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106th CONGRESS

2d Session

H. R. 3519

[Report No. 106-548]

A BILL

To provide for negotiations for the creation of a trust fund to be administered by the International Bank for Reconstruction and Development or the International Development Association to combat the AIDS epidemic.

March 28, 2000

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

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Mr. HELMS (for himself and Mr. BIDEN)

**PROPOSED AMENDMENTS TO TECHNICAL
ASSISTANCE, TRADE PROMOTION, AND
ANTI-CORRUPTION ACT OF 2000**

Viz:

1 On page A-16, line 16, insert “or any successor stat-
2 ute” after “1979”.

3 On page A-31, beginning on line 16, strike “up to”
4 and all that follows through line 23 and insert the fol-
5 lowing: “at least \$60,200,000 to carry out activities of the
6 type carried out by the Global Environment Center of the
7 United States Agency for International Development dur-
8 ing fiscal year 2000.”.

9 On page A-32, strike “up to” and insert “at least”.

10 On page A-33, between lines 5 and 6, insert the fol-
11 lowing:

12 **SEC. 209. ALLOCATION OF ASSISTANCE FOR SUB-SAHARAN**
13 **AFRICA.**

14 (a) IN GENERAL.—The total amount of development
15 assistance made available for fiscal year 2001 for sub-Sa-
16 haran Africa shall bear the same proportion to the total

1 amount of development assistance made available for that
2 fiscal year as the total amount of development assistance
3 for sub-Saharan Africa made available for fiscal year 2000
4 bears to the total amount of development assistance made
5 available for fiscal year 2000.

6 (b) DEFINITION.—In this section, the term “develop-
7 ment assistance” means assistance provided under chapter
8 1, 10, or 11 of part I of the Foreign Assistance Act of
9 1961.

10 On page A-50, after line 21, insert the following:

11 **Subtitle D —Assistance To**
12 **Countries With Large Popu-**
13 **lations Having HIV/AIDS**

14 **SEC. 241. DEFINITIONS.**

15 In this subtitle:

16 (1) AIDS.—The term “AIDS” means the ac-
17 quired immune deficiency syndrome.

18 (2) ASSOCIATION.—The term “Association”
19 means the International Development Association.

20 (3) BANK.—The term “Bank” or “World
21 Bank” means the International Bank for Recon-
22 struction and Development.

23 (4) HIV.—The term “HIV” means the human
24 immunodeficiency virus.

1 (5) HIV/AIDS.—The term “HIV/AIDS”
2 means, with respect to an individual—

3 (A) an individual having HIV but not
4 AIDS; or

5 (B) an individual having HIV and
6 AIDS.paragraphs (4) and (5)

7 **SEC. 242. FINDINGS AND PURPOSES.**

8 (a) FINDINGS.—Congress makes the following find-
9 ings:

10 (1) According to statistics of the World Bank,
11 more than 90 percent of all adults and children with
12 HIV/AIDS live in the developing world—62 percent
13 in sub-Saharan Africa, 24 percent in Asia, and 6.9
14 percent in Latin America and the Caribbean.

15 (2) According to UNAIDS, nearly 4,500,000
16 children under 15 years of age have been infected
17 with HIV since the AIDS epidemic began. More
18 than 3,000,000 have already died of AIDS. Children
19 are becoming infected at about the rate of 1 child
20 every minute, and the overwhelming majority of
21 these children acquire the infection from their moth-
22 ers.

23 (3) The gap between rich and poor countries in
24 terms of transmission of HIV from mother to child
25 has been increasing. Moreover, AIDS threatens to

1 reverse years of steady progress of child survival in
2 developing countries. UNAIDS believes that by the
3 year 2010, AIDS may have increased mortality of
4 children under 5 years of age by more than 100 per-
5 cent in regions most affected by the virus.

6 (4) In Africa, the death toll from AIDS has
7 reached 13,000,000, while 23,000,000 others live
8 with the disease, and more than 10,000,000 children
9 have been infected or orphaned by it.

10 (5) The World Bank, declaring AIDS not just
11 a public health problem but the “foremost and fast-
12 est-growing threat to development” in Africa, has
13 launched a new strategy for HIV/AIDS in Africa,
14 declaring it a top priority for the World Bank on
15 that continent.

16 (6) AIDS, like all diseases, knows no bound-
17 aries, and there is no certitude that the scale of the
18 problem in one continent can be contained within
19 that region.

20 (7) Accordingly, United States financial support
21 for medical research, education, and disease contain-
22 ment as a global strategy has beneficial ramifica-
23 tions for millions of Americans and their families
24 who are affected by this disease, and the entire pop-
25 ulation which is potentially susceptible.

1 (8) The discovery of a relatively simple and
2 cheap means of interrupting the transmission of
3 HIV from an infected mother to the unborn child—
4 namely with nevirapine (NVP), which costs US\$4 a
5 tablet—has created a great opportunity for an un-
6 precedented partnership between the United States
7 Government and the governments of Asian, African
8 and Latin American countries to combat mother-to-
9 child transmission (also known as “vertical trans-
10 mission”) of HIV.

11 (9) According to UNAIDS, this strategy will
12 decrease the proportion of orphans that are HIV-in-
13 fected and decrease infant and child mortality rates
14 in these developing regions.

15 (10) At current infection and growth rates for
16 HIV/AIDS, the National Intelligence Council esti-
17 mates that the number of AIDS orphans worldwide
18 will increase dramatically, potentially increasing
19 threefold or more in the next 10 years, contributing
20 to economic decay, social fragmentation, and polit-
21 ical destabilization in already volatile and strained
22 societies. Children without care or hope are often
23 drawn into prostitution, crime, substance abuse, or
24 child soldiery.

1 (11) Donors must focus on adequate prepara-
2 tions for the explosion in the number of orphans and
3 the burden they will place on families, communities,
4 economies, and governments. Support structures and
5 incentives for families, communities, and institutions
6 which will provide care for children orphaned by
7 HIV/AIDS, or for the children who are themselves
8 infected by HIV/AIDS, will be essential.

9 (12) A mother-to-child antiretroviral drug strat-
10 egy can be a force for social change, providing the
11 opportunity and impetus needed to tackle often long-
12 standing problems of inadequate services and the
13 profound stigma associated with HIV-infection and
14 the AIDS disease. Strengthening the health infra-
15 structure to improve mother-and-child health,
16 antenatal, delivery and postnatal services, and cou-
17 ples counseling generates enormous spillover effects
18 toward combating the AIDS epidemic in developing
19 regions.

20 (b) PURPOSES.—The purposes of this subtitle are
21 to—

22 (1) prevent human suffering; and

23 (2) ensure the viability of economic develop-
24 ment, stability, and national security in the devel-
25 oping world by advancing research to—

- 1 (A) understand the causes associated with
2 HIV/AIDS in developing countries; and
3 (B) assist in the development of an AIDS
4 vaccine.

5 **SEC. 243. ADDITIONAL ASSISTANCE AUTHORITIES TO COM-**
6 **BAT HIV AND AIDS.**

7 (a) ASSISTANCE FOR PREVENTION OF VERTICAL
8 TRANSMISSION.—Section 104(c) of the Foreign Assist-
9 ance Act of 1961 (22 U.S.C. 2151b(c)) is amended by
10 adding at the end the following new paragraphs:

11 “(4)(A) Congress recognizes the growing inter-
12 national dilemma of children with the human immuno-
13 deficiency virus (HIV) and the merits of intervention pro-
14 grams aimed at this problem. Congress further recognizes
15 that mother-to-child transmission prevention strategies
16 can serve as a major force for change in developing re-
17 gions, and it is, therefore, a major objective of the foreign
18 assistance program to control the acquired immune defi-
19 ciency syndrome (AIDS) epidemic.

20 “(B) The agency primarily responsible for admin-
21 istering this part shall—

22 “(i) coordinate with UNAIDS, UNICEF,
23 WHO, local governments, and other organizations to
24 develop and implement effective strategies to prevent
25 vertical transmission of HIV; and

1 “(ii) coordinate with those organizations to in-
2 crease in scale intervention programs and introduce
3 voluntary counseling and testing, antiretroviral
4 drugs, replacement feeding, and other strategies.

5 “(5)(A) Congress expects the agency primarily re-
6 sponsible for administering this part to make the human
7 immunodeficiency virus (HIV) and the acquired immune
8 deficiency syndrome (AIDS) a priority in the foreign as-
9 sistance program and to undertake a comprehensive, co-
10 ordinated effort to combat HIV and AIDS.

11 “(B) Assistance described in subparagraph (A) shall
12 include providing—

13 “(i) primary prevention and education;

14 “(ii) voluntary testing and counseling;

15 “(iii) medications to prevent the transmission of
16 HIV and AIDS from mother to child; and

17 “(iv) care for those living with HIV or AIDS.

18 “(6)(A) In addition to amounts otherwise available
19 for such purpose, there is authorized to be appropriated
20 to the President \$300,000,000 for fiscal year 2001 to
21 carry out paragraphs (4) and (5).

22 “(B) Of the funds authorized to be appropriated
23 under subparagraph (A), not less than 65 percent is au-
24 thorized to be available through United States and foreign
25 nongovernmental organizations, including private and vol-

1 untary organizations, for-profit organizations, religious af-
2 filiated organizations, educational institutions, and re-
3 search facilities.

4 “(C) Of the funds authorized to be appropriated by
5 subparagraph (A), not less than 20 percent is authorized
6 to be available for programs as part of a multidonor strat-
7 egy to address the support and education of orphans in
8 sub-Saharan Africa, including AIDS orphans.

9 “(D) Of the funds authorized to be appropriated
10 under subparagraph (A), not less than 8.3 percent is au-
11 thorized to be available to carry out the prevention strate-
12 gies for vertical transmission referred to in paragraph
13 (4)(A).

14 “(E) Of the funds authorized to be appropriated by
15 subparagraph (A), not more than \$21,000,000 may be
16 used for the administrative expenses of the agency pri-
17 marily responsible for carrying out this part of this Act
18 in support of activities described in paragraphs (4) and
19 (5).

20 “(F) Funds appropriated under this paragraph are
21 authorized to remain available until expended.”.

22 (b) TRAINING AND TRAINING FACILITIES IN SUB-SA-
23 HARAN AFRICA.—Section 496(i)(2) of the Foreign Assist-
24 ance Act of 1961 (22 U.S.C. 2293(i)(2)) is amended by
25 adding at the end the following new sentence: “In addi-

1 tion, providing training and training facilities, in sub-Sa-
2 haran Africa, for doctors and other health care providers,
3 notwithstanding any provision of law that restricts assist-
4 ance to foreign countries.”.

5 **SEC. 244. VOLUNTARY CONTRIBUTION TO GLOBAL ALLI-**
6 **ANCE FOR VACCINES AND IMMUNIZATIONS**
7 **AND INTERNATIONAL AIDS VACCINE INITIA-**
8 **TIVE.**

9 (a) AUTHORIZATION OF APPROPRIATIONS.—Section
10 302 of the Foreign Assistance Act of 1961 (22 U.S.C.
11 2222) is amended by adding at the end the following new
12 subsections:

13 “(j) In addition to amounts otherwise available under
14 this section, there is authorized to be appropriated to the
15 President \$50,000,000 for fiscal year 2001 to be available
16 only for United States contributions to the Global Alliance
17 for Vaccines and Immunizations.

