAN. Mr. Speaker, I yield 2 minutes to the gentlewoman from California [Ms. PELOSI].

Ms. PELOSI. Mr. Speaker, I thank the gentleman for yielding me time. I rise in support of the reauthorization of the Ryan White Care Act, and in doing so commend the gentleman from Florida, Chairman BILIRAKIS, and the gentleman from California, the ranking member, Mr. WAXMAN, for their leadership in bringing this bill today to the Floor in a bipartisan fashion.

Originally enacted in 1990, with strong bipartisan support then, this program provides assistance for health care with people with AIDS. Congress should take great pride in its actions in regard to the Ryan White CARE Act, both in the past 5 years and in the legislative activity that is happening today.

The Ryan White program provides vital grants to metropolitan areas with high numbers of AIDS cases for outpatient health care and social services. In the coming year, 49 cities will receive direct emergency assistance through a formula grant, and will be eligible to compete for supplemental funds to assist with meeting the health care needs of people with AIDS.

Mr. Speaker, as Chairman BILIRAKIS mentioned in his opening remarks, the Ryan White program also provides comprehensive care grants to states for the operation of HIV service delivery consortia in localities most heavily affected, for the provision of home and

community-based care, for the continuation of insurance coverage for infected persons, and for purchase of therapeutic drugs.

In addition, the Ryan White CARE Act provides grants to community, migrant and homeless health centers, family granting grantees, hemophilia centers and other nonprofit entities that provide comprehensive primary care services to people with AIDS or population at increased risk for HIV infection.

Mr. Speaker, separate grants are also made to foster collaboration between clinical research institutions and primary community-based medical and social service providers for the target population of HIV infected children, pregnant women, and their families.

Mr. Speaker, since 1981, my community of San Francisco has reported 22,000 cases of AIDS. Imagine if this happened in your district, my colleagues; 14,600 deaths. You can see how grateful we are to the leaders of the committee for this as well as the fact that this is a national tragedy. We do not want our colleagues to experience the tragedy we have had in our community.

I commend our colleagues for their leadership in bringing this to the floor and laying the foundation for a compromise on other issues.

Mr. BILIRAKIS. Mr. Speaker, I yield such time as he may consume to the gentleman from Wisconsin [Mr. GUNDERSON].

(Mr. GUNDERSON asked and was given permission to revise and extend his remarks.)

Mr. GUNDERSON. Mr. Speaker, let me begin by saying a special thank you to the gentleman from Florida, Chairman BILIRAKIS, to the gentleman from Virginia, Chairman BLILEY, to the gentleman from California, Mr. WAXMAN, and others for bringing up this legislation today. It is essential we pass this before the end of the month, and, obviously, that time clock is ticking.

Mary Fisher, an active well-known Republican who spoke so eloquently to the Nation at the Republican National Convention in 1992 talks often about pilgrims in the road to AIDS. Today each one of us, in our own small way, are able to be one of those pilgrims. We are about to do a small part in this fight.

We have learned a lot as we deal with the reauthorization of Ryan White. We have learned that the cure is much harder to find, the services are much harder to fund, and that the fighters, the pilgrims in this fight, are much more tired than they were 4 or 5 years ago. Recognizing all of that, I think we have also learned in this reauthorization that AIDS is no longer unique to big cities. It is no longer unique to the gay community. It is no longer unique just to the low income. It touches everybody in a different way.

Mr. Speaker, my guess is that every person on Capitol Hill in some way, shape or form has been touched by

AIDS. We have either known a family member, a friend, or a coworker who either has lost their life or is presently suffering from this disease. Just yesterday in Wisconsin over 10,000 people marched, the largest ever in the State of Wisconsin, in their AIDS walk. This coming Saturday, here in Washington, DC, the AIDS walk will be held again, and many people, myself included, will join that effort at a time when our Nation's Capital is more challenged by resources to fight AIDS than ever before in its history.

And so, Mr. Speaker, this year, as we reauthorize Ryan White, we do not just continue the programs, but we recognize that rural America, that small States as well as big cities and population areas, all have been touched by AIDS and the funding formulas need to and do recognize that. My home State of Wisconsin, under this funding formula will receive over \$600,000 more annually than they have under the previous act.

As we pass this legislation, let us remember, as Mary Fisher so eloquently has said, we are all pilgrims in the road to AIDS. Each of us today has a chance in a small way to do our part.

Mr. WAXMAN. Mr. Speaker, I yield 7 minutes to the gentleman from New York [Mr. ACKERMAN].

(Mr. ACKERMAN asked and was given permission to revise and extend his remarks.)

Mr. ACKERMAN. Mr. Speaker, I rise today in the strongest of support for H.R. 1872, the Ryan White CARE Act amendments of 1995. By adopting this legislation today, we can stop sending women and infants home from the hospital without knowing their HIV status. Language included in this bill for the first time would require all newborns in America to be tested for HIV if the infant's mother was not voluntarily tested during her pregnancy.

Mr. Speaker, H.R. 1872 encourages voluntary HIV counseling, testing, and treatment of pregnant women as recommended by the Centers for Disease Control and forbids insurance companies for terminating the insurance of anybody who undergoes tests for AIDS.

I want to pay special tribute today to the gentleman from Virginia, Chairman BLILEY, and the gentleman from Michigan, Mr. DINGELL, the gentleman from Florida, Chairman BILIRAKIS, the gentleman from California, Mr. WAXMAN, and especially the gentleman from Oklahoma, Dr. COBURN, for his tireless efforts on behalf of this legislation.

Mr. Speaker, make no mistake about it, with regard to this aspect of the legislation, there is not a person that I have met who does not prefer to encourage every pregnant woman in America to voluntarily be tested, to know her HIV status so that she might be treated with AZT, so that in at least 65 percent of the cases the in utero transmission of the virus will not be passed on to the yet-to-be-born child. This has been a national tragedy, Mr.

Speaker. For years our country has been testing newborn infants anonymously to determine whether or not they have their mother's antibodies for HIV and then allowing those infants and mothers to go home from the hospital, never being told that the child tested positive, never allowing that child, that newborn infant, to access the medical system so that his or her young life might be made a little bit more comfortable.

Usually, the first time that that mother, whose child had been tested for six or seven other kinds of diseases, such as hepatitis B, or syphilis, or so many other things, was told that the child tested positive to anything that the States required testing for but we were silent, absolutely silent if the child tested positive for the mother's antibodies to HIV, that mother thought she was taking home an otherwise healthy child, the next time that that child often appeared in the health care system was when he or she began dying of AIDS. That is absolutely unconscionable.

And that test, Mr. Speaker, has now been stopped. But we must deal with this problem, the problem of transmission to thousands of young lives, newborn infants. And how do we do that? First, we try to get the mothers to undergo voluntary testing. But in some cases the mothers do not volunteer. We are all hopeful there will be 100 percent who would be willing to know what their status is and what the status of their newborn infant is, but that does not happen. Some mothers show up at the health care system the very first time when she is about to deliver. Other mothers, for whatever reasons, decide they do not want to know themselves and refuse testing.

What happens to the children of those mothers should they be condemned to death? Should not somebody be advocating for those young people? If their mothers are not advocating for them, who will act in loco parentis? For the first time, Mr. Speaker, we address that problem, and, hopefully, it will be a very, very small percentage, because those mothers will undergo voluntary counseling and testing.

What we do in this legislation, which this House should be so proud of, is we take all of those infants whose mother's status is not known, which is, hopefully, a very small number, and make sure that they get tested. Some have advocated that the mother has a right to privacy, and in testing the child we have inadvertently or deliberately tested the mother to determine her status, and that the mother has a right to remain ignorant of her status if she so chooses. That may be so, but the child has a right to live.

In this complex and complicated society, so often rights conflict. We must make tough decisions, and we have made this decision before, certainly in the case of those mothers, in those cases where a family has their own religious beliefs and does not believe in

medical intervention and their religion calls for the divine intervention instead. If the life of the child is threatened and the mother refuses to allow the medical community to assist the child because of her religion, we have made the decision that the life of the child takes precedence. Every ethical panel has made that decision. Certainly if the right of the child to survive is more important than the constitutional right of freedom of religion, certainly it is equally important as the mother's right to remain ignorant.

□ 1530

We deal with this problem squarely in this legislation. And I want to caution this House, because this legislation has been brought together by people who are liberals and conservatives, Republicans and Democrats, parents and not, people of good will, but this should not be just delivering the mother a death certificate and saying, "Your child is ill and is going to die."

There is no substitution for care. There is no substitution for treatment. There is no substitution for the kind of resources this Nation is going to have to put behind any effort to eliminate and eradicate this dreaded disease. I urge all of our colleagues in the House to support this legislation. For the very first time since the Ryan White bill has been enacted in this House, we deal with the problem of those newest of Americans, those newborn citizens, who before had no access to the health care system, had no access to Ryan White money, and we treat them the same as if they were anybody else. I think that is pretty important.

Mr. Speaker, I thank all of those who have worked on this legislation, and urge strongly passage of this bill.

Mr. BILIRAKIS. Mr. Speaker, I yield such time as he may consume to the gentleman from Florida [Mr. FOLEY].

Mr. FOLEY. Mr. Speaker, I thank the gentleman from Florida for yielding and for his leadership on this issue.

Mr. Speaker, I rise in support of the Ryan White Care Act amendments of 1995. I stress that the Ryan White Care Act as been passed by the Senate 97 to 3.

Since its enactment in 1990, the CARE Act has been a vital lifeline of comprehensive medical and support services for Americans living with HIV and AIDS.

While progress has been made in educating citizens about this deadly disease, the statistics are grim: AIDS has become the leading killer of young men and women between the ages of 25 and 44.

Regrettably, one American becomes infected with HIV every 15 minutes and is spreading most rapidly among women, adolescents and within minority communities.

My home district of Florida has been severely devastated by this deadly disease, with the city of West Palm Beach having the second highest case rate of HIV infections in females.

AIDS also hits the minority communities especially hard, with African-Americans in Palm Beach County being 10 times more likely to be infected with HIV than whites.

Mr. Speaker, it is important we continue the educational process. It is important that we stress to our youth in America that abstinence is the only way to preserve and protect yourself.

