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REVISED 02/10/00

The Honorable J. Dennis Hastert
Speaker of the House of Representatives
Washington, D.C. 20515

Dear Mr. Speaker:

Enclosed for the consideration of the Congress is the Administration's draft bill entitled the " Ryan White CARE Act Amendments of 2000". The bill amends programs for providing health and support services to individuals with Human Immunodeficiency Virus (HIV) disease under title XXVI of the Public Health Service Act (popularly known as the Ryan White CARE Act, or as the CARE Act), and extends authorizations for these programs through FY 2005. Key changes made by the bill are summarized below. The provisions of the bill are detailed in the enclosed section-by-section summary.

Since the AIDS epidemic began in 1981, more than 385,000 men, women and children in the United States have lost their lives to this disease. The CARE Act, enacted in 1990 and reauthorized in 1996, has provided nearly $6.4 billion in funding to date toward the development of an effective service delivery system to respond to the complex challenges of this disease. The CARE Act has also afforded a unique opportunity to local communities, where HIV care planning and priority setting processes are intended to respond to the specific needs of those communities. The CARE Act has provided an innovative Federal response in working with States, with heavily affected metropolitan areas, and with community-based providers in responding aggressively to HIV. The CARE Act has provided essential primary care and support services to an estimated 500,000 individuals yearly. Its beneficiaries are persons with HIV disease who have low incomes and are uninsured or underinsured. For most of these persons, the CARE Act provides the only available source of health care for the complex medical and support needs they have related to HIV disease.

While HIV/AIDS deaths have declined significantly in the last several years, key challenges remain. AIDS remains a leading cause of death in communities of color, and the largest increases in HIV/AIDS are among women, youth, racial and ethnic minorities, and injection drug users and their sexual partners. Of the estimated 750,000 individuals living with HIV in the United States, over 250,000 are aware of their HIV status yet are not in care. Geographic distribution of cases makes clear the growing need to develop primary care capacity in underserved urban communities as well as in remote and underserved rural areas of the country where we see little or no HIV care infrastructure.

Several provisions of the bill focus on improving access to HIV services by individuals with HIV disease but not currently receiving HIV-related care. The bill requires grantees under part A (emergency relief grants to substantially affected metropolitan areas) and part B (grants to States) of the CARE Act to estimate the size of the population with HIV disease but not currently receiving care and to use that estimate in their process for allocating grant funds. It also requires that care providers funded under those grants establish referral relationships with emergency rooms and other entities through which individuals with HIV disease gain access to the health care system. It allows limited use of funds under these parts to provide early intervention services such as HIV-testing and counseling, in order to facilitate access to other HIV-related services, where no other government funds are available to provide these early intervention services. Finally, it amends the dental care program, expanding the set of eligible providers to include community health centers and other entities and changing the program from a cost-reimbursement program to a competitive grant program.

The bill adds a requirement that all grants under the CARE Act for provision of services include a quality management program, in which the grantee formulates performance goals and measures with respect to ensuring timely access to services, quality of services, health outcomes, and cost-effectiveness, and then assesses its performance in those areas. This will give grantees a tool to improve the effectiveness and quality of their services.

The bill adds a requirement that support services may be funded under parts A and B of the CARE Act only to the extent that those services facilitate or improve health care services under those parts. Since the CARE Act was initially enacted in 1990, there have been significant advancements in the breadth and effectiveness of medical care for persons with HIV disease. This change will ensure that the primary purpose of these grants is the provision of a continuum of services focused on improving health outcomes for individuals and families with this disease.

~~The bill adds a new program of grants to develop or expand the capacity to deliver primary care services to individuals with HIV disease. Grant funds will be used for activities including developing sound management functions and addition of needed services, and will not be used for construction or similar capital improvements. Grants will be awarded based on the need for additional service capacity in the area served by the applicant, on the applicant's ability to develop or expand such capacity within two years, and on its ability to coordinate its services with points of access to the health care system. Preference will go to entities in historically underserved low-income communities that can provide or ensure access to primary care for residents of those communities and to entities that are currently providing HIV services and are affiliated with community-based service providers that are not currently able to provide significant HIV services. The bill authorizes appropriations of such sums as necessary for this program for FYs 2001-2005.~~

[Substitute language emphasizing the importance to develop and expand capacity to deliver primary care services to individuals with HIV disease consistent with the new language contained in section 2604(1)(C) and 2613(1)(C)]

Finally, the bill requires the Secretary to request that the Institute of Medicine perform a study of the financing and delivery of HIV services under the CARE Act to low-income, uninsured, and underinsured individuals with HIV disease.

The CARE Act has made a significant difference in the lives of individuals with HIV disease by bringing health and hope to hundreds of thousands of individuals. These grants have placed funds where they are most needed so that hard hit communities can tailor an effective response to the epidemic at the local and state level. The modifications included in the bill will strengthen the Act and thus the government's response to the epidemic.

We urge the Congress to give the draft bill its prompt and favorable consideration. The Office of Management and Budget has advised that there is no objection to the submission of this draft bill to the Congress and that its enactment would be in accord with the program of the President.

Sincerely,

Donna E. Shalala

Enclosures

A BILL

To extend and amend the Ryan White CARE Act programs under title XXVI of the Public Health Service Act, to improve access to health care and 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.

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

SECTION 1. SHORT TITLE.

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

SEC. 2. REFERENCES; TABLE OF CONTENTS.