18 “(k) In addition to amounts otherwise available under
19 this section, there is authorized to be appropriated to the
20 President \$10,000,000 for fiscal year 2001 to be available
21 only for United States contributions to the International
22 AIDS Vaccine Initiative.”.

23 (b) REPORT.—The President shall include in the re-
24 port required to be submitted to Congress under section
25 305(b)(1) of the Foreign Assistance Act of 1961 (22

1 U.S.C. 2226(b)(1)) with respect to fiscal year 2001 a re-
2 port on the effectiveness of the Global Alliance for Vac-
3 cines and Immunizations and the International AIDS Vac-
4 cine Initiative in meeting the goals of—

5 (1) improving access to sustainable immuniza-
6 tion services;

7 (2) expanding the use of all existing, safe, and
8 cost-effective vaccines where they address a public
9 health problem;

10 (3) accelerating the development and introduc-
11 tion of new vaccines and technologies;

12 (4) accelerating research and development ef-
13 forts for vaccines needed primarily in developing
14 countries; and

15 (5) making immunization coverage a center-
16 piece in international development efforts.

17 **SEC. 245. MULTILATERAL LIFESAVING VACCINE PURCHASE**
18 **FUND.**

19 (a) **NEGOTIATIONS.**—The President should enter into
20 negotiations with officials of foreign governments and
21 other interested parties for the establishment of an inter-
22 national vaccine purchase fund that would—

23 (1) accept contributions from governments of
24 developed countries;

1 (2) use such contributions to purchase and dis-
2 tribute in developing countries vaccines for—

3 (A) malaria,

4 (B) tuberculosis,

5 (C) HIV, and

6 (D) any infectious disease (of a single eti-
7 ology) which causes the deaths of over
8 1,000,000 people worldwide each year; and

9 (3) be a significant market incentive for private
10 sector vaccine research.

11 (b) REPORT.—Not later than 1 year after the date
12 of enactment of this Act, and annually thereafter, the
13 President shall submit a report to Congress on—

14 (1) the status of negotiations under subsection
15 (a); and

16 (2) if such fund is established, any rec-
17 ommendations for further action.

18 **SEC. 246. WORLD BANK TRUST FUND FOR AIDS PREVEN-**
19 **TION AND ERADICATION.**

20 (a) NEGOTIATIONS FOR THE CREATION OF A WORLD
21 BANK TRUST FUND TO ASSIST IN AIDS PREVENTION
22 AND ERADICATION.—The Secretary of the Treasury shall
23 enter into negotiations with the World Bank or the Asso-
24 ciation, with the member nations of such institutions, and
25 with other interested parties for the creation of a trust

1 fund, to be administered by the Bank or the Association,
2 as appropriate, which would—

3 (1) accept contributions from governments, the
4 private sector, and nongovernmental entities of all
5 kinds; and

6 (2) use such contributions to address the AIDS
7 epidemic in countries eligible to borrow from the As-
8 sociation.

9 (b) AUTHORIZATION OF APPROPRIATIONS.—In addi-
10 tion to any other funds authorized to be appropriated for
11 multilateral or bilateral programs related to AIDS, there
12 is authorized to be appropriated to the President
13 \$100,000,000 for fiscal year 2001 for payment to the
14 trust fund established as a result of the negotiations en-
15 tered into pursuant to subsection (a).

16 (c) REPORT TO CONGRESS.—Beginning 1 year after
17 the date of enactment of this Act, and annually thereafter,
18 the Secretary of the Treasury shall submit to the Commit-
19 tees on Banking and Financial Services and on Inter-
20 national Relations of the House of Representatives and
21 the Committees on Banking, Housing, and Urban Affairs
22 and on Foreign Relations of the Senate a written report
23 on the trust fund established pursuant to subsection (a),
24 the goals of the trust fund, the programs, projects, and
25 activities, including any vaccination approaches, supported

1 by the trust fund, and the effectiveness of such programs,
2 projects, and activities in reducing the worldwide spread
3 of AIDS.

4 **SEC. 247. NEGOTIATIONS FOR THE CREATION OF A WORLD**
5 **BANK TRUST FUND FOR EDUCATION OF OR-**
6 **PHANS IN SUB-SAHARAN AFRICA.**

7 (a) NEGOTIATIONS.—The Secretary of the Treasury
8 shall enter into negotiations with the World Bank or the
9 Association, with member nations of such institutions, and
10 with other interested parties, for the creation of a trust
11 fund which could accept contributions from governments,
12 the private sector, and nongovernmental entities of all
13 kinds, and use such contributions to provide support for
14 or the establishment of programs which provide primary
15 and secondary education for orphans in sub-Saharan Afri-
16 ca.

17 (b) AUTHORIZATION OF APPROPRIATIONS.—In addi-
18 tion to funds otherwise available for the purposes of sub-
19 section (a), there is authorized to be appropriated to the
20 President \$50,000,000 for the fiscal year 2001 for pay-
21 ment to the trust fund established as a result of the nego-
22 tiations entered into pursuant to subsection (a).

1 **SEC. 248. COORDINATED DONOR STRATEGY FOR SUPPORT**
2 **AND EDUCATION OF ORPHANS IN SUB-SAHA-**
3 **RAN AFRICA.**

4 Chapter 1 of part I of the Foreign Assistance Act
5 of 1961 (22 U.S.C. 2151 et seq.) is amended—

6 (1) by redesignating the second section 129 (as
7 added by section 4 of the Torture Victims Relief Act
8 of 1998 (Public Law 105–320)) as section 130; and
9 (2) by adding at the end the following new sec-
10 tion:

11 **“SEC. 131. COORDINATED DONOR STRATEGY FOR SUPPORT**
12 **AND EDUCATION OF ORPHANS IN SUB-SAHA-**
13 **RAN AFRICA.**

14 “(a) STATEMENT OF POLICY.—It is in the national
15 interest of the United States to assist in mitigating the
16 burden that will be placed on sub-Saharan African social,
17 economic, and political institutions as these institutions
18 struggle with the consequences of a dramatically increas-
19 ing AIDS orphan population, many of whom are them-
20 selves infected by HIV/AIDS. Effectively addressing that
21 burden and its consequences in sub-Saharan Africa will
22 require a coordinated multidonor strategy.

23 “(b) DEVELOPMENT OF STRATEGY.—The President
24 shall coordinate the development of a multidonor strategy
25 to provide for the support and education of AIDS orphans

1 and the families, communities, and institutions most af-
2 fected by the HIV/AIDS epidemic in sub-Saharan Africa.

3 “(c) **AUTHORITY.**—Assistance made available under
4 this section may be made available notwithstanding any
5 other provision of law.

6 “(d) **DEFINITION.**—In this section, the term ‘HIV/
7 AIDS’ means, with respect to an individual, an individual
8 who is infected with—

9 “(1) the human immunodeficiency virus (HIV);
10 or

11 “(2) HIV and the acquired immune deficiency
12 virus (AIDS).”.

13 **SEC. 249. AFRICAN CRISIS RESPONSE INITIATIVE AND HIV/
14 AIDS TRAINING.**

15 (a) **FINDINGS.**—Congress finds that—

16 (1) the spread of AIDS constitutes a threat to
17 security in Africa;

18 (2) civil unrest and war may contribute to the
19 spread of the disease to different parts of the con-
20 tinent;

21 (3) the percentage of soldiers in African mili-
22 taries who are infected with HIV/AIDS is unknown,
23 but estimates range in some countries as high as 40
24 percent; and

1 (4) it is in the interests of the United States to
2 assist the countries of Africa in combating the
3 spread of HIV/AIDS.

4 (b) EDUCATION ON THE PREVENTION OF THE
5 SPREAD OF AIDS.—In undertaking education and train-
6 ing programs for military establishments of in African
7 countries, the United States shall ensure that classroom
8 training under the African Crisis Response Initiative in-
9 cludes military-based education on the prevention of the
10 spread of AIDS.

11 **Subtitle E—International**
12 **Tuberculosis Control**

13 **SEC. 251. SHORT TITLE.**

14 This subtitle may be cited as the “International Tu-
15 berculosis Control Act of 2000”.

16 **SEC. 252. FINDINGS.**

17 Congress makes the following findings:

18 (1) Since the development of antibiotics in the
19 1950s, tuberculosis has been largely controlled in the
20 United States and the Western World.

21 (2) Due to societal factors, including growing
22 urban decay, inadequate health care systems, per-
23 sistent poverty, overcrowding, and malnutrition, as
24 well as medical factors, including the HIV/AIDS epi-
25 demic and the emergence of multi-drug resistant

1 strains of tuberculosis, tuberculosis has again be-
2 come a leading and growing cause of adult deaths in
3 the developing world.

4 (3) According to the World Health
5 Organization—

6 (A) in 1998, about 1,860,000 people
7 worldwide died of tuberculosis-related illnesses;

8 (B) one-third of the world's total popu-
9 lation is infected with tuberculosis; and

10 (C) tuberculosis is the world's leading kill-
11 er of women between 15 and 44 years old and
12 is a leading cause of children becoming or-
13 phans.

14 (4) Because of the ease of transmission of tu-
15 berculosis, its international persistence and growth
16 pose a direct public health threat to those nations
17 that had previously largely controlled the disease.
18 This is complicated in the United States by the
19 growth of the homeless population, the rate of incar-
20 ceration, international travel, immigration, and HIV/
21 AIDS.

22 (5) With nearly 40 percent of the tuberculosis
23 cases in the United States attributable to foreign-
24 born persons, tuberculosis will never be controlled in
25 the United States until it is controlled abroad.

1 (6) The means exist to control tuberculosis
2 through screening, diagnosis, treatment, patient
3 compliance, monitoring, and ongoing review of out-
4 comes.

5 (7) Efforts to control tuberculosis are com-
6 plicated by several barriers, including—

7 (A) the labor intensive and lengthy process
8 involved in screening, detecting, and treating
9 the disease;

10 (B) a lack of funding, trained personnel,
11 and medicine in virtually every nation with a
12 high rate of the disease;

13 (C) the unique circumstances in each coun-
14 try, which requires the development and imple-
15 mentation of country-specific programs; and

16 (D) the risk of having a bad tuberculosis
17 program, which is worse than having no tuber-
18 culosis program because it would significantly
19 increase the risk of the development of more
20 widespread drug-resistant strains of the disease.

21 (8) Eliminating the barriers to the international
22 control of tuberculosis through a well-structured,
23 comprehensive, and coordinated worldwide effort
24 would be a significant step in dealing with the in-
25 creasing public health problem posed by the disease.

1 **SEC. 253. ASSISTANCE FOR TUBERCULOSIS PREVENTION,**
2 **TREATMENT, CONTROL, AND ELIMINATION.**

3 Section 104(c) of the Foreign Assistance Act of 1961
4 (22 U.S.C. 2151b(c)), as amended by section 243(a) of
5 this Act, is further amended by adding at the end the fol-
6 lowing:

7 “(7)(A) Congress recognizes the growing inter-
8 national problem of tuberculosis and the impact its contin-
9 ued existence has on those nations that had previously
10 largely controlled the disease. Congress further recognizes
11 that the means exist to control and treat tuberculosis, and
12 that it is therefore a major objective of the foreign assist-
13 ance program to control the disease. To this end, Congress
14 expects the agency primarily responsible for administering
15 this part—

16 “(i) to coordinate with the World Health Orga-
17 nization, the Centers for Disease Control, the Na-
18 tional Institutes of Health, and other organizations
19 toward the development and implementation of a
20 comprehensive tuberculosis control program; and

21 “(ii) to set as a goal the detection of at least
22 70 percent of the cases of infectious tuberculosis,
23 and the cure of at least 85 percent of the cases de-
24 tected, in those countries in which the agency has
25 established development programs, by December 31,
26 2010.