Mr. Speaker, it is critical we preserve the partnership we have carved between the Federal, State, and local governments in the fight against AIDS.

Through the cooperation of private and public efforts on all levels, the CARE Act has been instrumental in helping meet the emergency medical and support needs of communities impacted by the AIDS epidemic.

These funds all provide needed assistance to help keep thousands of men, women, and children affected by AIDS healthy and living longer.

Since the CARE Act is set to expire on September 30, 1995, reauthorization is urgent to ensure there is no disruption in services for those suffering with AIDS across the country.

Mr. Speaker, I ask my colleagues to join me in support of the Ryan White CARE Act—it is a vital national investment for all Americans.

Ms. WOOLSEY. Mr. Speaker, with AIDS now the leading killer of Americans between the ages of 25 and 44, it is more important than ever that we move forward, and do not retreat, in the fight against AIDS. To that end, swift reauthorization of the Ryan White CARE Act is crucial.

The district I represent in California, Marin and Sonoma Counties, is one of the hardest hit by the AIDS epidemic. In fact, it has one of the highest incidence of HIV infection for a suburban/rural area in the country. While communities in my district have developed HIV/AIDS care and prevention systems that are a model for the Nation, they simply cannot do it on their own. That is why the care and services funded under the Ryan White CARE Act are essential to the men, women, children, and families living with HIV and AIDS in Marin and Sonoma Counties, CA, and in every community in this Nation.

The CARE Act has proven to be highly successful at delivering quality AIDS-related care in cost-effective home and community-based settings, rather than in expensive emergency rooms and acute care hospital settings. It keeps people healthy, and lets them live and die with dignity in their homes, thus reducing the amount that State and Federal Governments spend on Medicaid.

Mr. Speaker, any way you look at it, the Ryan White CARE Act is a wise national investment that must be continued. I urge the House to renew its commitment to the fight against AIDS by giving the Ryan White CARE Act reauthorization the widespread and bipartisan support it deserves.

Mr. STUDDS. Mr. Chairman, as a cosponsor of H.R. 1872, I rise to express my strong support for the bill.

Some 5 years ago, I joined with colleagues on both sides of the aisle in passing the Ryan White Care Act. Since then, this legislation has been a lifeline to hundreds of thousands of people in States and communities across the United States.

Since then, AIDS has become the primary cause of death of men and women in the prime of their lives. Nearly half a million cases have been reported to the Center for Disease Control and Prevention, and nearly half that number have died since the first case was formally recognized in the early 1980's.

Included in those grim statistics are two former Members of this House and many members of our families and our official family.

Notwithstanding the recent comments of some public figures, most of us now recognize that the AIDS virus is indifferent to the social boundaries which separate us from one another. It does not discriminate by race or creed or sexual orientation—or even by party affiliation.

Most of us understand that this is one of those occasions which require us to put aside our differences and deal thoughtfully and humanely with a crisis that affects us all.

The effort to reauthorize this legislation has been a long and difficult process. It has been, from first to last, a bipartisan effort, and I commend Chairman BILLEY, the ranking member, Mr. DINGELL, our subcommittee chairman, Mr. BILIRAKIS, and the ranking member, Mr. WAXMAN, for all they have done to bring the bill to the floor.

I urge my colleagues to join together in that spirit to pass the bill and send it to conference at the earliest possible date.

Mrs. MINK of Hawaii. Mr. Speaker, today I rise in strong support of H.R. 1872, the reauthorization of the Ryan White CARE Act. This legislation has proven to be successful in helping those with HIV/AIDS receive adequate health care.

Over the past 14 years we have watched helplessly as this disease was transformed from that of an unknown virus into a killer of epidemic proportions. We all know the numbers. AIDS has now infected over 400,000 Americans. It has become the leading killer of all Americans ages 25–44. My own State of Hawaii has had over 1,400 total AIDS cases, 250 of which were reported over the past year. As striking as these numbers may be, they only tell a small part of the story.

AIDS is unlike any other disease we have ever encountered. In addition to having to deal with the day-to-day effects of their condition, AIDS victims must also confront daily discrimination brought on by fear and lack of awareness. Unlike cancer and heart disease which primarily occur later in life, AIDS usually strikes its victims in their prime. As a result, they are robbed of their quality of life, they are robbed of their opportunity to reach their full potential as productive members of society, and their Nation is robbed of a group of individuals at an age when they are most likely to contribute to our economy, to our work force and to our communities. I firmly believe that the Federal Government must step forward to offer the strongest possible response to this terrible epidemic.

Prior to 1990, most Federal AIDS funding went toward research programs with the hope of learning more about the disease. Health care costs for treating AIDS have been rising astronomically. As a result, AIDS has also become detrimental to its victims from an economic standpoint. It was not until the implementation of the Ryan White CARE Act that money was first made available to help treat the victims of this deadly disease. Since that

time we have helped provide essential treatment and services for needy AIDS patients with resounding success.

I would like to take this opportunity to express my concern over the language being proposed by my colleague from Oklahoma regarding mandatory testing of newborns. I firmly believe that we must test for this disease as soon as possible. The sooner we can detect the virus in newborns, the higher a quality of life they can expect to lead. In fact, if we can treat an infected mother with AZT prior to pregnancy, we reduce the risk of transmitting the virus to the infant by almost one-third. However, I question whether or not we can accomplish this by simply mandating testing. Mandatory testing violates the civil liberties of the woman and may produce the opposite response by driving them out of medical care. We need to take into account the psychological ramifications of this disease by implementing testing methods which are not as coercive. This can be accomplished by working with these women to offer them adequate counseling and voluntary testing.

I adamantly urge my colleagues to vote to reauthorize this most important program. While we must be sure to allocate adequate resources for AIDS research and prevention, we must also be sure to do all that we can to help lessen the burden on those already infected with the virus. We took a huge step forward 5 years ago toward this goal by passing the Ryan White CARE Act. This program has successfully helped needy AIDS victims attain sufficient treatment. We need to reauthorize this vital program, and we need to do it in a timely matter to ensure that none of these critical services are interrupted.

Mrs. MORELLA. Mr. Speaker, I rise in support of H.R. 1872, the Ryan White CARE Act reauthorization bill. I am a cosponsor of this legislation, and I want to particularly thank subcommittee Chairman MICHAEL BILIRAKIS, Mr. WAXMAN, and the other members of the subcommittee and full committee for their efforts to bring this bill to the House floor without further delay. H.R. 1872 was approved by the committee by a unanimous vote, and the bill has been cosponsored by a diverse, bipartisan group of Members.

The CARE Act provides medical care to more than 350,000 people living with HIV/AIDS. Under the Act, local communities make the decisions as to how funding should be allocated, in a manner consistent with this Congress' efforts to give States and localities greater control. It is critical that we pass this bill today and approve a final reauthorization bill as soon as possible.

The funding formula in H.R. 1872, while far from perfect, is an improvement over the Senate version of the bill. I again thank the chairman and members of the subcommittee for working to improve the Senate formula, and I will be working to ensure that the House funding formula prevails in conference.

In regard to the issue of HIV testing for infants and pregnant women, I have serious concerns with any attempt to impose mandatory testing. While I certainly share the view that we must do everything possible to reduce perinatal transmission of HIV, I believe that we have to try to distance ourselves from the emotions and create policies that will truly save women and their children.

The most effective way to prevent perinatal HIV transmission is to prevent women from

becoming infected in the first place. So far we have failed to effectively reach out to women and inform them of their risks for HIV and its potential impact on their lives. For this reason, I have introduced legislation since 1990 targeting prevention efforts to women. And my colleague from California, Congresswoman PELOSI, worked tirelessly with CDC to craft the HIV Community Planning process to ensure that HIV prevention funding is targeted to the particular needs of local communities and that prevention plans are developed and implemented by community-based organizations that know best what works for the specific populations they serve.

In addition, the CDC guidelines for routine counseling and voluntary, confidential testing of pregnant women will provide access to early interventions that will actually prevent perinatal transmission, and link them to HIV care and services. Most medical and public health groups support a voluntary testing policy. During the subcommittee hearing in May, representatives of the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists testified in support of a voluntary testing policy.

Preserving a patient-provider relationship of trust is essential to keeping women in the health care system. And, clearly, it is women who have the greatest investment in the health and well-being of their children. Many voluntary counseling and testing programs exist, at Harlem Hospital and others; the physicians who run these programs will tell you that it is because the testing is voluntary that they are successful. In these programs, most all women, after talking with their provider, will choose testing and the treatment recommended by their provider. We should devote our resources to replicating these models, rather than to efforts that will do nothing to prevent perinatal transmission.

Despite my strong reservations with the House testing provision, I urge my colleagues to vote in favor of H.R. 1872. We must move quickly to reauthorize this critical program providing medical care to all people living with HIV/AIDS.

Mr. OWENS. Mr. Speaker, some of the most passionate letters that I have received come from my constituents concerned with the fate of the Ryan White Comprehensive AIDS Resources Emergency [CARE] Act (H.R. 1872). Today, hundreds of thousands of people are breathing sighs of relief as we finally reauthorize the Ryan White CARE Act, the bedrock of Federal comprehensive assistance for women, men and children living with the HIV or AIDS virus.

As my colleagues and I consider this significant legislation, it is crucial that we do not diminish the crisis that currently exists. It is a chilling reality that AIDS has etched a place in history as the disease that has taken the lives of more Americans in the United States than all of the wars combined since the Civil War. I appeal to all to remember that AIDS is not a distant nightmare relegated only to those communities and individuals who behave irresponsibly.

We must remember AIDS is now the leading cause of death for individuals between the ages of 25 and 44. Since AIDS was first identified in the 1980's, one-half million individuals have been diagnosed. Tragically, one-half of those, or 250,000 people, have died. According to the Centers for Disease Control, be-

tween 800,000 and 1 million Americans are currently HIV infected; and close to 100 Americans will die from the disease each day.

Our urban epicenters have become depositories for AIDS/HIV-infected persons. My own State of New York has nearly 20 percent of reported AIDS cases in the U.S., although the State holds only 7 percent of the Nation's population. Moreover, in New York City, AIDS is among the top five causes of death for children up to 9 years of age. And by the year 2000, it is estimated that 30,000 children will be orphaned by AIDS in New York City.

It is in our common interest, socially, medically and fiscally, to fully fund the Ryan White CARE Act. Ryan White CARE programs have become integral components of the entire health care system. By providing early intervention, housing assistance and case management to some of our most fragile citizens, these programs have effectively and efficiently served as their safety net.

The impact of these programs is evident everywhere including New York State. Despite the fact that the number of people living with AIDS in New York doubled between 1989 and 1992, the number hospitalized increased by less than one third. In the State, Ryan White HIV home care services average a cost of \$194 per day, while 1 day at the hospital costs \$993 and nursing home care costs \$424 per day. At the very least, we would be fiscally irresponsible to ignore these facts.

Without a doubt, the scope of this crisis merits the full employment of Federal resources. Last month, the House passed other measures that acknowledge the AIDS emergency, including funding for AIDS research at the Centers for Disease Control and the National Institutes for Health. But, more resources should and can be devoted to combatting this epidemic. In the Labor-HHS-Education Appropriations bill (H.R. 2127), Ryan White AIDS programs were authorized for \$67.5 million less than the administration's request.

America cannot afford to fall short on the Ryan White CARE Act. The provision of food, housing, medical care, prescription drugs and other important services is the least that the government can do to ensure that the appropriate level of care reaches the infirm. Ryan White CARE programs are to the AIDS community what Social Security is to senior citizens. I appeal to my colleagues with any sense of compassion to vote "yes" for H.R. 1872 and pledge their support for further efforts to fully fund these vital programs.

Mr. WAXMAN. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida [Mr. BILIRAKIS] that the House suspend the rules and pass the bill, H.R. 1872, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members

may have 5 legislative days within which to revise and extend their remarks on H.R. 1872, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the Senate bill (S. 641) to reauthorize the Ryan White CARE Act of 1990, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the Senate bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

The Clerk read the Senate bill, as follows:

S. 641

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Ryan White CARE Reauthorization Act of 1995".

SEC. 2. REFERENCES.

Whenever in this Act an amendment is expressed in terms of an amendment to a section or other provision, the reference shall be considered to be made to a section or other provision of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-11 et seq.).

SEC. 3. GENERAL AMENDMENTS.

(a) ESTABLISHMENT OF GRANT PROGRAM.—Section 2601 (42 U.S.C. 300ff-11) is amended—

(1) in subsection (a)—

(A) by striking "March 31 of the most recent fiscal year" and inserting "March 31, 1995, and December 31 of the most recent calendar year thereafter"; and

(B) by striking "fiscal year—" and all that follows through the period and inserting "fiscal year, there has been reported to and confirmed by, for the 5-year period prior to the fiscal year for which the grant is being made, the Director of the Centers for Disease Control and Prevention a cumulative total of more than 2,000 cases of acquired immune deficiency syndrome."; and

(2) by adding at the end thereof the following new subsections:

"(C) POPULATION OF ELIGIBLE AREAS.—The Secretary may not make a grant to an eligible area under subsection (a) after the date of enactment of this subsection unless the area has a population of at least 500,000 individuals, except that this subsection shall not apply to areas that are eligible as of March 31, 1994. For purposes of eligibility under this title, the boundaries of each metropolitan area shall be those in effect in fiscal year 1994.

"(d) CONTINUED FUNDING.—A metropolitan area that has received a grant under this section for the fiscal year in which this subsection is enacted, shall be eligible to receive such a grant in subsequent fiscal years."

(b) EMERGENCY RELIEF FOR AREAS WITH SUBSTANTIAL NEED FOR SERVICES.—

(1) HIV HEALTH SERVICES PLANNING COUNCIL.—Subsection (b) of section 2602 (42 U.S.C. 300ff-12(b)) is amended—

(A) in paragraph (1)—

(i) by striking "include" and all that follows through the end thereof, and inserting "reflect in its composition the demographics of the epidemic in the eligible area involved, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations."; and

(ii) by adding at the end thereof the following new sentences: "Nominations for membership on the council shall be identified through an open process and candidates shall be selected based on locally delineated and publicized criteria. Such criteria shall include a conflict-of-interest standard for each nominee.";

(B) in paragraph (2), by adding at the end thereof the following new subparagraph:

"(C) CHAIRPERSON.—A planning council may not be chaired solely by an employee of the grantee.";

(C) in paragraph (3)—

(i) in subparagraph (A), by striking "area;" and inserting "area based on the—

"(i) documented needs of the HIV-infected population;

"(ii) cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are reasonably available, (either demonstrated or probable);

"(iii) priorities of the HIV-infected communities for whom the services are intended; and

"(iv) availability of other governmental and nongovernmental resources";

(ii) by striking "and" at the end of subparagraph (B);

(iii) by striking the period at the end of subparagraph (C) and inserting "; and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs;"; and

(iv) by adding at the end thereof the following new subparagraphs:

"(D) participate in the development of the Statewide coordinated statement of need initiated by the State health department;

"(E) establish operating procedures which include specific policies for resolving disputes, responding to grievances, and minimizing and managing conflict-of-interests; and

"(F) establish methods for obtaining input on community needs and priorities which may include public meetings, conducting focus groups, and convening ad-hoc panels.";

(D) by redesignating paragraphs (2) and (3) as paragraphs (3) and (4), respectively; and

(E) by inserting after paragraph (1), the following new paragraph:

"(2) REPRESENTATION.—The HIV health services planning council shall include representatives of—

"(A) health care providers, including federally qualified health centers;

"(B) community-based organizations serving affected populations and AIDS service organizations;

"(C) social service providers;

"(D) mental health and substance abuse providers;

"(E) local public health agencies;

"(F) hospital planning agencies or health care planning agencies;

"(G) affected communities, including people with HIV disease or AIDS and historically underserved groups and subpopulations;

"(H) nonelected community leaders;

"(I) State government (including the State Medicaid agency and the agency administering the program under part B);

"(J) grantees under subpart II of part C;

"(K) grantees under section 2671, or, if none are operating in the area, representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area; and

"(L) grantees under other Federal HIV programs.";

(2) DISTRIBUTION OF GRANTS.—Section 2603 (42 U.S.C. 300ff-13) is amended—

(A) in subsection (a)(2), by striking "Not later than—" and all that follows through "the Secretary shall" and inserting the fol-

lowing: "Not later than 60 days after an appropriation becomes available to carry out this part for each of the fiscal years 1996 through 2000, the Secretary shall"; and

(B) in subsection (b)

(i) in paragraph (1)—

(I) by striking "and" at the end of subparagraph (D);

(II) by striking the period at the end of subparagraph (E) and inserting a semicolon; and

(III) by adding at the end thereof the following new subparagraphs:

"(F) demonstrates the inclusiveness of the planning council membership, with particular emphasis on affected communities and individuals with HIV disease; and

"(G) demonstrates the manner in which the proposed services are consistent with the local needs assessment and the Statewide coordinated statement of need."; and

(ii) by redesignating paragraphs (2), (3), and (4) as paragraphs (3), (4), and (5), respectively; and

(iii) by inserting after paragraph (1), the following new paragraph:

"(2) PRIORITY.—

"(A) SEVERE NEED.—In determining severe need in accordance with paragraph (1)(B), the Secretary shall give priority consideration in awarding grants under this section to any qualified applicant that demonstrates an ability to spend funds efficiently and demonstrates a more severe need based on prevalence of—

"(i) sexually transmitted diseases, substance abuse, tuberculosis, severe mental illness, or other diseases determined relevant by the Secretary, which significantly affect the impact of HIV disease in affected individuals and communities;

"(ii) AIDS in individuals, and subpopulations, previously unknown in the eligible metropolitan area; or

"(iii) homelessness.

"(B) PREVALENCE.—In determining prevalence of diseases under subparagraph (A), the Secretary shall use data on the prevalence of the illnesses described in such subparagraph in HIV-infected individuals unless such data is not available nationally. Where such data is not nationally available, the Secretary may use the prevalence (with respect to such illnesses) in the general population."

(3) DISTRIBUTION OF FUNDS.—

(A) IN GENERAL.—Section 2603(a)(2) (42 U.S.C. 300ff-13(a)(2)) (as amended by paragraph (2)) is further amended—

(i) by inserting ", in accordance with paragraph (3)" before the period; and

(ii) by adding at the end thereof the following new sentence: "The Secretary shall reserve an additional percentage of the amount appropriated under section 2677 for a fiscal year for grants under part A to make grants to eligible areas under section 2601(a) in accordance with paragraph (4)."

(B) INCREASE IN GRANT.—Section 2603(a) (42 U.S.C. 300ff-13(a)) is amended by adding at the end thereof the following new paragraph:

"(4) INCREASE IN GRANT.—With respect to an eligible area under section 2601(a), the Secretary shall increase the amount of a grant under paragraph (2) for a fiscal year to ensure that such eligible area receives not less than—

"(A) with respect to fiscal year 1996, 98 percent;

"(B) with respect to fiscal year 1997, 97 percent;

"(C) with respect to fiscal year 1998, 95.5 percent;

"(D) with respect to fiscal year 1999, 94 percent; and

"(E) with respect to fiscal year 2000, 92.5 percent;

of the amount allocated for fiscal year 1995 to such entity under this subsection."

(4) USE OF AMOUNTS.—Section 2604 (42 U.S.C. 300ff-14) is amended—

(A) in subsection (b)(1)(A)—

(i) by inserting “, substance abuse treatment and mental health treatment,” after “case management”; and

(ii) by inserting “which shall include treatment education and prophylactic treatment for opportunistic infections,” after “treatment services.”;

(B) in subsection (b)(2)(A)—

(i) by inserting “, or private for-profit entities if such entities are the only available provider of quality HIV care in the area,” after “nonprofit private entities.”; and

(ii) by striking “and homeless health centers” and inserting “homeless health centers, substance abuse treatment programs, and mental health programs”; and

(C) in subsection (e)—

(i) in the subsection heading, by striking “AND PLANNING;

(ii) by striking “The chief” and inserting: “(1) IN GENERAL.—The chief”;

(iii) by striking “accounting, reporting, and program oversight functions”;

(iv) by adding at the end thereof the following new sentence: “An entity (including subcontractors) receiving an allocation from the grant awarded to the chief executive officer under this part shall not use in excess of 12.5 percent of amounts received under such allocation for administration.”; and

(v) by adding at the end thereof the following new paragraphs:

“(2) ADMINISTRATIVE ACTIVITIES.—For the purposes of paragraph (1), amounts may be used for administrative activities that include—

“(A) routine grant administration and monitoring activities, including the development of applications for part A funds, the receipt and disbursement of program funds, the development and establishment of reimbursement and accounting systems, the preparation of routine programmatic and financial reports, and compliance with grant conditions and audit requirements; and

“(B) all activities associated with the grantee’s contract award procedures, including the development of requests for proposals, contract proposal review activities, negotiation and awarding of contracts, monitoring of contracts through telephone consultation, written documentation or onsite visits, reporting on contracts, and funding reallocation activities.”.