1 “(B) There is authorized to be appropriated to the
2 President, \$60,000,000 for fiscal year 2001 to be used to
3 carry out this paragraph. Funds appropriated under this
4 subparagraph are authorized to remain available until ex-
5 pended.”.

6 On pages A-51 through A-60, strike “United States
7 Peace Corps” each place it appears and insert “Peace
8 Corps of the United States”.

9 On page A-66, strike lines 5 through 15 and insert
10 the following:

11 (3) SUBSEQUENT REPORTING ON DENIAL OF
12 ACCESS.—

13 (A) REPORT REQUIRED.—In the event that
14 the Comptroller General is denied the access de-
15 scribed in paragraph (1)(A) to information and
16 documents of the Bank or the Fund on or after
17 the date specified in subparagraph (B), the
18 Comptroller General shall submit a report to
19 the appropriate congressional committees and
20 the Secretary notifying the committees and the
21 Secretary of such fact.

MEMORANDUM

To: Maria Echaveste
From: Sandy Thurman
Date: March 28, 2000
Re: **Briefing Memo for Meeting on AIDS Trust Fund
March 31, 2000 at 12:15pm**

Background: AIDS is now considered the worst health catastrophe since the bubonic plague. By 2005, more than 100 million people worldwide will have become HIV+, 16,000 more each day. In several African nations, more than 1 in 5 adults is already infected and in the next decade, 40 million children on the continent will be orphaned by AIDS. It is increasingly clear that HIV is far more than a health crisis, raising serious economic and security threats. And what is now happening in Africa, will soon be happening in India and the Newly Independent States. This realization led Ambassador Holbrooke and the Vice President to engage the UN Security Council in a historic day long session on the global threat of AIDS. Given the growing awareness of the magnitude of this pandemic, the public, the press, and even the Congress are jumping on the bandwagon.

Administration Action: As you know, the global battle against AIDS has been a high priority for the President, the Vice President, and the Administration at large. With your help, we led a fact-finding mission to Africa last year which resulted in the President proposing, and the Congress enacting, a \$100 million increase in our global AIDS effort. This FY2000 "LIFE (Leadership and Investment in Fighting an Epidemic) Initiative has enabled us to double our HIV prevention and AIDS care program in Africa. For FY2001, the President has proposed another \$100 million increase to further enhance this effort.

Outstanding Need: According to UNAIDS, an effective HIV prevention program in Africa will cost \$1 billion. Currently, all donors and host governments combined are spending less than one quarter that amount. In addition, a very basic AIDS care program in Africa would cost an additional \$1 billion, and all donors and host governments combined are spending less than one-tenth that amount. Although we have made great strides in the last 18 months, much more remains to be done if we are to stem the tide of this growing tragedy.

Congressional Action: Over the last year, and mostly within the last few months, a variety of bills have been introduced – from both parties and in both chambers [see attached chart]. While it may have once seemed unthinkable, it now appears likely that the Congress will pass global AIDS legislation this session.

- **House:** Last week, Chairman Leach favorably reported a freestanding World Bank AIDS Marshall Plan Trust Fund Act from the Banking and Financial Services Committee. This bill merges Rep. Leach's AIDS Trust Fund with Rep. Lee's AIDS Marshall Plan. At the mark-up, the bill was doubled in size by an amendment put forward by Rep. Maxine Waters and now authorizes \$1 billion over the next 5 years.

- **Senate:** This week, Chairman Helms and Senator Biden offered an amendment to the Foreign Assistance bill in the Senate Foreign Relations Committee that authorizes \$510 million for global AIDS in FY2001. This amendment, which passed unanimously, includes \$300 million for USAID's global AIDS program (\$46 million more than proposed in the President FY2001 budget request) as well as a World Bank AIDS Trust Fund proposal similar to that passed by the House Banking Committee. In addition, Senator Hatch has floated a version of the World Bank AIDS Trust Fund proposal with conferees on the Africa Trade bill.

Political Landscape: The World Bank Trust Fund bill, having been passed by the committees of jurisdiction in both the Senate and House, now has considerable support and momentum. This support includes the strong backing of moderate Republicans as well as the Congressional Black Caucus, and for all practical purposes, is the brainchild of Ron Dellums, the new chair of the Presidential Advisory Council on HIV/AIDS. If the Administration seeks to maintain a leadership position on the global AIDS issue, it is critically important for us to engage the Congress. While my phone has been ringing off the hook from Members of Congress seeking "informal technical assistance", it is getting increasingly uncomfortable to have to deny more formalized Administration support.

I believe that securing the additional \$100 million for our LIFE initiative should be our top priority. However, I am very concerned that, if we do not work with our friends on the Hill in crafting a comprehensive package, we will end up at the end of the session fighting over whether the \$100 million for global AIDS should be invested in our initiative or theirs. The simple answer is – a problem of this magnitude requires both bilateral (our effort) and multilateral (theirs) approaches. As the Rev. Jesse Jackson said at a forum he and I did together a few weeks ago, "while I appreciate the Administration's effort to secure another \$100 million, that is like trying to put out a raging fire with teaspoons of water".

Recommendation: I believe that we should strongly consider working closely with our allies in the Congress to secure the enactment of our additional \$100 million for the LIFE initiative **and** the World Bank AIDS Marshall Plan Trust Fund. These approaches should be framed as complimentary rather than competitive. This would enable us to maintain our leadership role, to protect our initiative, and to help shape a congressional proposal that is likely to become law to our satisfaction. This could be accomplished in one of the two following ways.

(1). Despite the fact that the World Bank AIDS Trust Fund was not included in the President's budget, we could support it with the stipulation that funds should not be diverted from other essential programs in an already overburdened 150 account. We could say that we are willing to work with the Congress to identify the offsets needed. To date, both OMB and Treasury have been concerned that this could detract from other Administration priorities.

(2). We could stay within the President's budget and support the World Bank AIDS Trust Fund with the stipulation that these funds would have to be set-aside within the existing World Bank allocation. In our FY2001 budget, we proposed that between \$400 and \$900 million within the Bank be set-aside for improving health in Africa. Consistent with this proposal, \$100 to \$200 million could be targeted to HIV/AIDS.

To date, Treasury has not been comfortable with this approach. Their concerns are two-fold. First, they are anxious about an “AIDS-specific” approach. And secondly, they are not sure that trust funds are efficient. While I agree that other infectious diseases and health issues are important, AIDS in Africa is far from a single issue. Like poverty, AIDS cuts across all sectors of society. If we fail to deal with AIDS, all other development gains (health, education, trade, and civil society) will be lost. On the flip side, if we develop the infrastructure needed to deal with AIDS, all other areas will benefit. As for the efficiency of trust funds, I believe that our allies in the Congress would welcome suggestions from Treasury for how they might increase the effectiveness of their proposal.

As a result of the President’s leadership and your support, this issue is finally receiving the attention it deserves. As we move into our last legislative and budget cycle, I hope that we can secure this legacy in a way that makes everyone comfortable.

As always, thank you for your patience and support.

Sandra Thurman 04/03/2000 12:56:59 PM

Record Type: Record

To:

cc:

Subject: Timing for action on the World Bank AIDS Marshall Plan Trust Fund

You asked for an update on proposed Hill action on the AIDS Trust Fund. Here's what I know so far.

House: Chairman Leach has gone to the House Leadership and asked that the bill be moved as a top Committee priority. The Leadership told him that if the bill was authorized at \$100 million per year, as in his original bill, they thought it could perhaps go on the suspension calendar. However, at the mark-up, Maxine Waters offered an amendment upping the authorization to \$200 million per year. Leach is now going to talk with Lee about rolling back the price tag in exchange for swift action. Lee seems uncertain of how to proceed. If they don't roll back the authorization, Leach will have to go back to the Leadership and the Rules Committee, in search of floor time -- which is unlikely to happen prior to the Easter recess.

Senate: The Helms Foreign Assistance bill that includes the AIDS Trust Fund is unlikely to be considered soon and its ultimate fate is already in question. However, Hatch has floated a version of the AIDS Trust Fund to the Senate conferees on the Africa Trade bill. We know that the Republican conferees are looking for an "AIDS friendly" proposal to include in the final bill -- given they want to drop the Feinstein amendment on compulsory licensing. Some on the Hill still say that the Africa Trade conference report will be considered in the Senate before the April recess.

That's all for now. I hope that helps.

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Bill 3 of 50

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World Bank AIDS Marshall Plan Trust Fund Act (Reported in the House)

HR 3519 RH

Union Calendar No. 298

106th CONGRESS

2d Session

H. R. 3519

[Report No. 106-548]

To provide for negotiations for the creation of a trust fund to be administered by the International Bank for Reconstruction and Development or the International Development Association to combat the AIDS epidemic.

IN THE HOUSE OF REPRESENTATIVES**January 24, 2000**

Mr. LEACH introduced the following bill; which was referred to the Committee on Banking and Financial Services

March 28, 2000

Additional sponsors: Ms. LEE, Ms. MILLENDER-MCDONALD, Mr. GUTIERREZ, Ms. ROYBAL-ALLARD, Mr. EVANS, Mr. HALL of Ohio, Mr. GONZALEZ, Ms. DELAURO, Mr. RUSH, Mr. HOUGHTON, Mr. FILNER, Ms. WATERS, Mr. FROST, Mr. LAFALCE, Mr. CUMMINGS, Mr. NADLER, Ms. SLAUGHTER, Ms. SCHAKOWSKY, Mrs. MORELLA, Mr. WEXLER, Ms. MCKINNEY, Mrs. JONES of Ohio, Ms. CARSON, Mr. CASTLE, Mr. BENTSEN, Ms. WOOLSEY, Mr. WATT of North Carolina, Ms. NORTON, and Mr. Rangel

March 28, 2000

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

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

[For text of introduced bill, see copy of bill as introduced on January 24, 2000]

A BILL

To provide for negotiations for the creation of a trust fund to be administered by the International Bank for Reconstruction and Development or the International Development Association to combat the AIDS epidemic.

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 'World Bank AIDS Marshall Plan Trust Fund Act'.

SEC. 2. FINDINGS AND PURPOSES.

(a) FINDINGS- The Congress finds the following:

(1) According to the Surgeon General of the United States, the epidemic of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) will soon become the worst epidemic of infectious disease in recorded history, eclipsing both the bubonic plague of the 1300's and the influenza epidemic of 1918-1919 which killed more than 20,000,000 people worldwide.

(2) According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), 33,600,000 people in the world today are living with HIV/AIDS, of which approximately 95 percent live in the developing world.

(3) UNAIDS data shows that among children age 14 and under worldwide, 3,600,000 have died from AIDS, 1,200,000 are living with the disease; and in one year alone--1999--an estimated 570,000 became infected, of which over 90 percent were babies born to HIV-positive women.

(4) Although sub-Saharan Africa has only 10 percent of the world's population, it is home to 23,300,000--roughly 70 percent--of the world's HIV/AIDS cases.

(5) Worldwide, there have already been an estimated 16,300,000 deaths because of HIV/AIDS, of which 13,700,000--over 80 percent--occurred in Sub-Saharan Africa.

(6) According to testimony by the Office of National AIDS Policy, an entire generation of children in Africa is in jeopardy, with one-fifth to one-third of all children in some countries

already orphaned and the figure estimated to rise to 40,000,000 by 2010.

(7) The 1999 annual report by the United Nations Children's Fund (UNICEF) states '[t]he number of orphans, particularly in Africa, constitutes nothing less than an emergency, requiring an emergency response' and that 'finding the resources needed to help stabilize the crisis and protect children is a priority that requires urgent action from the international community.'

(8) A 1999 Bureau of the Census report states that the average life expectancy in the Republic of Botswana, the Republic of Zimbabwe, the Kingdom of Swaziland, the Republic of Malawi, and the Republic of Zambia has decreased from approximately age 65 to approximately age 40--the lowest life expectancy in the world--due to high mortality rates from HIV/AIDS .

(9) A January 2000 unclassified United States National Intelligence Estimate (NIE) report on the global infectious disease threat concluded that the economic costs of infectious diseases--especially HIV/AIDS --are already significant and could reduce GDP by as much as 20 percent or more by 2010 in some sub-Saharan African nations.

(10) According to the same NIE report, HIV prevalence among militias in Angola and the Democratic Republic of the Congo are estimated at 40 to 60 percent, and at 15 to 30 percent in Tanzania.

(11) The HIV/AIDS epidemic is of increasing concern in other regions of the world with UNAIDS reporting, for example, that there are 6 million cases in South and South-east Asia, that the rate of HIV infection in the Caribbean is second only to sub-Saharan Africa, and that HIV infections have doubled in just two years in the former Soviet Union.

(12) Despite the grim statistics on the spread of HIV/AIDS , some developing nations--such as Uganda, Senegal, and Thailand--have implemented prevention programs that have substantially curbed the rate of HIV infection.

(13) AIDS , like all diseases, knows no boundaries, and there is no certitude that the scale of the problem in one continent can be contained within that region.

(14) According to a 1999 study prepared by UNAIDS and the Francois-Xavier Bagnoud Center for Health and Human Rights at the Harvard School of Public Health, HIV/AIDS is spreading three times faster than funding available to control the disease.

(15) The United Nations Secretary General has stated '[n]o company and no government can take on the challenge of AIDS alone,' and that what is needed is a new approach to public health--combining all available resources, public and private, local and global.'

(16) The World Bank, declaring AIDS not just a public health problem but 'the foremost and fastest-growing threat to development' in Africa, has launched a new strategy for HIV/AIDS in Africa, declaring it a top priority for the Bank on that continent.

(17) The World Bank estimates that for Africa alone \$1,000,000,000 to \$2,300,000,000 annually is

needed for prevention in contrast to the approximately \$300,000,000 a year in official assistance currently

available for HIV/AIDS in Africa.

(18) Accordingly, United States financial support for medical research, education, and disease containment as a global strategy has beneficial ramifications for millions of Americans and their families who are affected by this disease, and the entire population which is potentially susceptible.

(b) PURPOSES- The purposes of this Act are to prevent the spread of HIV/AIDS and promote its eradication, prevent human suffering, and to mitigate the devastating impact of the disease on economic and human development, social stability, and security in the developing world, through the creation of a trust fund which is designed to--

(1) work with governments, civil society, non-governmental organizations, the Joint United Nations Program on HIV/AIDS (UNAIDS), the International Partnership Against AIDS in Africa, other international organizations, donor agencies, and the private sector to intensify action against the HIV/AIDS epidemic and to support essential field work in the most affected countries to assist in the development of AIDS vaccines; and

(2) seek to leverage financial commitments by the United States in order to mobilize additional resources from other donors, the private sector, nongovernmental organizations, and recipient countries to combat the spread of HIV/AIDS .

TITLE I--NEGOTIATIONS FOR THE CREATION OF A WORLD BANK AIDS TRUST FUND

SEC. 101. TRUST FUND TO ASSIST IN HIV/AIDS PREVENTION, CARE AND TREATMENT, AND ERADICATION.

The Secretary of the Treasury shall seek to enter into negotiations with the International Bank for Reconstruction and Development or the International Development Association, and with the member nations of such institutions and with other interested parties for the creation of a trust fund which would be authorized to solicit and accept contributions from governments, the private sector, and nongovernmental entities of all kinds and use the contributions to address the HIV/AIDS epidemic in countries eligible to borrow from such institutions, as follows:

(1) PROGRAM OBJECTIVES- The trust fund would provide only grants, including grants for technical assistance, to support measures to build local capacity in national and local government, civil society, and the private sector to lead and implement effective and affordable HIV/AIDS prevention, education, treatment and care services, and research and development activities, including affordable drugs. In carrying out this objective, the trust fund would coordinate its activities with governments, civil society, nongovernmental organizations, the Joint United Nations Program on HIV/AIDS (UNAIDS), the International Partnership Against AIDS in Africa, other international organizations, the private sector, and donor agencies working to combat the HIV/AIDS crisis.

(2) PRIORITY- In providing such grants, the trust fund would give priority to countries that have the highest HIV/AIDS prevalence rate or are at risk of having a high HIV/AIDS prevalence rate, and that have or agree to carry out a national HIV/AIDS program which--

(A) has a government commitment at the highest level and multiple partnerships with civil society and the private sector;

(B) invests early in effective prevention efforts;

(C) requires cooperation and collaboration among many different groups and sectors, including those who are most affected by the epidemic, religious and community leaders, nongovernmental organizations, researchers and health professionals, and the private sector;

(D) is decentralized and uses participatory approaches to bring prevention care programs to national scale; and

(E) is characterized by community participation in government policymaking as well as design and implementation of the program, including implementation of such programs by people living with HIV/AIDS , nongovernmental organizations, civil society, and the private sector.

(3) GOVERNANCE-

(A) IN GENERAL- The trust fund would be administered as a trust fund of the International Bank for Reconstruction and Development. Subject to general policy guidance from the President of the United States and representatives of the other donors to the trust fund , the Trustee would be responsible for managing the day-to-day operations of the trust fund .

(B) SELECTION OF PROJECTS AND RECIPIENTS- In consultation with the President and

other donors to the trust fund , the Trustee would establish criteria, that have been agreed on by the donors, for the selection of projects to receive support from the trust fund , standards and criteria regarding qualifications of recipients of such support, as well as such rules and procedures as would be necessary for cost-effective management of the trust fund . The trust fund would not make grants for the purpose of project development associated with bilateral or multilateral development bank loans.

(C) TRANSPARENCY OF OPERATIONS- The Trustee shall ensure full and prompt public disclosure of the proposed objectives, financial organization, and operations of the trust fund .

(D) ADVISORY BOARD-

(i) APPOINTMENT- The President of the United States and representatives of other participating donors to the trust fund would establish an Advisory Board, and appoint to the Advisory Board renowned and distinguished international leaders who have demonstrated integrity and knowledge of issues relating to development, health care (especially HIV/AIDS), and Africa.

NGO

(ii) DUTIES- The Advisory Board would, in consultation with other international experts in related fields (including scientists, researchers, and doctors), advise and provide guidance for the trust fund on the development and implementation of the projects receiving support from the trust fund . Once the Advisory Board is established, the Secretary of the Treasury shall ensure that the Trustee provides

the Advisory Board complete access to all information and documents of the trust fund necessary to the effective functioning of the Advisory Board.

TITLE II--UNITED STATES FINANCIAL PARTICIPATION

SEC. 201. LIMITATIONS ON AUTHORIZATION OF APPROPRIATIONS.

In addition to any other funds authorized to be appropriated for multilateral or bilateral programs related to AIDS or economic development, there are authorized to be appropriated to the Secretary of the Treasury \$200,000,000 for each of fiscal years 2001 through 2005 for payment to the trust fund established as a result of negotiations entered into pursuant to section 101.

TITLE III--REPORTS

SEC. 301. REPORTS TO THE CONGRESS.

(a) ANNUAL REPORTS- Not later than 1 year after the date of the enactment of this Act, and annually thereafter for the duration of the trust fund established pursuant to section 101, the Secretary of the Treasury shall submit to the appropriate committees of the Congress a written report on the trust fund , the goals of the trust fund , the programs, projects, and activities, including any vaccination approaches, supported by the trust fund , and the effectiveness of such programs, projects, and activities in reducing the worldwide spread of AIDS .

(b) APPROPRIATE COMMITTEES DEFINED- In subsection (a), the term `appropriate committees' means the Committees on Appropriations, on International Relations, and on Banking and Financial Services of the House of Representatives and the Committees on Appropriations, on Foreign Relations, and on Banking, Housing, and Urban Affairs of the Senate.

TITLE IV--HIV/AIDS PREVENTION AND CARE

SEC. 401. STRENGTHENING LOCAL CAPACITY IN SUB-SAHARAN AFRICA TO IMPLEMENT HIV/AIDS PREVENTION AND CARE PROGRAMS.

Title XVI of the International Financial Institutions Act (22 U.S.C. 262p--262p-7) is amended by adding at the end the following:

SEC. 1625. STRENGTHENING LOCAL CAPACITY IN SUB-SAHARAN AFRICA TO IMPLEMENT HIV/AIDS PREVENTION AND CARE PROGRAMS.

'The Secretary of the Treasury shall instruct the United States Executive Director at the International Bank for Reconstruction and Development to use the voice and vote of the United States to encourage the Bank to work with Sub-saharan African countries to modify projects financed by the Bank and develop new projects to build local capacity to manage and implement programs for the prevention of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) and the care of persons with HIV/AIDS , including through health care delivery mechanisms which facilitate the distribution of affordable drugs for persons infected with HIV.'

AMENDMENT NO. _____

Calendar No. _____

Purpose: To provide for a complete substitute.

IN THE SENATE OF THE UNITED STATES—108th Cong., 2d Sess.

S.2311

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

Referred to the Committee on _____
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended
to be proposed by _____

Viz:

1 Strike all after the enacting clause and insert the fol-
2 lowing:

3 **SECTION 1. SHORT TITLE.**

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

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

7 (a) REFERENCES.—Except as otherwise expressly
8 provided, whenever in this Act an amendment or repeal

1 is expressed in terms of an amendment to, or repeal of,
 2 a section or other provision, the reference shall be consid-
 3 ered to be made to a section or other provision of the Pub-
 4 lic Health Service Act (42 U.S.C. 201 et seq.).

5 (b) Table of Contents.—The table of contents of this
 6 Act is as follows:

Sec. 1. Short title.

Sec. 2. References; table of contents.

TITLE I—AMENDMENTS TO HIV HEALTH CARE PROGRAM

Subtitle A—Amendments to Part A (Emergency Relief Grants)

Sec. 101. Duties of planning council, funding priorities, quality assessment.

Sec. 102. Quality management.

Sec. 103. Funded entities required to have health care relationships.

Sec. 104. Support services required to be health care-related.

Sec. 105. Use of grant funds for early intervention services.

Sec. 106. Replacement of specified fiscal years regarding the sunset on expeditious distribution requirements.

Sec. 107. Hold harmless provision.

Sec. 108. Set-aside for infants, children, and women.

Subtitle B—Amendments to Part B (Care Grant Program)

Sec. 121. State requirements concerning identification of need and allocation of resources.

Sec. 122. Quality management.

Sec. 123. Funded entities required to have health care relationships.