“(3) SUBCONTRACTOR ADMINISTRATIVE COSTS.—For the purposes of this subsection, subcontractor administrative activities include—

“(A) usual and recognized overhead, including established indirect rates for agencies;

“(B) management oversight of specific programs funded under this title; and

“(C) other types of program support such as quality assurance, quality control, and related activities.”.

(5) APPLICATION.—Section 2605 (42 U.S.C. 300ff-15) is amended—

(A) in subsection (a)—

(i) in the matter preceding paragraph (1), by inserting “, in accordance with subsection (c) regarding a single application and grant award,” after “application”;

(ii) in paragraph (1)(B), by striking “1-year period” and all that follows through “eligible area” and inserting “preceding fiscal year”;

(iii) in paragraph (4), by striking “and” at the end thereof;

(iv) in paragraph (5), by striking the period at the end thereof and inserting “; and”;

(v) by adding at the end thereof the following new paragraph:

“(6) that the applicant has participated, or will agree to participate, in the Statewide

coordinated statement of need process where it has been initiated by the State, and ensure that the services provided under the comprehensive plan are consistent with the Statewide coordinated statement of need.”;

(B) in subsection (b)—

(i) in the subsection heading, by striking “ADDITIONAL”;

(ii) in the matter preceding paragraph (1), by striking “additional application” and inserting “application, in accordance with subsection (c) regarding a single application and grant award.”;

(iii) in paragraph (3), by striking “and” at the end thereof; and

(iv) in paragraph (4), by striking the period and inserting “; and”;

(C) by redesignating subsections (c) and (d) as subsections (d) and (e), respectively; and

(D) by inserting after subsection (b), the following new subsection:

“(c) SINGLE APPLICATION AND GRANT AWARD.—

“(1) APPLICATION.—The Secretary may phase in the use of a single application that meets the requirements of subsections (a) and (b) of section 2603 with respect to an eligible area that desires to receive grants under section 2603 for a fiscal year.

“(2) GRANT AWARD.—The Secretary may phase in the awarding of a single grant to an eligible area that submits an approved application under paragraph (1) for a fiscal year.”.

(6) TECHNICAL ASSISTANCE.—Section 2606 (42 U.S.C. 300ff-16) is amended—

(A) by striking “may” and inserting “shall”;

(B) by inserting after “technical assistance” the following: “, including peer based assistance to assist newly eligible metropolitan areas in the establishment of HIV health services planning councils and.”; and

(C) by adding at the end thereof the following new sentences: “The Administrator may make planning grants available to metropolitan areas, in an amount not to exceed \$75,000 for any metropolitan area, projected to be eligible for funding under section 2601 in the following fiscal year. Such grant amounts shall be deducted from the first year formula award to eligible areas accepting such grants. Not to exceed 1 percent of the amount appropriated for a fiscal year under section 2677 for grants under part A may be used to carry out this section.”.

(b) CARE GRANT PROGRAM.—

(1) HIV CARE CONSORTIA.—Section 2613 (42 U.S.C. 300ff-23) is amended—

(A) in subsection (a)—

(i) in paragraph (1), by inserting “(or private for-profit providers or organizations if such entities are the only available providers of quality HIV care in the area)” after “non-profit private.”; and

(ii) in paragraph (2)(A)—

(I) by inserting “substance abuse treatment, mental health treatment,” after “nursing.”; and

(II) by inserting “prophylactic treatment for opportunistic infections, treatment education to take place in the context of health care delivery,” after “monitoring.”;

(B) in subsection (c)—

(i) in subparagraph (C) of paragraph (1), by inserting before “care” “and youth centered”;

(ii) in paragraph (2)—

(I) in clause (ii) of subparagraph (A), by striking “served; and” and inserting “served”;

(II) in subparagraph (B), by striking the period at the end; and

(III) by adding after subparagraph (B), the following new subparagraphs:

“(C) grantees under section 2671 and representatives of organizations with a history of serving children, youth, women, and fami-

lies with HIV and operating in the community to be served; and

“(D) representatives of community-based providers that are necessary to provide the full continuum of HIV-related health care services, which are available within the geographic area to be served.”; and

(C) in subsection (d), to read as follows:

“(d) DEFINITION.—As used in this part, the terms ‘family centered care’ and ‘youth centered care’ mean the system of services described in this section that is targeted specifically to the special needs of infants, children (including those orphaned by the AIDS epidemic), youth, women, and families. Family centered and youth centered care shall be based on a partnership among parents, extended family members, children and youth, professionals, and the community designed to ensure an integrated, coordinated, culturally sensitive, and community-based continuum of care.”.

(2) PROVISION OF TREATMENTS.—Section 2616 (42 U.S.C. 300ff-26) is amended by striking subsection (c) and inserting the following new subsections:

“(c) STANDARDS FOR TREATMENT PROGRAMS.—In carrying out this section, the Secretary shall—

“(1) review the current status of State drug reimbursement programs and assess barriers to the expended availability of prophylactic treatments for opportunistic infections (including active tuberculosis); and

“(2) establish, in consultation with States, providers, and affected communities, a recommended minimum formulary of pharmaceutical drug therapies approved by the Food and Drug Administration.

In carrying out paragraph (2), the Secretary shall identify those treatments in the recommended minimum formulary that are for the prevention of opportunistic infections (including the prevention of active tuberculosis).

“(d) STATE DUTIES.—

“(1) IN GENERAL.—In implementing subsection (a), States shall document the progress made in making treatments described in subsection (c)(2) available to individuals eligible for assistance under this section, and to develop plans to implement fully the recommended minimum formulary of pharmaceutical drug therapies approved by the Food and Drug Administration.

“(2) OTHER MECHANISMS FOR PROVIDING TREATMENTS.—In meeting the standards of the recommended minimum formulary developed under subsection (c), a State may identify other mechanisms such as consortia and public programs for providing such treatments to individuals with HIV.”.

(3) STATE APPLICATION.—Section 2617(b) (42 U.S.C. 300ff-27(b)) is amended—

(A) in paragraph (2)—

(i) in subparagraph (A), by striking “and” at the end thereof; and

(ii) by adding at the end thereof the following new subparagraph:

“(C) a description of how the allocation and utilization of resources are consistent with the Statewide coordinated statement of need (including traditionally underserved populations and subpopulations) developed in partnership with other grantees in the State that receive funding under this title.”;

(B) by redesignating paragraph (3) as paragraph (4);

(C) by inserting after paragraph (2), the following new paragraph:

“(3) the public health agency administering the grant for the State shall convene a meeting at least annually of individuals with HIV who utilize services under this part (including those individuals from traditionally underserved populations and subpopulations) and representatives of grantees funded under

this title (including HIV health services planning councils, early intervention programs, children, youth and family service projects, special projects of national significance, and HIV care consortia) and other providers (including federally qualified health centers) and public agency representatives within the State currently delivering HIV services to affected communities for the purpose of developing a Statewide coordinated statement of need; and”;

(D) by adding at the end thereof the following flush sentence:

“The State shall not be required to finance attendance at the meetings described in paragraph (3). A State may pay the travel-related expenses of individuals attending such meetings where appropriate and necessary to ensure adequate participation.”.

(4) PLANNING, EVALUATION AND ADMINISTRATION.—Section 2618(c) (42 U.S.C. 300ff-28(c)) is amended—

(A) in paragraphs (3) and (4), to read as follows:

“(3) PLANNING AND EVALUATIONS.—Subject to paragraph (5) and except as provided in paragraph (6), a State may not use more than 10 percent of amounts received under a grant awarded under this part for planning and evaluation activities.

“(4) ADMINISTRATION.—

“(A) IN GENERAL.—Subject to paragraph (5) and except as provided in paragraph (6), a State may not use more than 10 percent of amounts received under a grant awarded under this part for administration. An entity (including subcontractors) receiving an allocation from the grant awarded to the State under this part shall not use in excess of 12.5 percent of amounts received under such allocation for administration.

“(B) ADMINISTRATIVE ACTIVITIES.—For the purposes of subparagraph (A), amounts may be used for administrative activities that include routine grant administration and monitoring activities.

“(C) SUBCONTRACTOR ADMINISTRATIVE COSTS.—For the purposes of this paragraph, subcontractor administrative activities include—

“(i) usual and recognized overhead, including established indirect rates for agencies;

“(ii) management oversight of specific programs funded under this title; and

“(iii) other types of program support such as quality assurance, quality control, and related activities.”;

(B) by redesignating paragraph (5) as paragraph (7); and

(C) by inserting after paragraph (4), the following new paragraphs:

“(5) LIMITATION ON USE OF FUNDS.—Except as provided in paragraph (6), a State may not use more than a total of 15 percent of amounts received under a grant awarded under this part for the purposes described in paragraphs (3) and (4).

“(6) EXCEPTION.—With respect to a State that receives the minimum allotment under subsection (a)(1) for a fiscal year, such State, from the amounts received under a grant awarded under this part for such fiscal year for the activities described in paragraphs (3) and (4), may, notwithstanding paragraphs (3), (4), and (5), use not more than that amount required to support one full-time-equivalent employee.”.

(5) TECHNICAL ASSISTANCE.—Section 2619 (42 U.S.C. 300ff-29) is amended—

(A) by striking “may” and inserting “shall”; and

(B) by inserting before the period the following: “, including technical assistance for the development and implementation of Statewide coordinated statements of need”.