Sec. 124. Support services required to be health care-related.

Sec. 125. Use of grant funds for early intervention services.

Sec. 126. Authorization of appropriations for HIV-related services for women and children.

Sec. 127. Repeal of requirement for completed Institute of Medicine report.

Sec. 128. Supplement grants for certain States.

Sec. 129. Use of treatment funds.

Sec. 130. Increase in minimum allotment.

Sec. 131. Set-aside for infants, children, and women.

Subtitle C—Amendments to Part C (Early Intervention Services)

Sec. 141. Amendment of heading; repeal of formula grant program.

Sec. 142. Planning and development grants.

Sec. 143. Authorization of appropriations for categorical grants.

Sec. 144. Administrative expenses ceiling; quality management program.

Sec. 145. Preference for certain areas.

Subtitle D—Amendments to Part D (General Provisions)

Sec. 151. Research involving women, infants, children, and youth.

Sec. 152. Limitation on administrative expenses.

Sec. 153. Evaluations and reports.

Sec. 154. Authorization of appropriations for grants under parts A and B.

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

Sec. 161. Authorization of appropriations.

TITLE II—MISCELLANEOUS PROVISIONS

Sec. 201. Institute of Medicine study.

1 **TITLE I—AMENDMENTS TO HIV** 2 **HEALTH CARE PROGRAM** 3 **Subtitle A—Amendments to Part A** 4 **(Emergency Relief Grants)**

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

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

8 (1) in subsection (b)—

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

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

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

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

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

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

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

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

23 “(D) Priorities of the communities with
24 HIV disease for whom the services are in-
25 tended.

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

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

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

19 “(3) ASSESSMENT OF FUND ALLOCATION EFFI-
20 CIENCY.—The council shall assess the efficiency of
21 the administrative mechanism in rapidly allocating
22 funds to the areas of greatest need within the eligi-
23 ble area.

24 “(4) STATEWIDE STATEMENT OF NEED.—The
25 council shall participate in the development of the

1 Statewide coordinated statement of need as initiated
2 by the State public health agency responsible for ad-
3 ministering grants under part B.

4 "(5) COORDINATION WITH OTHER FEDERAL
5 GRANTEES.—The council shall coordinate with Fed-
6 eral grantees providing HIV-related services within
7 the eligible area.

8 "(6) COMMUNITY PARTICIPATION.—The council
9 shall establish methods for obtaining input on com-
10 munity needs and priorities which may include pub-
11 lic meetings, conducting focus groups, and convening
12 ad-hoc panels.

13 "(e) PROCESS FOR ESTABLISHING ALLOCATION PRI-
14 ORITIES.—

15 "(1) IN GENERAL.—Not later than 24 months
16 after the date of enactment of the Ryan White
17 CARE Act Amendments of 2000, the Secretary
18 shall—

19 "(A) consult with eligible metropolitan
20 areas, affected communities, experts, and other
21 appropriate individuals and entities, to develop
22 epidemiologic measures for establishing the
23 number of individuals living with HIV disease
24 who are not receiving HIV-related health serv-
25 ices; and

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

5 “(2) EXCEPTION.—Grantees under subsection
 6 (d)(1)(A) shall not be required to establish priorities
 7 for individuals not in care until epidemiologic meas-
 8 ures are developed under paragraph (1).”.

9 **SEC. 102. QUALITY MANAGEMENT.**

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

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

14 (2) by inserting after subsection (b) the fol-
 15 lowing:

16 “(c) QUALITY MANAGEMENT.—

17 “(1) REQUIREMENT.—The chief elected official
 18 of an eligible area that receives a grant under this
 19 part shall provide for the establishment of a quality
 20 management program to assess the extent to which
 21 medical services provided to patients under the grant
 22 are consistent with the most recent Public Health
 23 Service guidelines for the treatment of HIV disease
 24 and related opportunistic infection and to develop

1 strategies for improvements in the access to and
2 quality of medical services.

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

8 “(A) 5 percent of amounts received under
9 the grant; or

10 “(B) \$3,000,000.”.

11 (b) QUALITY MANAGEMENT REQUIRED FOR ELIGI-
12 BILITY FOR GRANTS.—Section 2605(a) (42 U.S.C. 300ff-
13 15(a)) is amended—

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

16 (2) by inserting after paragraph (2) the fol-
17 lowing:

18 “(3) that the chief elected official of the eligible
19 area will satisfy all requirements under section
20 2604(c);”.

21 **SEC. 103. FUNDED ENTITIES REQUIRED TO HAVE HEALTH**
22 **CARE RELATIONSHIPS.**

23 (a) USE OF AMOUNTS.—Section 2604(e)(1) (42
24 U.S.C. 300ff-14(d)(1)) (as so redesignated by section
25 102(a)) is amended by inserting “and the State Children’s

1 Health Insurance Program under title XXI of such Act”
 2 after “Social Security Act”.

3 (b) APPLICATIONS.—Section 2605(a) (42 U.S.C.
 4 300ff-15(a)) is amended by inserting after paragraph (3),
 5 as added by section 102(b), the following:

6 “(4) that funded entities within the eligible area
 7 that receive funds under a grant under section
 8 2601(a) shall maintain appropriate relationships
 9 with entities in the area served that constitute key
 10 points of access to the health care system for indi-
 11 viduals with HIV disease (including emergency
 12 rooms, substance abuse treatment programs, detoxi-
 13 fication centers, adult and juvenile detention facili-
 14 ties, sexually transmitted disease clinics, HIV coun-
 15 seling and testing sites, mental health programs,
 16 and homeless shelters) and other entities under sec-
 17 tion 2652(a) for the purpose of facilitating early
 18 intervention for individuals newly diagnosed with
 19 HIV disease and individuals knowledgeable of their
 20 status but not in care;”.

21 **SEC. 104. SUPPORT SERVICES REQUIRED TO BE HEALTH**
 22 **CARE-RELATED.**

23 (a) IN GENERAL.—Section 2604(b)(1) (42 U.S.C.
 24 300ff-14(b)(1)) is amended—

1 (1) in the matter preceding subparagraph (A),
 2 by striking "HIV-related—" and inserting "HIV-re-
 3 lated services, as follows:";

4 (2) in subparagraph (A)—

5 (A) by striking "outpatient" and all that
 6 follows through "substance abuse treatment
 7 and" and inserting the following: "OUTPATIENT
 8 HEALTH SERVICES.—Outpatient and ambula-
 9 tory health services, including substance abuse
 10 treatment,"; and

11 (B) by striking "; and" and inserting a pe-
 12 riod;

13 (3) in subparagraph (B), by striking "(B) inpa-
 14 tient case management" and inserting "(C) INPA-
 15 TIENT CASE MANAGEMENT SERVICES.—Inpatient
 16 case management"; and

17 (4) by inserting after subparagraph (A) the fol-
 18 lowing:

19 "(B) OUTPATIENT SUPPORT SERVICES.—
 20 Outpatient and ambulatory support services (in-
 21 cluding case management), to the extent that
 22 such services facilitate, enhance, support, or
 23 sustain the delivery, continuity, or benefits of
 24 health services for individuals and families with
 25 HIV disease."

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

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

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

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

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

13 **SEC. 105. USE OF GRANT FUNDS FOR EARLY INTERVEN-**
 14 **TION SERVICES.**

15 (a) IN GENERAL.—Section 2604(b)(1) (42 U.S.C.
 16 300ff-14(b)(1)), as amended by section 104(a), is further
 17 amended by adding at the end the following:

18 “(D) EARLY INTERVENTION SERVICES.—
 19 Early intervention services as described in sec-
 20 tion 2651(b)(2), with follow-through referral,
 21 provided for the purpose of facilitating the ac-
 22 cess of individuals receiving the services to
 23 HIV-related health services, but only if the enti-
 24 ty providing such services—

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

3 “(II) is an entity constituting a point
4 of access to services, as described in para-
5 graph (2)(C), that maintains a relationship
6 with an entity described in subclause (I)
7 and that is serving individuals at elevated
8 risk of HIV disease;

9 “(ii) demonstrates to the satisfaction
10 of the chief elected official that no other
11 Federal, State, or local funds are available
12 for the early intervention services the enti-
13 ty will provide with funds received under
14 this paragraph; and

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

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

1 (1) in subparagraph (A), by striking "services
2 to individuals with HIV disease" and inserting
3 "services as described in section 2604(b)(1)"; and

4 (2) in subparagraph (B), by striking "services
5 for individuals with HIV disease" and inserting
6 "services as described in section 2604(b)(1)".

7 **SEC. 106. REPLACEMENT OF SPECIFIED FISCAL YEARS RE-**
8 **GARDING THE SUNSET ON EXPEDITED DIS-**
9 **TRIBUTION REQUIREMENTS.**

10 Section 2603(a)(2) (42 U.S.C. 300ff-13(a)(2)) is
11 amended by striking "for each of the fiscal years 1996
12 through 2000" and inserting "for a fiscal year".

13 **SEC. 107. HOLD HARMLESS PROVISION.**

14 Section 2603(a)(4) (42 U.S.C. 300ff-13(a)(4)) is
15 amended to read as follows:

16 "(4) LIMITATION.—With respect to each of fis-
17 cal years 2001 through 2005, the Secretary shall en-
18 sure that the amount of a grant made to an eligible
19 area under paragraph (2) for such a fiscal year is
20 not less than an amount equal to 98 percent of the
21 amount the eligible area received for the fiscal year
22 preceding the year for which the determination is
23 being made."

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

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

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

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

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

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

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

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

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

19 (A) by striking “paragraph (2)” and in-
20 serting “subsection (a)(2) and section 2613”;

21 (b) APPLICATION.—Section 2617(b) (42 U.S.C.
22 300ff-27(b)) is amended—

23 (1) in paragraph (1)(C)—

24 (A) by striking clause (i) and inserting the
25 following:

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

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

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

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

19 “(vi) the capacity development needs
20 resulting in gaps in the provision of HIV
21 services in historically underserved low-in-
22 come and rural low-income communities;
23 and

24 “(vii) the efficiency of the administra-
25 tive mechanism in rapidly allocating funds

1 to the areas of greatest need within the
2 State;"; and

3 (2) in paragraph (2)—

4 (A) in subparagraph (B), by striking
5 "and" at the end;

6 (B) by redesignating subparagraph (C) as
7 subparagraph (F); and

8 (C) by inserting after subparagraph (B),
9 the following:

10 "(C) an assurance that capacity develop-
11 ment needs resulting from gaps in the provision
12 of services in underserved low-income and rural
13 low-income communities will be addressed; and

14 "(D) with respect to fiscal year 2003 and
15 subsequent fiscal years, assurances that, in the
16 planning and allocation of resources, the State,
17 through systems of HIV-related health services
18 provided under paragraphs (1), (2), and (3) of
19 section 2612(a), will make appropriate provi-
20 sion for the HIV-related health and support
21 service needs of individuals who have been diag-
22 nosed with HIV disease but who are not cur-
23 rently receiving such services, based on the epi-
24 demiologic measures developed under paragraph
25 (1)(C)(i);".

1 SEC. 122. QUALITY MANAGEMENT.

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

5 (1) by striking subparagraph (C) and inserting
6 the following:

7 “(C) the State will provide for—

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

18 “(ii) a periodic review (such as
19 through an independent peer review) to as-
20 sess the quality and appropriateness of
21 HIV-related health and support services
22 provided by entities that receive funds
23 from the State under this part;”;

24 (2) by redesignating subparagraphs (E) and
25 (F) as subparagraphs (F) and (G), respectively;

1 (3) by inserting after subparagraph (D), the
2 following:

3 “(E) an assurance that the State, through
4 systems of HIV-related health services provided
5 under paragraphs (1), (2), and (3) of section
6 2612(a), has considered strategies for working
7 with providers to make optimal use of financial
8 assistance under the State medicaid plan under
9 title XIX of the Social Security Act, the State
10 Children’s Health Insurance Program under
11 title XXI of such Act, and other Federal grant-
12 ees that provide HIV-related services, to maxi-
13 mize access to quality HIV-related health and
14 support services;

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

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

19 (b) AVAILABILITY OF FUNDS FOR QUALITY MANAGE-
20 MENT.—

21 (1) AVAILABILITY OF GRANT FUNDS FOR PLAN-
22 NING AND EVALUATION.—Section 2618(c)(3) (42
23 U.S.C. 300ff-28(c)(3)) is amended by inserting be-
24 fore the period “, including not more than

1 \$3,000,000 for all activities associated with its qual-
2 ity management program”.

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

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

14 “(A) that portion of such amount in excess
15 of 15 percent of the grant is used for its quality
16 management program; and

17 “(B) the State submits and the Secretary
18 approves a plan (in such form and containing
19 such information as the Secretary may pre-
20 scribe) for use of funds for its quality manage-
21 ment program.”.

1 **SEC. 123. FUNDED ENTITIES REQUIRED TO HAVE HEALTH**
 2 **CARE RELATIONSHIPS.**

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

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

21 **SEC. 124. SUPPORT SERVICES REQUIRED TO BE HEALTH**
 22 **CARE-RELATED.**

23 (a) **TECHNICAL AMENDMENT.**—Section
 24 3(c)(2)(A)(iii) of the Ryan White CARE Act Amendments
 25 of 1996 (Public Law 104-146) is amended by inserting

1 “before paragraph (2) as so redesignated” after “insert-
2 ing”.

3 (b) SERVICES.—Section 2612(a)(1) (42 U.S.C.
4 300ff-22(a)(1)), as so designated by section 121(a), is
5 amended by striking “for individuals with HIV disease”
6 and inserting “, subject to the conditions and limitations
7 that apply under such section”.

8 (c) CONFORMING AMENDMENT TO STATE APPLICA-
9 TION REQUIREMENT.—Section 2617(b)(2) (42 U.S.C.
10 300ff-27(b)(2)), as amended by section 121(b), is further
11 amended by adding at the end the following:

12 “(E) an assurance that the State has pro-
13 ceedures in place to ensure that services pro-
14 vided with funds received under this section
15 meet the criteria specified in section
16 2604(b)(1)(B); and”.

17 **SEC. 125. USE OF GRANT FUNDS FOR EARLY INTERVEN-**
18 **TION SERVICES.**

19 Section 2612(a) (42 U.S.C. 300ff-22(a)), as amend-
20 ed by section 121, is further amended by adding at the
21 end the following:

22 “(6) EARLY INTERVENTION SERVICES.—The
23 State, through systems of HIV-related health serv-
24 ices provided under paragraphs (1), (2), and (3) of
25 section 2612(a), may provide early intervention serv-

1 ices, as described in section 2651(b)(2), with follow-
2 up referral, provided for the purpose of facilitating
3 the access of individuals receiving the services to
4 HIV-related health services, but only if the entity
5 providing such services—

6 “(A)(i) is receiving funds under section
7 2612(a)(1); or

8 “(ii) is an entity constituting a point of ac-
9 cess to services, as described in section
10 2617(b)(4), that maintains a referral relation-
11 ship with an entity described in clause (i) and
12 that is serving individuals at elevated risk of
13 HIV disease;

14 “(B) demonstrates to the State’s satisfac-
15 tion that no other Federal, State, or local funds
16 are available for the early intervention services
17 the entity will provide with funds received under
18 this paragraph; and

19 “(C) demonstrates to the State’s satisfac-
20 tion that funds will be utilized under this para-
21 graph to supplement not supplant other funds
22 made available by the entity for such services in
23 the year for which such funds are being uti-
24 lized.”.

1 **SEC. 126. AUTHORIZATION OF APPROPRIATIONS FOR HIV-**
 2 **RELATED SERVICES FOR WOMEN AND CHIL-**
 3 **DREN.**

4 Section 2625(c)(2) (42 U.S.C. 300ff-33(c)(2)) is
 5 amended by striking "fiscal years 1996 through 2000"
 6 and inserting "fiscal years 2001 through 2005".

7 **SEC. 127. REPEAL OF REQUIREMENT FOR COMPLETED IN-**
 8 **STITUTE OF MEDICINE REPORT.**

9 Section 2628 (42 U.S.C. 300ff-36) is repealed.

10 **SEC. 128. SUPPLEMENT GRANTS FOR CERTAIN STATES.**

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

14 **"SEC. 2622. SUPPLEMENTAL GRANTS.**

15 **"(a) IN GENERAL.—**The Secretary shall award sup-
 16 plemental grants to States determined to be eligible under
 17 subsection (b) to enable such States to provide comprehen-
 18 sive services of the type described in section 2612(a) to
 19 supplement the services otherwise provided by the State
 20 under a grant under this subpart in areas within the State
 21 that are not eligible to receive grants under part A.

22 **"(b) ELIGIBILITY.—**To be eligible to receive a supple-
 23 mental grant under subsection (a) a State shall—

24 **"(1)** be eligible to receive a grant under this
 25 subpart; and

1 “(2) demonstrate, in accordance with criteria
2 developed by the Secretary, that there is severe need
3 (including such factors as defined in section
4 2603(b)(2)(A)) for supplemental financial assistance
5 in areas in the State that are not served through
6 grants under part A.

7 “(c) APPLICATION.—A State that desires a grant
8 under this section shall, as part of the State application
9 submitted under section 2617, submit a detailed descrip-
10 tion of the manner in which the State will use amounts
11 received under the grant and of the severity of need. Such
12 description shall include—

13 “(1) a report concerning the dissemination of
14 supplemental funds under this section and the plan
15 for the utilization of such funds;

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

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

24 “(4) a demonstration of the ability of the State
25 to utilize such supplemental financial resources in a

1 manner that is immediately responsive and cost ef-
 2 fective;

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

8 “(6) a demonstration of the inclusiveness of the
 9 planning process, with particular emphasis on af-
 10 fected communities and individuals with HIV dis-
 11 ease; and

12 “(7) a demonstration of the manner in which
 13 the proposed services are consistent with local needs
 14 assessments and the statewide coordinated state-
 15 ment of need.

16 “(d) AMOUNT RESERVED FOR EMERGING COMMU-
 17 NTIES.—

18 “(1) IN GENERAL.—For awarding grants under
 19 this section for each fiscal year, the Secretary shall
 20 reserve the greater of 50 percent of the amount to
 21 be utilized under subsection (e) for such fiscal year
 22 or \$5,000,000, to be provided to States that contain
 23 emerging communities for use in such communities.

24 “(2) DEFINITION.—In paragraph (1), the term
 25 ‘emerging community’ means a metropolitan area—

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

3 “(B) for which there has been reported to
4 the Director of the Centers for Disease Control
5 and Prevention a cumulative total of between
6 1000 and 1999 cases of acquired immune defi-
7 ciency syndrome for the most recent period of
8 5 calendar years for which such data are avail-
9 able.

10 “(e) APPROPRIATIONS.—With respect to each fiscal
11 year beginning with fiscal year 2001, the Secretary, to
12 carry out this section, shall utilize 50 percent of the
13 amount appropriated under section 2677 to carry out part
14 B for such fiscal year that is in excess of the amount ap-
15 propriated to carry out such part in fiscal year preceding
16 the fiscal year involved.

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

18 (a) STATE DUTIES.—Section 2616(c) (42 U.S.C.
19 300ff-26(c)) is amended—

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

23 (2) by redesignating paragraphs (1) through
24 (5) as subparagraphs (A) through (E), respectively

1 and realigning the margins of such subparagraphs
2 appropriately;

3 (3) in subparagraph (D) (as so redesignated),
4 by striking "and" at the end;

5 (4) in subparagraph (E) (as so redesignated),
6 by striking the period and inserting "; and"; and

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

8 "(F) encourage, support, and enhance adher-
9 ence to and compliance with treatment regimens, in-
10 cluding related medical monitoring.";

11 (6) by striking "In carrying" and inserting the
12 following:

13 "(1) IN GENERAL.—In carrying"; and

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

15 "(2) LIMITATIONS.—

16 "(A) IN GENERAL.—No State shall use
17 funds under paragraph (1)(F) unless the limita-
18 tions on access to HIV/AIDS therapeutic regi-
19 mens as defined in subsection (e)(2) are elimi-
20 nated.

21 "(B) AMOUNT OF FUNDING.—No State
22 shall use in excess of 10 percent of the amount
23 set-aside for use under this section in any fiscal
24 year to carry out activities under paragraph
25 (1)(F) unless the State demonstrates to the

1 Secretary that such additional services are es-
 2 sential and in no way diminish access to thera-
 3 peutics.”.

4 (b) SUPPLEMENT GRANTS.—Section 2616 (42
 5 U.S.C. 300ff-26(c)) is amended by adding at the end the
 6 following:

7 “(e) SUPPLEMENTAL GRANTS FOR THE PROVISION
 8 OF TREATMENTS.—

9 “(1) IN GENERAL.—From amounts made avail-
 10 able under paragraph (5), the Secretary shall award
 11 supplemental grants to States determined to be eligi-
 12 ble under paragraph (2) to enable such States to in-
 13 crease access to therapeutics to treat HIV disease as
 14 provided by the State under subsection (c)(1)(B) for
 15 individuals at or below 200 percent of the Federal
 16 poverty line.

17 “(2) CRITERIA.—The Secretary shall develop
 18 criteria for the awarding of grants under paragraph
 19 (1) to States that demonstrate a severe need. In de-
 20 termining the criteria for demonstrating State sever-
 21 ity of need, the Secretary shall consider eligibility
 22 standards and formulary composition.

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

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

7 “(B) the State will not impose eligibility
8 requirements for services or scope of benefits
9 limitations under subsection (a) that are more
10 restrictive than such requirements in effect as
11 of January 1, 2000.

12 “(4) USE AND COORDINATION.—Amounts made
13 available under a grant under this subsection shall
14 only be used by the State to provide HIV/AIDS-re-
15 lated medications. The State shall coordinate the use
16 of such amounts with the amounts otherwise pro-
17 vided under this section in order to maximize drug
18 coverage.

19 “(5) FUNDING.—

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

1 “(B) MINIMUM AMOUNT.—In providing
2 grants under this subsection, the Secretary
3 shall ensure that the amount of a grant to a
4 State under this part is not less than the
5 amount the State received under this part in
6 the previous fiscal year, as a result of grants
7 provided under this subsection.”.