(6) GRIEVANCE PROCEDURES AND COORDINATION.—Part B of title XXVI (42 U.S.C. 300ff-

21) is amended by adding at the end thereof the following new sections:

“SEC. 2621. GRIEVANCE PROCEDURES.

“Not later than 90 days after the date of enactment of this section, the Administration, in consultation with affected parties, shall establish grievance procedures, specific to each part of this title, to address allegations of egregious violations of each such part. Such procedures shall include an appropriate enforcement mechanism.

“SEC. 2622. COORDINATION.

“The Secretary shall ensure that the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and the Substance Abuse and Mental Health Services Administration coordinate the planning and implementation of Federal HIV programs in order to facilitate the local development of a complete continuum of HIV-related services for individuals with HIV disease and those at risk of such disease. The Secretary shall periodically prepare and submit to the relevant committees of Congress a report concerning such coordination efforts at the Federal, State, and local levels as well as the existence of Federal barriers to HIV program integration.”.

(c) EARLY INTERVENTION SERVICES.—

(1) ESTABLISHMENT OF PROGRAM.—Section 2651(b) (42 U.S.C. 300ff-51(b)) is amended—

(A) in paragraph (1), by striking “grant agrees to” and all that follows through the period and inserting: “grant agrees to—

“(A) expend the grant for the purposes of providing, on an out-patient basis, each of the early intervention services specified in paragraph (2) with respect to HIV disease; and

“(B) expend not less than 50 percent of the amount received under the grant to provide a continuum of primary care services, including, as appropriate, dental care services, to individuals confirmed to be living with HIV.”; and

(B) in paragraph (4)—

(i) by striking “The Secretary” and inserting “(A) IN GENERAL.—The Secretary”;

(ii) by inserting “, or private for-profit entities if such entities are the only available provider of quality HIV care in the area,” after “nonprofit private entities”;

(iii) by realigning the margin of subparagraph (A) so as to align with the margin of paragraph (3)(A); and

(iv) by adding at the end thereof the following new subparagraph:

“(B) OTHER REQUIREMENTS.—Grantees described in—

“(i) paragraphs (1), (2), (5), and (6) of section 2652(a) shall use not less than 50 percent of the amount of such a grant to provide the services described in subparagraphs (A), (B), (D), and (E) of section 2651(b)(2) directly and on-site or at sites where other primary care services are rendered; and

“(ii) paragraphs (3) and (4) of section 2652(a) shall ensure the availability of early intervention services through a system of linkages to community-based primary care providers, and to establish mechanisms for the referrals described in section 2651(b)(2)(C), and for follow-up concerning such referrals.”.

(2) MINIMUM QUALIFICATIONS.—Section 2652(b)(1)(B) (42 U.S.C. 300ff-52(b)(1)(B)) is amended by inserting “, or a private for-profit entity if such entity is the only available provider of quality HIV care in the area,” after “nonprofit private entity”;

(3) MISCELLANEOUS PROVISIONS.—Section 2654 (42 U.S.C. 300ff-54) is amended by adding at the end thereof the following new subsection:

“(c) PLANNING AND DEVELOPMENT GRANTS.—

“(1) IN GENERAL.—The Secretary may provide planning grants, in an amount not to

exceed \$50,000 for each such grant, to public and nonprofit private entities that are not direct providers of primary care services for the purpose of enabling such providers to provide HIV primary care services.

“(2) REQUIREMENT.—The Secretary may only award a grant to an entity under paragraph (1) if the Secretary determines that the entity will use such grant to assist the entity in qualifying for a grant under section 2651.

“(3) PREFERENCE.—In awarding grants under paragraph (1), the Secretary shall give preference to entities that would provide HIV primary care services in rural or underserved communities.

“(4) LIMITATION.—Not to exceed 1 percent of the amount appropriated for a fiscal year under section 2655 may be used to carry out this section.”.

(4) AUTHORIZATION OF APPROPRIATIONS.—Section 2655 (42 U.S.C. 300ff-55) is amended by striking “\$75,000,000” and all that follows through the end of the section, and inserting “such sums as may be necessary in each of the fiscal years 1996, 1997, 1998, 1999, and 2000.”.

(5) REQUIRED AGREEMENTS.—Section 2664(g) (42 U.S.C. 300ff-64(g)) is amended—

(A) in paragraph (2), by striking “and” at the end thereof;

(B) in paragraph (3)—

(i) by striking “5 percent” and inserting “10 percent including planning, evaluation and technical assistance”; and

(ii) by striking the period and inserting “; and”;

(C) by adding at the end thereof the following new paragraph:

“(4) the applicant will submit evidence that the proposed program is consistent with the Statewide coordinated statement of need and agree to participate in the ongoing revision of such statement of need.”.

(d) GRANTS.—

(1) IN GENERAL.—Section 2671 (42 U.S.C. 300ff-71) is amended to read as follows:

“SEC. 2671. GRANTS FOR COORDINATED SERVICES AND ACCESS TO RESEARCH FOR CHILDREN, YOUTH, AND FAMILIES.

“(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, and in consultation with the Director of the National Institutes of Health, shall award grants to appropriate public or nonprofit private entities that, directly or through contractual arrangements, provide primary care to the public for the purpose of—

“(1) providing out-patient health care and support services (which may include family-centered and youth-centered care, as defined in this title, family and youth support services, and services for orphans) to children, youth, women with HIV disease, and the families of such individuals, and supporting the provision of such care with programs of HIV prevention and HIV research; and

“(2) facilitating the voluntary participation of children, youth, and women with HIV disease in qualified research protocols at the facilities of such entities or by direct referral.

“(b) ELIGIBLE ENTITIES.—The Secretary may not make a grant to an entity under subsection (a) unless the entity involved provides assurances that—

“(1) the grant will be used primarily to serve children, youth, and women with HIV disease;

“(2) the entity will enter into arrangements with one or more qualified research entities to collaborate in the conduct or facilitation of voluntary patient participation in qualified research protocols;

“(3) the entity will coordinate activities under the grant with other providers of

health care services under this title, and under title V of the Social Security Act;

"(4) the entity will participate in the Statewide coordinated statement of need under section 2619 and in the revision of such statement; and

"(5) the entity will offer appropriate research opportunities to each patient, with informed consent.

"(c) APPLICATION.—The Secretary may not make a grant under subsection (a) unless an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

"(d) PATIENT PARTICIPATION IN RESEARCH PROTOCOLS.—

"(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration and the Director of the Office of AIDS Research, shall establish procedures to ensure that accepted standards of protection of human subjects (including the provision of written informed consent) are implemented in projects supported under this section. Receipt of services by a patient shall not be conditioned upon the consent of the patient to participate in research.

"(2) RESEARCH PROTOCOLS.—

"(A) IN GENERAL.—The Secretary shall establish mechanisms to ensure that research protocols proposed to be carried out to meet the requirements of this section, are of potential clinical benefit to the study participants, and meet accepted standards of research design.

"(B) REVIEW PANEL.—Mechanisms established under subparagraph (A) shall include an independent research review panel that shall review all protocols proposed to be carried out to meet the requirements of this section to ensure that such protocols meet the requirements of this section. Such panel shall make recommendations to the Secretary as to the protocols that should be approved. The panel shall include representatives of public and private researchers, providers of services, and recipients of services.

"(e) TRAINING AND TECHNICAL ASSISTANCE.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may use not to exceed five percent of the amounts appropriated under subsection (h) in each fiscal year to conduct training and technical assistance (including peer-based models of technical assistance) to assist applicants and grantees under this section in complying with the requirements of this section.

"(f) EVALUATIONS AND DATA COLLECTION.—

"(1) EVALUATIONS.—The Secretary shall provide for the review of programs carried out under this section at the end of each grant year. Such evaluations may include recommendations as to the improvement of access to and participation in services and access to and participation in qualified research protocols supported under this section.

"(2) REPORTING REQUIREMENTS.—The Secretary may establish data reporting requirements and schedules as necessary to administer the program established under this section and conduct evaluations, measure outcomes, and document the clients served, services provided, and participation in qualified research protocols.

"(3) WAIVERS.—Notwithstanding the requirements of subsection (b), the Secretary may award new grants under this section to an entity if the entity provide assurances, satisfactory to the Secretary, that the entity will implement the assurances required under paragraph (2), (3), (4), or (5) of subsection (b) by the end of the second grant

year. If the Secretary determines through the evaluation process that a recipient of funds under this section is in material non-compliance with the assurances provided under paragraph (2), (3), (4), or (5) of subsection (b), the Secretary may provide for continued funding of up to one year if the recipient provides assurances, satisfactory to the Secretary, that such noncompliance will be remedied within such period.

"(g) DEFINITIONS.—For purposes of this section:

"(1) QUALIFIED RESEARCH ENTITY.—The term 'qualified research entity' means a public or private entity with expertise in the conduct of research that has demonstrated clinical benefit to patients.

"(2) QUALIFIED RESEARCH PROTOCOL.—The term 'qualified research protocol' means a research study design of a public or private clinical program that meets the requirements of subsection (d).

"(h) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, such sums as may be necessary for each of the fiscal years 1996 through 2000."

(2) CONFORMING AMENDMENT.—The heading for part D of title XXVI of the Public Health Service Act is amended to read as follows:

"PART D—GRANTS FOR COORDINATED SERVICES AND ACCESS TO RESEARCH FOR CHILDREN, YOUTH, AND FAMILIES".

(e) DEMONSTRATION AND TRAINING.—

(1) IN GENERAL.—Title XXVI is amended by adding at the end, the following new part:

"PART F—DEMONSTRATION AND TRAINING

"Subpart I—Special Projects of National Significance

"SEC. 2691. SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE.

"(a) IN GENERAL.—Of the amount appropriated under each of parts A, B, C, and D of this title for each fiscal year, the Secretary shall use the greater of \$20,000,000 or 3 percent of such amount appropriated under each such part, but not to exceed \$25,000,000, to administer a special projects of national significance program to award direct grants to public and nonprofit private entities including community-based organizations to fund special programs for the care and treatment of individuals with HIV disease.