8 (c) SUPPLEMENT AND NOT SUPPLANT.—Section
9 2616 (42 U.S.C. 300ff-26(c)), as amended by subsection
10 (b), is further amended by adding at the end the following:

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

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

17 (a) IN GENERAL.—Section 2618(b)(1)(A)(i) (42
18 U.S.C. 300ff-28(b)(1)(A)(i)) is amended—

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

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

23 (b) **TECHNICAL AMENDMENT.**—Section
24 2618(b)(3)(B) (42 U.S.C. 300ff-28(b)(3)(B)) is amended
25 by striking “and the Republic of the Marshall Islands”

1 and inserting “, the Republic of the Marshall Islands, the
2 Federated States of Micronesia, and the Republic of
3 Palau”.

4 **SEC. 131. SET-ASIDE FOR INFANTS, CHILDREN, AND**
5 **WOMEN.**

6 Section 2611(b) (42 U.S.C. 300ff-21(b)) is
7 amended—

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

10 (2) by striking “ratio of the” and inserting
11 “ratio of each”.

12 **Subtitle C—Amendments to Part C**
13 **(Early Intervention Services)**

14 **SEC. 141. AMENDMENT OF HEADING; REPEAL OF FORMULA**
15 **GRANT PROGRAM.**

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

18 “PART C—EARLY INTERVENTION AND PRIMARY CARE
19 SERVICES”.

20 (b) **REPEAL.**—Part C of title XXVI (42 U.S.C.
21 300ff-41 et seq.) is amended—

22 (1) by repealing subpart I; and

23 (2) by redesignating subparts II and III as sub-
24 parts I and II.

25 (c) **CONFORMING AMENDMENTS.**—

1 (1) INFORMATION REGARDING RECEIPT OF
 2 SERVICES.—Section 2661(a) (42 U.S.C. 300ff-
 3 61(a)) is amended by striking “unless—” and all
 4 that follows through “(2) in the case of” and insert-
 5 ing “unless, in the case of”.

6 (2) ADDITIONAL AGREEMENTS.—Section 2664
 7 (42 U.S.C. 300ff-64) is amended—

8 (A) in subsection (e)(5), by striking
 9 “2642(b) or”;

10 (B) in subsection (f)(2), by striking
 11 “2642(b) or”; and

12 (C) by striking subsection (h).

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

14 (a) ALLOWING PLANNING AND DEVELOPMENT
 15 GRANT TO EXPAND ABILITY TO PROVIDE PRIMARY CARE
 16 SERVICES.—Section 2654(c) (42 U.S.C. 300ff-54(c)) is
 17 amended—

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

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

22 “(A) enabling such entities to provide HIV
 23 early intervention services; or

24 “(B) assisting such entities to expand the
 25 capacity, preparedness, and expertise to deliver

1 primary care services to individuals with HIV
 2 disease in underserved low-income communities
 3 on the condition that the funds are not used to
 4 purchase or improve land or to purchase, con-
 5 struct, or permanently improve (other than
 6 minor remodeling) any building or other facil-
 7 ity.”; and

8 (2) in paragraphs (2) and (3) by striking
 9 “paragraph (1)” each place that such appears and
 10 inserting “paragraph (1)(A)”.

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

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

16 (2) by inserting after paragraph (3) the fol-
 17 lowing:

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

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

22 “(B) CAPACITY DEVELOPMENT.—

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

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

4 (c) INCREASE IN LIMITATION.—Section 2654(c)(5)
5 (42 U.S.C. 300ff-54(c)(5)), as so redesignated by sub-
6 section (b), is amended by striking “1 percent” and insert-
7 ing “5 percent”.

8 **SEC. 143. AUTHORIZATION OF APPROPRIATIONS FOR CAT-**
9 **EGORICAL GRANTS.**

10 Section 2655 (42 U.S.C. 300ff-55) is amended by
11 striking “1996” and all that follows through “2000” and
12 inserting “2001 through 2005”.

13 **SEC. 144. ADMINISTRATIVE EXPENSES CEILING; QUALITY**
14 **MANAGEMENT PROGRAM.**

15 Section 2664(g) (42 U.S.C. 300ff-64(g)) is
16 amended—

17 (1) in paragraph (3), to read as follows:

18 “(3) the applicant will not expend more than 10
19 percent of the grant for costs of administrative ac-
20 tivities with respect to the grant;”;

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

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

24 “(5) the applicant will provide for the establish-
25 ment of a quality management program to assess

1 the extent to which medical services funded under
 2 this title that are provided to patients are consistent
 3 with the most recent Public Health Service guide-
 4 lines for the treatment of HIV disease and related
 5 opportunistic infections and that improvements in
 6 the access to and quality of medical services are ad-
 7 dressed.”.

8 **SEC. 145. PREFERENCE FOR CERTAIN AREAS.**

9 Section 2651 (42 U.S.C. 300ff-51) is amended by
 10 adding at the end the following:

11 “(d) PREFERENCE IN AWARDING GRANTS.—In
 12 awarding new grants under this section, the Secretary
 13 shall give preference to applicants that will use amounts
 14 received under the grant to serve areas that are deter-
 15 mined to be rural and underserved for the purposes of pro-
 16 viding health care to individuals infected with HIV or di-
 17 agnosed with AIDS.”.

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

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

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

1 (1) in paragraph (1), by striking subparagraphs
 2 (C) and (D); and
 3 (2) by striking paragraphs (3) and (4).

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

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

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

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

15 “(f) ADMINISTRATION.—

16 “(1) APPLICATION.—”; and

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

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

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

1 projects to existing sites under this section for purposes
 2 of enhancing and expanding voluntary access to HIV-re-
 3 lated research, especially within communities that are not
 4 reasonably served by such projects.”.

5 (e) AUTHORIZATION OF APPROPRIATIONS.—Section
 6 2671(j) (42 U.S.C. 300ff-71(j)) is amended by striking
 7 “fiscal years 1996 through 2000” and inserting “fiscal
 8 years 2001 through 2005”.

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

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

11 (1) by redesignating subsections (i) and (j), as
 12 subsections (j) and (k), respectively; and

13 (2) by inserting after subsection (h), the fol-
 14 lowing:

15 “(i) **LIMITATION ON ADMINISTRATIVE EXPENSES.**—

16 “(1) **DETERMINATION BY SECRETARY.**—Not
 17 later than 12 months after the date of enactment of
 18 the Ryan White Care Act Amendments of 2000, the
 19 Secretary, in consultation with grantees under this
 20 part, shall conduct a review of the administrative,
 21 program support, and direct service-related activities
 22 that are carried out under this part to ensure that
 23 eligible individuals have access to quality, HIV-re-
 24 lated health and support services and research op-

1 portunities under this part, and to support the pro-
2 vision of such services.

3 “(2) REQUIREMENTS.—

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

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

19 **SEC. 153. EVALUATIONS AND REPORTS.**

20 Section 2674(c) (42 U.S.C. 399ff-74(c)) is amended
21 by striking “1991 through 1995” and inserting “2001
22 through 2005”.

1 SEC. 154. AUTHORIZATION OF APPROPRIATIONS FOR
 2 GRANTS UNDER PARTS A AND B.

3 Section 2677 (42 U.S.C. 300ff-77) is amended to
 4 read as follows:

5 "SEC. 2677. AUTHORIZATION OF APPROPRIATIONS.

6 "There are authorized to be appropriated—

7 "(1) such sums as may be necessary to carry
 8 out part A for each of the fiscal years 2001 through
 9 2005; and

10 "(2) such sums as may be necessary to carry
 11 out part B for each of the fiscal years 2001 through
 12 2005."

13 **Subtitle E—Amendments to Part F**
 14 **(Demonstration and Training)**

15 SEC. 161. AUTHORIZATION OF APPROPRIATIONS.

16 (a) SCHOOLS; CENTERS.—Section 2692(c)(1) (42
 17 U.S.C. 300ff-111(c)(1)) is amended by striking "fiscal
 18 years 1996 through 2000" and inserting "fiscal years
 19 2001 through 2005".

20 (b) DENTAL SCHOOLS.—Section 2692(c)(2) (42
 21 U.S.C. 300ff-111(c)(2)) is amended by striking "fiscal
 22 years 1996 through 2000" and inserting "fiscal years
 23 2001 through 2005".

24 (c) DENTAL SCHOOLS AND PROGRAMS.—Section
 25 2692(b) of the Public Health Service Act (42 U.S.C.
 26 300ff-111(b)) is amended—

1 (1) in paragraph (1), by striking
 2 "777(b)(4)(B)" and inserting "777(b)(4)(B) (as
 3 such section existed on the day before the date of
 4 enactment of the Health Professions Education
 5 Partnerships Act of 1998 (Public Law 105-392))
 6 and dental hygiene programs that are accredited by
 7 the Commission on Dental Accreditation"; and

8 (2) in paragraph (2), by striking
 9 "777(b)(4)(B)" and inserting "777(b)(4)(B) (as
 10 such section existed on the day before the date of
 11 enactment of the Health Professions Education
 12 Partnerships Act of 1998 (Public Law 105-392))".

13 **TITLE II—MISCELLANEOUS** 14 **PROVISIONS**

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

16 (a) IN GENERAL.—Not later than 120 days after the
 17 date of enactment of this Act, the Secretary of Health and
 18 Human Services shall enter into a contract with the Insti-
 19 tute of Medicine for the conduct of a study concerning
 20 the appropriate epidemiological measures and their rela-
 21 tionship to the financing and delivery of primary care and
 22 health-related support services for low-income, uninsured,
 23 and under-insured individuals with HIV disease.

24 (b) REQUIREMENTS.—

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

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

7 (A) the availability and utility of health
 8 outcomes measures and data for HIV primary
 9 care and support services and the extent to
 10 which those measures and data could be used to
 11 measure the quality of such funded services;

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

18 (C) existing and needed epidemiological
 19 data and other analytic tools for resource plan-
 20 ning and allocation decisions, specifically for es-
 21 timating severity of need of a community and
 22 the relationship to the allocations process; and

23 (D) other factors determined to be relevant
 24 to assessing an individual's or community's

1 ability to gain and sustain access to quality
2 HIV services.

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

Sec. 2. References; Table of Contents

1. Table of Contents needs to be reordered.

Sec. 103. Funded Entities required to have health care referral relationships.

1. Insert into list on page 9 line 16 to 20 and page 20 lines 10 to 14 the following "mental health programs".

Sec. 105 and Sec. 125. Use of grant funds for early intervention services.

1. Bill please insert "Supplement not supplant" language into sections 105 and sec. 125 where appropriate.

Sec. 107. Hold harmless provision

1. Page 13, Eliminate lines 20 through page 14 line 2.

Sec. 128 Supplement Grants for Certain States.

1. Amend Page 23 line 17 in the following way:
 - (2) Demonstrate in accordance with criteria developed by the Secretary that there is severe need (including such factors as defined in section 2603(b)(2)(A)) for supplemental financial assistance in areas in the State that are not served through grants under part A.

Sec. 129. Use of treatment funds.

1. Amend "(b) Supplemental Grants" page 27 line 19 to read as below:
 - (c) Supplemental grants for the provision of treatments
 - (1) In general.-- From amounts made available under paragraph (5), the Secretary shall award supplemental grants to States determined to be eligible under paragraph (2) to enable such States to increase access to therapeutics to treat HIV disease as provided by the State under subsection (c)(1)(B) for individuals at or below 200% of the Federal Poverty line.
 - (2) Criteria.-- The Secretary shall develop criteria for awarding of grants under paragraph (1) to States that demonstrate a severe need. In determining the criteria for demonstrating State severity of need, the Secretary shall consider eligibility standards and formulary composition.
2. Eliminate lines 14 to 23 page 28.
3. Amend (A) starting page 29 line 23 by striking "may reserve not to exceed 4 percent, but not less than 2 percent," and replace with "shall reserve 3 percent" .