"(b) GRANTS.—The Secretary shall award grants under subsection (a) based on—

"(1) the need to assess the effectiveness of a particular model for the care and treatment of individuals with HIV disease;

"(2) the innovative nature of the proposed activity; and

"(3) the potential replicability of the proposed activity in other similar localities or nationally.

"(c) SPECIAL PROJECTS.—Special projects of national significance shall include the development and assessment of innovative service delivery models that are designed to—

"(1) address the needs of special populations;

"(2) assist in the development of essential community-based service delivery infrastructure; and

"(3) ensure the ongoing availability of services for Native American communities to enable such communities to care for Native Americans with HIV disease.

"(d) SPECIAL POPULATIONS.—Special projects of national significance may include the delivery of HIV health care and support services to traditionally underserved populations including—

"(1) individuals and families with HIV disease living in rural communities;

"(2) adolescents with HIV disease;

"(3) Indian individuals and families with HIV disease;

"(4) homeless individuals and families with HIV disease;

"(5) hemophiliacs with HIV disease; and

"(6) incarcerated individuals with HIV disease.

"(e) SERVICE DEVELOPMENT GRANTS.—Special projects of national significance may include the development of model approaches to delivering HIV care and support services including—

"(1) programs that support family-based care networks critical to the delivery of care in minority communities;

"(2) programs that build organizational capacity in disenfranchised communities;

"(3) programs designed to prepare AIDS service organizations and grantees under this title for operation within the changing health care environment; and

"(4) programs designed to integrate the delivery of mental health and substance abuse treatment with HIV services.

"(f) COORDINATION.—The Secretary may not make a grant under this section unless the applicant submits evidence that the proposed program is consistent with the Statewide coordinated statement of need, and the applicant agrees to participate in the ongoing revision process of such statement of need.

"(g) REPLICATION.—The Secretary shall make information concerning successful models developed under this part available to grantees under this title for the purpose of coordination, replication, and integration. To facilitate efforts under this subsection, the Secretary may provide for peer-based technical assistance from grantees funded under this part."

(2) REPEAL.—Subsection (a) of section 2618 (42 U.S.C. 300ff-28(a)) is repealed.

(f) HIV/AIDS COMMUNITIES, SCHOOLS, CENTERS.—

(1) NEW PART.—Part F of title XXVI (as added by subsection (e)) is further amended by adding at the end, the following new subpart:

"Subpart II—AIDS Education and Training Centers

"SEC. 2692. HIV/AIDS COMMUNITIES, SCHOOLS, AND CENTERS."

(2) AMENDMENTS.—Section 776(a)(1) (42 U.S.C. 294n(a)) is amended—

(A) by striking subparagraphs (B) and (C);

(B) by redesignating subparagraphs (A) and (D) as subparagraphs (B) and (C), respectively;

(C) by inserting before subparagraph (B) (as so redesignated) the following new subparagraph:

"(A) training health personnel, including practitioners in title XXVI programs and other community providers, in the diagnosis, treatment, and prevention of HIV infection and disease;" and

(D) in subparagraph (B) (as so redesignated) by adding "and" after the semicolon.

(3) TRANSFER.—Subsection (a) of section 776 (42 U.S.C. 294n(a)) (as amended by paragraph (2)) is amended by transferring such subsection to section 2692 (as added by paragraph (1)).

(4) AUTHORIZATION OF APPROPRIATIONS.—Section 2692 (as added by paragraph (1)) is amended by adding at the end thereof the following new subsection:

"(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, such sums as may be necessary for each of the fiscal years 1996 through 2000."

SEC. 4. AMOUNT OF EMERGENCY RELIEF GRANTS.

Paragraph (3) of section 2603(a) (42 U.S.C. 300ff-13(a)(3)) is amended to read as follows:

“(3) AMOUNT OF GRANT.—

“(A) IN GENERAL.—Subject to the extent of amounts made available in appropriations Acts, a grant made for purposes of this paragraph to an eligible area shall be made in an amount equal to the product of—

“(i) an amount equal to the amount available for distribution under paragraph (2) for the fiscal year involved; and

“(ii) the percentage constituted by the ratio of the distribution factor for the eligible area to the sum of the respective distribution factors for all eligible areas.

“(B) DISTRIBUTION FACTOR.—For purposes of subparagraph (A)(ii), the term ‘distribution factor’ means an amount equal to the estimated number of living cases of acquired immune deficiency syndrome in the eligible area involved, as determined under subparagraph (C).

“(C) ESTIMATE OF LIVING CASES.—The amount determined in this subparagraph is an amount equal to the product of—

“(i) the number of cases of acquired immune deficiency syndrome in the eligible area during each year in the most recent 120-month period for which data are available with respect to all eligible areas, as indicated by the number of such cases reported to and confirmed by the Director of the Centers for Disease Control and Prevention for each year during such period; and

“(ii) with respect to—

“(I) the first year during such period, .06;

“(II) the second year during such period, .06;

“(III) the third year during such period, .08;

“(IV) the fourth year during such period, .10;

“(V) the fifth year during such period, .16;

“(VI) the sixth year during such period, .16;

“(VII) the seventh year during such period, .24;

“(VIII) the eighth year during such period, .40;

“(IX) the ninth year during such period, .57; and

“(X) the tenth year during such period, .88.

“(D) UNEXPENDED FUNDS.—The Secretary may, in determining the amount of a grant for a fiscal year under this paragraph, adjust the grant amount to reflect the amount of unexpended and uncanceled grant funds remaining at the end of the fiscal year preceding the year for which the grant determination is to be made. The amount of any such unexpended funds shall be determined using the financial status report of the grantee.

“(E) PUERTO RICO, VIRGIN ISLANDS, GUAM.—For purposes of subparagraph (D), the cost index for an eligible area within Puerto Rico, the Virgin Islands, or Guam shall be 1.0.”

SEC. 5. AMOUNT OF CARE GRANTS.

Paragraphs (1) and (2) of section 2618(b) (42 U.S.C. 300ff-28(b)(1) and (2)) are amended to read as follows:

“(1) MINIMUM ALLOTMENT.—Subject to the extent of amounts made available under section 2677, the amount of a grant to be made under this part for—

“(A) each of the several States and the District of Columbia for a fiscal year shall be the greater of—

“(i)(I) with respect to a State or District that has less than 90 living cases of acquired immune deficiency syndrome, as determined under paragraph (2)(D), \$100,000; or

“(i)(I) with respect to a State or District that has 90 or more living cases of acquired immune deficiency syndrome, as determined under paragraph (2)(D), \$250,000;

“(ii) an amount determined under paragraph (2); and

“(B) each territory of the United States, as defined in paragraph (3), shall be an amount determined under paragraph (2).

“(2) DETERMINATION.—

“(A) FORMULA.—The amount referred to in paragraph (1)(A)(ii) for a State and paragraph (1)(B) for a territory of the United States shall be the product of—

“(i) an amount equal to the amount appropriated under section 2677 for the fiscal year involved for grants under part B; and

“(ii) the percentage constituted by the sum of—

“(I) the product of .50 and the ratio of the State distribution factor for the State or territory (as determined under subsection (B)) to the sum of the respective State distribution factors for all States or territories; and

“(II) the product of .50 and the ratio of the non-EMA distribution factor for the State or territory (as determined under subparagraph (C)) to the sum of the respective distribution factors for all States or territories.

“(B) STATE DISTRIBUTION FACTOR.—For purposes of subparagraph (A)(ii)(I), the term ‘State distribution factor’ means an amount equal to the estimated number of living cases of acquired immune deficiency syndrome in the eligible area involved, as determined under subparagraph (D).

“(C) NON-EMA DISTRIBUTION FACTOR.—For purposes of subparagraph (A)(ii)(II), the term ‘non-ema distribution factor’ means an amount equal to the sum of—

“(i) the estimated number of living cases of acquired immune deficiency syndrome in the State or territory involved, as determined under subparagraph (D); less

“(ii) the estimated number of living cases of acquired immune deficiency syndrome in such State or territory that are within an eligible area (as determined under part A).

“(D) ESTIMATE OF LIVING CASES.—The amount determined in this subparagraph is an amount equal to the product of—

“(i) the number of cases of acquired immune deficiency syndrome in the State or territory during each year in the most recent 120-month period for which data are available with respect to all States and territories, as indicated by the number of such cases reported to and confirmed by the Director of the Centers for Disease Control and Prevention for each year during such period; and

“(ii) with respect to each of the first through the tenth year during such period, the amount referred to in 2603(a)(3)(C)(ii).

“(E) PUERTO RICO, VIRGIN ISLANDS, GUAM.—For purposes of subparagraph (D), the cost index for Puerto Rico, the Virgin Islands, and Guam shall be 1.0.”

“(F) UNEXPENDED FUNDS.—The Secretary may, in determining the amount of a grant for a fiscal year under this subsection, adjust the grant amount to reflect the amount of unexpended and uncanceled grant funds remaining at the end of the fiscal year preceding the year for which the grant determination is to be made. The amount of any such unexpended funds shall be determined using the financial status report of the grantee.

“(G) LIMITATION.—

“(i) IN GENERAL.—The Secretary shall ensure that the amount of a grant awarded to a State or territory for a fiscal year under this part is equal to not less than—

“(I) with respect to fiscal year 1996, 98 percent;

“(II) with respect to fiscal year 1997, 97 percent;

“(III) with respect to fiscal year 1998, 95.5 percent;

“(IV) with respect to fiscal year 1999, 94 percent; and

“(V) with respect to fiscal year 2000, 92.5 percent;

of the amount such State or territory received for fiscal year 1995 under this part. In administering this subparagraph, the Sec-

retary shall, with respect to States that will receive grants in amounts that exceed the amounts that such States received under this part in fiscal year 1995, proportionally reduce such amounts to ensure compliance with this subparagraph. In making such reductions, the Secretary shall ensure that no such State receives less than that State received for fiscal year 1995.

“(ii) RATABLE REDUCTION.—If the amount appropriated under section 2677 and available for allocation under this part is less than the amount appropriated and available under this part for fiscal year 1995, the limitation contained in clause (i) shall be reduced by a percentage equal to the percentage of the reduction in such amounts appropriated and available.”

SEC. 6. CONSOLIDATION OF AUTHORIZATIONS OF APPROPRIATIONS.

(a) IN GENERAL.—Part D of title XXVI (42 U.S.C. 300ff-71) is amended by adding at the end thereof the following new section:

“SEC. 2677. AUTHORIZATION OF APPROPRIATIONS.

“(a) IN GENERAL.—Subject to subsection (b), there are authorized to be appropriated to make grants under parts A and B, such sums as may be necessary for each of the fiscal years 1996 through 2000. Of the amount appropriated under this section for fiscal year 1996, the Secretary shall make available 64 percent of such amount to carry out part A and 36 percent of such amount to carry out part B.

“(b) DEVELOPMENT OF METHODOLOGY.—

“(1) IN GENERAL.—With respect to each of the fiscal years 1997 through 2000, the Secretary shall develop and implement a methodology for adjusting the percentages referred to in subsection (a) to account for grants to new eligible areas under part A and other relevant factors. Not later than 1 year after the date of enactment of this section, the Secretary shall prepare and submit to the appropriate committees of Congress a report regarding the findings with respect to the methodology developed under this paragraph.

“(2) FAILURE TO IMPLEMENT.—If the Secretary fails to implement a methodology under paragraph (1) by October 1, 1996, there are authorized to be appropriated—

“(A) such sums as may be necessary to carry out part A for each of the fiscal years 1997 through 2000; and

“(B) such sums as may be necessary to carry out part B for each of the fiscal years 1997 through 2000.”

(b) REPEALS.—Sections 2608 and 2620 (42 U.S.C. 300ff-18 and 300ff-30) are repealed.

(c) CONFORMING AMENDMENTS.—Title XXVI is amended—

(1) in section 2603 (42 U.S.C. 300ff-13)—

(A) in subsection (a)(2), by striking “2608” and inserting “2677”; and

(B) in subsection (b)(1), by striking “2608” and inserting “2677”;

(2) in section 2605(c)(1) (42 U.S.C. 300ff-15(c)(1)) is amended by striking “2608” and inserting “2677”; and

(3) in section 2618 (42 U.S.C. 300ff-28)—

(A) in subsection (a)(1), is amended by striking “2620” and inserting “2677”; and

(B) in subsection (b)(1), is amended by striking “2620” and inserting “2677”.

SEC. 7. CDC GUIDELINES FOR PREGNANT WOMEN.

(a) REQUIREMENT.—Notwithstanding any other provision of law, a State described in subsection (b) shall, not later than 1 year after the date of enactment of this Act, certify to the Secretary of Health and Human Services that such State has in effect regulations to adopt the guidelines issued by the Centers for Disease Control and Prevention concerning recommendations for

immunodeficiency virus counseling and voluntary testing for pregnant women.

(b) APPLICATION OF SECTION.—A State described in this subsection is a State that has—

(1) an HIV seroprevalance among child bearing women during the period beginning on January 1, 1991 and ending on December 31, 1992, of .25 or greater as determined by the Centers for Disease Control and Prevention; or

(2) an estimated number of births to HIV positive women in 1993 of 175 or greater as determined by the Centers for Disease Control and Prevention using 1992 natality statistics.

(c) NONCOMPLIANCE.—If a State does not provide the certification required under subsection (a) within the 1 year period described in such subsection, such State shall not be eligible to receive assistance for HIV counseling and testing under the Public Health Service Act (42 U.S.C. 201 et seq.) until such certification is provided.

(d) ADDITIONAL FUNDS REGARDING WOMEN AND INFANTS.—

(1) IN GENERAL.—If a State described in subsection (b) provides the certification required in subsection (a) and is receiving funds under part B of title XXVI of the Public Health Service Act for a fiscal year, the Secretary of Health and Human Services may (from the amounts available pursuant to paragraph (3)) make a grant to the State for the fiscal year for the following purposes:

(A) Making available to pregnant women appropriate counseling on HIV disease.

(B) Making available outreach efforts to pregnant women at high risk of HIV who are not currently receiving prenatal care.

(C) Making available to such women testing for such disease.

(D) Offsetting other State costs associated with the implementation of the requirement of subsection (a).

(2) EVALUATION BY INSTITUTE OF MEDICINE.—

(A) IN GENERAL.—The Secretary of Health and Human Services shall request the Institute of Medicine of the National Academy of Sciences to enter into a contract with the Secretary for the purpose of conducting an evaluation of the extent to which grants under paragraph (1) have been effective in preventing the perinatal transmission of the human immunodeficiency virus.

(B) ALTERNATIVE CONTRACT.—If the Institute referred to in subparagraph (A) declines to conduct the evaluation under such subparagraph, the Secretary of Health and Human Services shall carry out such subparagraph through another public or nonprofit private entity.

(C) DATE CERTAIN FOR REPORT.—The Secretary of Health and Human Services shall ensure that, not later than after 2 years after the date of the enactment of this Act, the evaluation required in this paragraph is completed and a report describing the findings made as a result of the evaluation is submitted to the Congress.

(3) FUNDING.—For the purpose of carrying out this subsection, there are authorized to be appropriated \$10,000,000 for each of the fiscal years 1996 through 2000. Amounts made available under section 2677 for carrying out this part are not available for carrying out this subsection.

SEC. 8. SPOUSAL NOTIFICATION.

(a) PROHIBITION ON THE USE OF FUNDS.—The Secretary shall not make a grant under this Act to any State or political subdivision of any State, nor shall any other funds made available under this Act, be obligated or expended in any State unless such State takes administrative or legislative action to require that a good faith effort shall be made to notify a spouse of an AIDS-infected pa-

tient that such AIDS-infected patient is infected with the human immunodeficiency virus.

(b) DEFINITIONS.—As used in this section—
(1) AIDS-INFECTED PATIENT.—The term "AIDS-infected patient" means any person who has been diagnosed by a physician or surgeon practicing medicine in such State to be infected with the human immunodeficiency virus.

(2) STATE.—The term "State" means a State, the District of Columbia, or any territory of the United States.

(3) SPOUSE.—The term "spouse" means a person who is or at any time since December 31, 1976, has been the marriage partner of a person diagnosed as an AIDS-infected patient.

(c) EFFECTIVE DATE.—Subsection (a) shall take effect with respect to a State on January 1 of the calendar year following the first regular session of the legislative body of such State that is convened following the date of enactment of this section.

SEC. 9. STUDY ON ALLOTMENT FORMULA.

(a) STUDY.—The Secretary of Health and Human Services (hereafter referred to in this section as the "Secretary") shall enter into a contract with a public or nonprofit private entity, subject to subsection (b), for the purpose of conducting a study or studies concerning the statutory formulas under which funds made available under part A or B of title XXVI of the Public Health Service Act are allocated among eligible areas (in the case of grants under part A) and States and territories (in the case of grants under part B). Such study or studies shall include—

(1) an assessment of the degree to which each such formula allocates funds according to the respective needs of eligible areas, State, and territories;

(2) an assessment of the validity and relevance of the factors currently included in each such formula;

(3) in the case of the formula under part A, an assessment of the degree to which the formula reflects the relative costs of providing services under such title XXVI within eligible areas;

(4) in the case of the formula under part B, an assessment of the degree to which the formula reflects the relative costs of providing services under such title XXVI within eligible States and territories; and

(5) any other information that would contribute to a thorough assessment of the appropriateness of the current formulas.

(b) NATIONAL ACADEMY OF SCIENCES.—The Secretary shall request the National Academy of Sciences to enter into the contract under subsection (a) to conduct the study described in such subsection. If such Academy declines to conduct the study, the Secretary shall carry out such subsection through another public or nonprofit private entity.

(c) REPORT.—The Secretary shall ensure that not later than 6 months after the date of enactment of this Act, the study required under subsection (a) is completed and a report describing the findings made as a result of such study is submitted to the Committee on Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate.

(d) CONSULTATION.—The entity preparing the report required under subsection (c), shall consult with the Comptroller General of the United States. The Comptroller General shall review the study after its transmittal to the committees described in subsection (c) and within 3 months make appropriate recommendations concerning such report to such committees.

SEC. 10. PROHIBITIONS AND LIMITATIONS ON THE USE OF FEDERAL FUNDS

(a) PROMOTION OR ENCOURAGEMENT OF CERTAIN ACTIVITIES.—No funds authorized to be

appropriated under this Act may be used to promote or encourage, directly or indirectly, homosexuality, or intravenous drug use.

(b) DEFINITION.—As used in subsection (a), the term "to promote or encourage, directly or indirectly, homosexuality" includes, but is not limited to, affirming homosexuality as natural, normal, or healthy, or, in the process of addressing related "at-risk" issues, affirming in any way that engaging in a homosexual act is desirable, acceptable, or permissible, or, describing in any way techniques of homosexual sex.

SEC. 11. OPTIONAL PARTICIPATION OF FEDERAL EMPLOYEES IN AIDS TRAINING PROGRAMS.

(a) IN GENERAL.—Notwithstanding any other provision of law, a Federal employee may not be required to attend or participate in an AIDS or HIV training program if such employee refuses to consent to such attendance or participation. An employer may not retaliate in any manner against such an employee because of the refusal of such employee to consent to such attendance or participation.

(b) DEFINITION.—As used in subsection (a), the term "Federal employee" has the same meaning given the term "employee" in section 2105 of title 5, United States Code, and such term shall include members of the armed forces.

SEC. 12. PROHIBITION ON PROMOTION OF CERTAIN ACTIVITIES.

Part D of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-71) as amended by section 6, is further amended by adding at the end thereof the following new section:

"SEC. 2678. PROHIBITION ON PROMOTION OF CERTAIN ACTIVITIES.

"None of the funds authorized under this title shall be used to fund AIDS programs, or to develop materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual. Funds authorized under this title may be used to provide medical treatment and support services for individuals with HIV."

SEC. 13. LIMITATION ON APPROPRIATIONS.

Notwithstanding any other provision of law, the total amounts of Federal funds expended in any fiscal year for AIDS and HIV activities may not exceed the total amounts expended in such fiscal year for activities related to cancer.

SEC. 14. EFFECTIVE DATE.

(a) IN GENERAL.—Except as provided in subsection (b), this Act, and the amendments made by this Act, shall become effective on October 1, 1995.