Sec. 145. Preference for certain areas.

1. Replace sub-section (d) on page 35 with lines 16 to 21 with language below:
 - (d) Preference in Awarding Grants.-- In awarding grants under this section, the Secretary shall give preference to applicants that will use amounts received under the grants to serve areas that are determined to be rural and underserved for the purposes of providing health care to people infected with HIV diagnosed with AIDS.

Dental Program

1. Please insert into Part F language that includes accredited dental hygiene programs.

The Ryan White CARE Act is authorized under Title XXVI of the Public Health Service Act. It provides assistance under four program Titles and through Part F, which includes the AIDS Education and Training Centers (AETC) Program, the HIV/AIDS Dental Reimbursement Program, and the Special Projects of National Significance (SPNS) Program.

TITLE I-AMENDMENTS TO HIV HEALTH CARE PROGRAM

Title I provides emergency relief to eligible metropolitan areas (EMAs) that are disproportionately affected by HIV/AIDS. The FY 2000 appropriation totaled \$546.5 million in formula and supplemental funds and was awarded to 51 EMAs.

Subtitle A-Purpose; Amendments to Part A (Title I, Emergency Relief Grants)

- Sec. 101. Duties of Planning Council, funding priorities, quality assessment.**
Amends Section 2602
Adds homeless service providers to planning councils and clarifies responsibilities of the planning council, including: the development of priorities for resource allocations including the availability of other funding sources such as Medicaid and State Children's Health Insurance Program (SCHIP); the consideration of capacity development needs; and the phased in requirement of planning for individuals with HIV disease not currently in care.
- Sec. 102. Quality management.**
Amends Section 2604 and 2605(a)
Establishes funding limits for quality management programs of the lesser of 5% of grant or \$3 million. Grantee is required to provide for a quality management program to ensure that medical services provided to patients are consistent with the most recent PHS guidelines for the treatment of HIV disease and related opportunistic infections and that improvements in the access to and quality of medical services are addressed.
- Sec. 103. Funded entities required to have health care referral relationships**
Amend Section 2604(e)(1) and 2605(a):
Includes the State Children's Health Insurance Program in the existing requirement that grantees be eligible Medicaid providers in order to receive grants under the CARE Act and requires organizations receiving subgrants to maintain referral relationships with points of entry to the health care system for the purpose of facilitating early intervention services for persons newly diagnosed with HIV disease and persons knowledgeable of their HIV status but not in care.
- Sec. 104. Support services required to be health care related.**
Amends Section 2604(b)(1) and 2605(a)
Requires that support services funded through the Act facilitate or enhance the delivery, continuity, or benefits of health services. Defines the appropriate types of services to be funded by the EMA.
- Sec. 105. Use of grant funds for early intervention services.**
Amends Section 2604(b)(1) and 2605(a)(1)
Allows grantees to include HIV early intervention activities to support early diagnosis and provide linkages into care among populations at high risk from HIV. Funding to be limited to only those provider sites serving as key points of entry or current Ryan White funded medical sites. Sites must demonstrate that funds for these services supplement but do not supplant existing funds and that other funds are unavailable.
- Sec. 106. Replacement of specified fiscal years regarding the sunset on expedited distribution requirement.**
Amends 2603(a)(2)

- Sec. 107. Hold harmless provision.**
Amends Section 2603(a)(4)
 Updates the hold harmless provision by providing that current Title I EMAs grants be adjusted by no more than an annual 2% per year reduction from FY2000 funding, for a maximum of 10% over 5 years.
- Sec. 108. Set-aside for infants, children, and women.**
Amends Section 2604(b)(3)
 Continues existing set-aside for infants, children and women but requires that funds be allocated proportionately according to the percentage that each group represents in the eligible area.

TITLE II-AMENDMENTS TO HIV CARE GRANT PROGRAM

Title II assists States and territories to improve the quality, availability, and organization of health care and support services for individuals and families with HIV disease, and provides access to needed pharmaceuticals through the AIDS Drug Assistance Program (ADAP). The FY 2000 appropriations totaled \$824 million, including \$528 for ADAP.

Subtitle B-Amendments to Part B (Title II, Grants to States)

- Sec. 121. State requirements concerning identification of need and allocation of resources**
Amends Section 2612 and 2617(b)
 Continues States' priority setting and funding allocations requirements and adds new factors, including: the size and demographics of the population with HIV disease; capacity development needs; and individuals with HIV disease not currently in care (phased in during FY 2003).
- Coordination with Medicaid and State Children's Health Insurance Program (SCHIP) and with other service providers.**
 Requires Grantees to coordinate Medicaid and SCHIP program funding with CARE Act funds.
- Sec. 122. Quality management.**
Amends Section 2617 (b)(4) and 2618(c)(3)
 States are required to provide for a quality management program to ensure that medical services are consistent with the PHS guidelines for the treatment of HIV disease and related opportunistic infections and that improvements in the access to and quality of medical services are addressed. Funding limits are established for quality management services, with an exception for smaller States that receive \$1,500,000 or less.
- Sec. 123. Funded entities required to have health care referral relationships.**
Amends Section 2617(b)(4)
 Requires organizations receiving subgrants to maintain referral relationships with points of entry to the health care system for the purpose of facilitating early intervention services for persons newly diagnosed with HIV disease and persons knowledgeable of their HIV status but not in care.
- Sec. 124. Support services required to be health care related.**
Amends Section 3 of Public law 104-146, and PHS Act section 2612(a)(1) and 2617(b)(2)
 Requires that support services funded under title II facilitate or enhance the delivery, continuity, or benefits of health services. Defines the appropriate types of services to be funded by the States.
- Sec. 125. Use of grant funds for early intervention services.**
Amends Section 2612(a)
 Allows grantees to include HIV early intervention activities to support early diagnosis and provide linkages into care among populations at high risk from HIV. Funding to be limited to only those provider sites serving as key points of entry or current Ryan White funded medical sites. Sites must demonstrate that

funds for these services supplement but do not supplant existing funds and that other funds are unavailable.

Sec. 126. Authorization of appropriations for HIV-Related services for women and children.
Amends Section 2625(c)(2)
Authorization for appropriations for these services is amended for FY 2001-2005

Sec. 127. Repeal requirement of completed Institute of Medicine study.
Repeals Section 2628

Sec. 128. Supplement grants for certain States.
Creates new Section 2622 Section
Creates a supplemental grant to meet HIV care and support needs in non-EMA areas. Funding preference will be given to emerging communities defined as cities with between 1000 and 1999 reported AIDS cases in the most recent five year period. Funds for this supplemental grant shall be equal to 50% of newly appropriated funding for each fiscal year under Part B.

Sec. 129. Use of the treatment funds.
Amends Section 2616(c)
Clarifies the intent of funding for treatments and services related to treatments. Creates 10% cap for services that encourage, support and enhance adherence with treatment regimens, including medical monitoring.

ADAP Supplement

Creates a supplemental grant to enable States to provide assistance to individuals living at or below 200% of the FPL. Supplemental funds shall be available to States who are unable to provide access to HIV therapeutic regimens to all eligible individuals due to the high cost of and severe need for these therapeutic regimens within the State. The Secretary is authorized to reserve 3 per cent of ADAP appropriations, which shall be used only for the purchase of therapeutics. States shall match the Federal supplement at a rate of 1:4.

Sec. 130. Increase in the minimum allotment.
Amends Section 2618(b)(1)(A)(i) and 2618(b)(3)(B)
Doubles existing minimum Title II base award to \$200,000 for States with less than 90 living cases of AIDS and to \$500,000 for States with 90 or more living cases of AIDS. Adds the Federated States of Micronesia and the Republic of Palau as entities eligible to receive Title II funds.

Sec. 131. Set-aside for infants, children, and women.
Amends Section 2611(b)
Continues existing set-aside for infants, children and women but requires that funds be allocated proportionately according to the percentage that each group represents in the State.

TITLE III-AMENDMENTS TO EARLY INTERVENTION SERVICES

Title III provides support for early intervention and primary care services for people with HIV/AIDS. For FY 2000, Title III was appropriated \$138.4 million.

Subtitle C-Amendments to Part C (Title III, Early Intervention Services)

Sec. 141. Amendment of heading; repeal of formula grant program.
Repeals part C of title XXVI and Amends Section 2661(a) and 2664
Repeals formula grant program that has never been funded.

Sec. 142. Planning and development grants.

Amends Section 2654(c)
Creates new capacity development grants for underserved low income urban and low income rural areas, to a maximum of \$150,000 period, for the purposes of expanding capacity, preparedness, and expertise to deliver primary care. Increases the percentage of appropriations under this section that can be used for planning and capacity development grants from 1% to 5%;

Sec. 143. Authorization of appropriations for categorical grants.
Amends Section 2655
Amends language to update authorization for FY 2001-2005 appropriations.

Sec. 144. Administrative expenses ceiling; quality management program.
Amends Section 2664(g)
Increases the administrative cap for the directly funded Title III programs to 10 % from their current level of 7.5 % to correspond to the similar 10% cap on individual contractors in Title I. Requires grantees to implement a quality management program.

Sec. 145. Preference for certain areas.
Amends Section 2651
Provision will require HRSA to consider preferentially Title III grant-funding applications from rural and underserved areas.

TITLE IV-AMENDMENTS TO GENERAL PROVISIONS

Title IV enhances access to comprehensive care for children, youth, women and their families infected with or at risk for HIV, and access to research of potential clinical benefit. The FY 2000 appropriation was \$51 million.

Subtitle D-Amendments to Part D (Title IV, General Provisions)

Sec 151. Research involving women, infants children and youth.
Amends Section 2671(b), (d) and (f)
Removes the requirement that Title IV grantees enroll a "significant number" of patients in research project but requires better documentation of the linkages between care and research. Requires Secretary, through NIH, to examine the distribution and availability of HIV-related clinical programs for purposes of enhancing and expanding access. Updates authorization for FY 2001-2005 appropriations.

Sec. 152. Limitation on Administrative expenses.
Amends Section 2671
Requires the Secretary to conduct a review of administrative and program support, in consultation with grantees, to determine FY 2002 limitations on allowable amounts for administrative and program support expenses.

Sec. 153. Evaluations and reports.
Amends Section 2674(c)
Updates authorization for FY 2001-2005 appropriations.

Sec. 154. Authorizations of appropriations for grants under parts A and B.
Amends Section 2677
Updates authorization for FY 2001-2005 appropriations.

PART F-AMENDMENTS TO DEMONSTRATION AND TRAINING

The SPNS Program supports the development of innovative HIV/AIDS service delivery models that have potential for replication in other areas, locally and nationally. The AETC Program supports training for health care providers to counsel, diagnose, treat, and manage individuals with HIV infection and to help prevent high risk behaviors that cause

Subtitle E-Amendments to Part F (Demonstration and Training)

Sec. 161 Authorization of appropriations.

Amends Section 2692(c)(1)

Amends language to update authorization for 2001-2005 appropriations.

TITLE II-MISCELLANEOUS PROVISIONS

Sec. 201. Institute of Medicine study.

Authorizes the Secretary to request that the Institute of Medicine complete a study, within two years after the enactment of this Act, of the financing and delivery of primary care and support services for low income, uninsured, and under-insured individuals with HIV disease.

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