(b) ELIGIBLE AREAS.—

(1) IN GENERAL.—The amendments made by subsections (a)(1)(A), (a)(2), and (b)(4)(A) of section 3 shall become effective on the date of enactment of this Act.

(2) REPORTED CASES.—The amendment made by subsection (a)(1)(B) of section 3 shall become effective on October 1, 1997.

MOTION OFFERED BY MR. BILIRAKIS

Mr. BILIRAKIS. Mr. Speaker, I offer a motion.

The Clerk read as follows:

Mr. BILIRAKIS moves to strike all after the enacting clause of the Senate bill, S. 641, and to insert in lieu thereof the provisions of H.R. 1872, as passed by the House.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida [Mr. BILIRAKIS].

The motion was agreed to.

The Senate bill was ordered to be read a third time, was read the third time, and passed.

The title of the Senate bill was amended so as to read: "A bill to amend the Public Health Service Act to revise and extend programs established pursuant to the Ryan White Comprehensive AIDS Resources Emergency Act of 1990."

A motion to reconsider was laid on the table.

A similar House bill (H.R. 1872) was laid on the table.

ALASKA NATIVE CLAIMS SETTLEMENT AMENDMENT

Mr. YOUNG of Alaska. Mr. Speaker, I move to suspend the rules and take from the Speaker's table the bill (H.R. 402) to amend the Alaska Native Claims Settlement Act, and for other purposes, with a Senate amendment thereto, and concur in the Senate amendment.

The Clerk read as follows:

Senate amendment:
Strike out all after the enacting clause and insert:

TITLE I—ALASKA NATIVE CLAIMS SETTLEMENT

SECTION 101. RATIFICATION OF CERTAIN CASWELL AND MONTANA CREEK NATIVE ASSOCIATIONS CONVEYANCES.

The conveyance of approximately 11,520 acres to Montana Creek Native Association, Inc., and the conveyance of approximately 11,520 acres to Caswell Native Association, Inc., by Cook Inlet Region, Inc. in fulfillment of the agreement of February 3, 1976, and subsequent letter agreement of March 26, 1982, among the 3 parties are hereby adopted and ratified as a matter of Federal law. The conveyances shall be deemed to be conveyances pursuant to section 14(h)(2) of the Alaska Native Claims Settlement Act (43 U.S.C. 1613(h)(2)). The group corporations for Montana Creek and Caswell are hereby declared to have received their full entitlement and shall not be entitled to receive any additional lands under the Alaska Native Claims Settlement Act. The ratification of these conveyances shall not have any effect on section 14(h) of the Alaska Native Claims Settlement Act (43 U.S.C. 1613(h)) or upon the duties and obligations of the United States to any Alaska Native Corporation. This ratification shall not be for any claim to land or money by the Caswell or Montana Creek group corporations or any other Alaska Native Corporation against the State of Alaska, the United States, or Cook Inlet Region, Incorporated.

SEC. 102. MINING CLAIMS ON LANDS CONVEYED TO ALASKA REGIONAL CORPORATIONS.

Section 22(c) of the Alaska Native Claims Settlement Act (43 U.S.C. 1621(c)) is amended by adding at the end the following:

"(3) This section shall apply to lands conveyed by interim conveyance or patent to a regional corporation pursuant to this Act which are made subject to a mining claim or claims located under the general mining laws, including lands conveyed prior to enactment of this paragraph. Effective upon the date of enactment of this paragraph, the Secretary, acting through the Bureau of Land Management and in a manner consistent with section 14(g), shall transfer to the regional corporation administration of all mining claims determined to be entirely within lands conveyed to that corporation. Any person holding such mining claim or claims shall meet such requirements of the general mining laws and section 314 of the Federal Land Management and Policy Act of 1976 (43 U.S.C. 1744), except that any filings that would have been made with the Bureau of Land Management if the lands were within Federal ownership shall be

timely made with the appropriate regional corporation. The validity of any such mining claim or claims may be contested by the regional corporation, in place of the United States. All contest proceedings and appeals by the mining claimants of adverse decision made by the regional corporation shall be brought in Federal District Court for the District of Alaska. Neither the United States nor any Federal agency or official shall be named or joined as a party in such proceedings or appeals. All revenues from such mining claims received after passage of this paragraph shall be remitted to the regional corporation subject to distribution pursuant to section 7(i) of this Act, except that in the event that the mining claim or claims are not totally within the lands conveyed to the regional corporation, the regional corporation shall be entitled only to that proportion of revenues, other than administrative fees, reasonably allocated to the portion of the mining claim so conveyed."

SEC. 103. SETTLEMENT OF CLAIMS ARISING FROM HAZARDOUS SUBSTANCE CONTAMINATION OF TRANSFERRED LANDS.

The Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.) is amended by adding at the end the following:

"CLAIMS ARISING FROM CONTAMINATION OF TRANSFERRED LANDS

"SEC. 40. (a) As used in this section the term 'contaminant' means hazardous substance harmful to public health or the environment, including friable asbestos.

"(b) Within 18 months of enactment of this section, and after consultation with the Secretary of Agriculture, State of Alaska, and appropriate Alaska Native corporations and organizations, the Secretary shall submit to the Committee on Resources of the House of Representatives and the Committee on Energy and Natural Resources of the Senate, a report addressing issues presented by the presence of contaminants on lands conveyed or prioritized for conveyance to such corporations pursuant to this Act. Such report shall consist of—

"(1) existing information concerning the nature and types of contaminants present on such lands prior to conveyance to Alaska Native corporations;

"(2) existing information identifying to the extent practicable the existence and availability of potentially responsible parties for the removal or remediation of the effects of such contaminants;

"(3) identification of existing remedies;

"(4) recommendations for any additional legislation that the Secretary concludes is necessary to remedy the problem of contaminants on the lands; and

"(5) in addition to the identification of contaminants, identification of structures known to have asbestos present and recommendations to inform Native landowners on the containment of asbestos."

SEC. 104. AUTHORIZATION OF APPROPRIATIONS FOR THE PURPOSES OF IMPLEMENTING REQUIRED RECONVEYANCES.

Section 14(c) of the Alaska Native Claims Settlement Act (43 U.S.C. 1613(c)) is amended by adding at the end the following:

"There is authorized to be appropriated such sums as may be necessary for the purpose of providing technical assistance to Village Corporations established pursuant to this Act in order that they may fulfill the reconveyance requirements of section 14(c) of this Act. The Secretary may make funds available as grants to ANCSA or nonprofit corporations that maintain in-house land planning and management capabilities."

SEC. 105. NATIVE ALLOTMENTS.

Section 1431(o) of the Alaska National Interest Lands Conservation Act (94 Stat. 2542) is amended by adding at the end the following:

"(5) Following the exercise by Arctic Slope Regional Corporation of its option under paragraph (1) to acquire the subsurface estate be-

neath lands within the National Petroleum Reserve—Alaska selected by Kuukpik Corporation, where such subsurface estate entirely surrounds lands subject to a Native allotment application approved under 905 of this Act, and the oil and gas in such lands have been reserved to the United States, Arctic Slope Regional Corporation, at its further option and subject to the concurrence of Kuukpik Corporation, shall be entitled to receive a conveyance of the reserved oil and gas, including all rights and privileges therein reserved to the United States, in such lands. Upon the receipt of a conveyance of such oil and gas interests, the entitlement of Arctic Slope Regional Corporation to in-lieu subsurface lands under section 12(a)(1) of the Alaska Native Claims Settlement Act (43 U.S.C. 1611(a)(1)) shall be reduced by the amount of acreage determined by the Secretary to be conveyed to Arctic Slope Regional Corporation pursuant to this paragraph."

SEC. 106. REPORT CONCERNING OPEN SEASON FOR CERTAIN NATIVE ALASKA VETERANS FOR ALLOTMENTS.

(a) IN GENERAL.—No later than 9 months after the date of enactment of this Act, the Secretary of the Interior, in consultation with the Secretary of Agriculture, the State of Alaska and appropriate Native corporations and organizations, shall submit to the Committee on Resources of the House of Representatives and the Committee on Energy and Natural Resources of the Senate a report which shall include, but not be limited to, the following:

(1) The number of Vietnam era veterans, as defined in section 101 of title 38, United States Code, who were eligible for but did not apply for an allotment of not to exceed 160 acres under the Act of May 17, 1906 (chapter 2469, 34 Stat. 197), as the Act was in effect before December 18, 1971.

(2) An assessment of the potential impacts of additional allotments on conservation system units as that term is defined in section 102(4) of the Alaska National Interest Lands Conservation Act (94 Stat. 2375).

(3) Recommendations for any additional legislation that the Secretary concludes is necessary.

(b) REQUIREMENT.—The Secretary of Veterans Affairs shall release to the Secretary of the Interior information relevant to the report required under subsection (a).

SEC. 107. TRANSFER OF WRANGELL INSTITUTE.

(a) PROPERTY TRANSFER.—In order to effect a reversion of the ANCSA settlement conveyance to Cook Inlet Region, Incorporated of the approximately 134.49 acres and structures located thereon ("property") known as the Wrangell Institute in Wrangell, Alaska, upon certification to the Secretary by Cook Inlet Region, Incorporated, that the Wrangell Institute property has been offered for transfer to the City of Wrangell, property bidding credits in an amount of \$475,000, together with adjustments from January 1, 1976 made pursuant to the methodology used to establish the Remaining Obligation Entitlement in the Memorandum of Understanding Between the United States Department of the Interior and Cook Inlet Region, Incorporated dated April 11, 1986, shall be restored to the Cook Inlet Region, Incorporated, property account in the Treasury established under section 12(b) of the Act of January 2, 1976 (Public Law 94-204, 43 U.S.C. 1611 note), as amended, referred to in such section as the "Cook Inlet Region, Incorporated, property account". Acceptance by the City of Wrangell, Alaska of the property shall constitute a waiver by the City of Wrangell of any claims for the costs of remediation related to asbestos, whether in the nature of participation or reimbursement, against the United States or Cook Inlet Region, Incorporated. The acceptance of the property bidding credits by Cook Inlet Region, Incorporated, Alaska of the property shall constitute a waiver by Cook Inlet Region, Incorporated of any claims for the costs of remediation related to asbestos, whether in the nature of participation or