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

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

TITLE I—AMENDMENTS TO HIV HEALTH CARE PROGRAM

(TITLE XXVI OF THE PUBLIC HEALTH SERVICE ACT)

PART A—PURPOSE; AMENDMENTS TO PART A—

EMERGENCY RELIEF GRANTS

SEC. 101. SHORT TITLE; PURPOSE.

Title XXVI is amended by inserting before part A the following new section:

"SEC. 2600. SHORT TITLE; PURPOSE.

"(a) SHORT TITLE.—This title may be cited as the 'Ryan White CARE Act'.

"(b) PURPOSE.—It is the purpose of this title—

"(1) to provide emergency assistance to localities that are disproportionately affected by the Human Immunodeficiency Virus epidemic;

"(2) to make financial assistance available to States and other public or nonprofit private entities to provide for the development, organization, coordination, and operation of more effective and cost-efficient systems for the delivery of essential services to individuals with HIV disease and their families; and

"(3) to ensure, to the extent possible, that individuals and families with HIV disease receive a comprehensive continuum of essential medical and support services, including early intervention services.".

SEC. 102. DUTIES OF PLANNING COUNCIL: RELOCATION OF PROVISION; AMENDMENTS CONCERNING FUNDING PRIORITIES, QUALITY ASSESSMENT.

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

(1) in subsection (b)(4), by striking "shall—" and all that follows and inserting "shall have the responsibilities specified in subsection (d); and

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

"(d) DUTIES OF PLANNING COUNCIL.—The planning council established under subsection (b) shall have the following duties:

"(1) PRIORITIES FOR ALLOCATION OF FUNDS.—The council shall establish priorities for the allocation of funds within the eligible area, including how best to meet each such priority and additional factors that a grantee should consider in allocating funds under a grant, based on the following factors:

"(A) the size and demographic characteristics of the population with HIV

disease (including the numbers of individuals with HIV disease in the area who are and who are not receiving HIV-related health services), as estimated on the basis of available epidemiologic data and using such recognized population-based assessment and modeling techniques as the Secretary may prescribe;

"(B) documented needs of the population with HIV disease (including needs of individuals who have been diagnosed with HIV disease but who are not currently receiving HIV-related health care services), with particular attention to disparities in health outcomes among affected subgroups (including women) within the eligible area;

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

"(D) priorities of the communities with HIV disease for whom the services are intended, including priorities addressing the health and related support service needs of individuals not currently receiving such services;

"(E) strategies for making optimal use of financial assistance available under the State Medicaid plan under title XIX of the Social Security Act to cover health care costs of eligible individuals and families with HIV disease; and

"(F) availability of other governmental and non-governmental resources.

"(2) COMPREHENSIVE SERVICE DELIVERY PLAN.—The council shall develop a comprehensive plan for the organization and delivery of health and support services described in section 2604 that is compatible with any existing State or local plan regarding the provision of such services to individuals with HIV disease.

"(3) QUALITY MANAGEMENT PROGRAM.—The council, directly or through contractual arrangements, shall implement a quality management program.

"(4) ASSESSMENT OF FUND ALLOCATION EFFICIENCY.—The council shall assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area.

"(5) STATEWIDE STATEMENT OF NEED.—The council shall participate in the development of the statewide coordinated statement of need initiated by the State public health agency responsible for administering grants under part B.

"(6) COMMUNITY PARTICIPATION.—The council shall establish methods for obtaining input on community needs and priorities which may include public meetings, conducting focus groups, and convening ad-hoc panels.".

SEC. 103. QUALITY MANAGEMENT.

(a) QUALITY MANAGEMENT PROGRAM DEFINED.—Section 2676 (42 U.S.C. 300ff-76) is amended—

(1) by redesignating paragraph (12) as paragraph (13); and

(2) by inserting after paragraph (11) the following new paragraph:

"(12) QUALITY MANAGEMENT PROGRAM.—

"(A) IN GENERAL.—The term 'quality management program' means, with respect to a grant under which services are provided to individuals or families under this title, a program under which, using such methods and criteria as the Secretary may establish,—

"(i) performance goals and measures are established regarding the effectiveness of the services provided under the grant with respect to the outcomes listed in subparagraph (B);

"(ii) an assessment is conducted of the effectiveness of the grant program concerned under this part with respect to such outcomes; and

"(iii) the results of the assessment are used to assist the grantee in determining whether modifications are needed in the grantee's operations and delivery of services under the grant program.

"(B) PROGRAM OUTCOMES TO BE ASSESSED.—The quality management program under subparagraph (A) shall be designed to assess the grant program from the standpoint of—

"(i) effectiveness in encouraging and ensuring timely access to appropriate health and support services by individuals diagnosed with HIV disease, including individuals not currently receiving HIV-related health services;

"(ii) quality of the services;

"(iii) health outcomes; and

"(iv) cost-effectiveness.".

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

(1) by redesignating paragraphs (3) through (6) as paragraphs (4) through (7); and

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

"(3) that the planning council has satisfied (or, as appropriate with respect to requirements for a quality management program, will satisfy) all requirements under section 2602(d).".

(c) CEILING ON FUNDS AVAILABLE FOR QUALITY MANAGEMENT.—Section 2604 (42 U.S.C. 300ff-14) is amended by adding at the end the following new subsection:

"(g) QUALITY MANAGEMENT.—From amounts received under a grant awarded under this part, the chief elected official of an eligible area may use, for activities associated with its quality management program, no more than the lesser of—

"(1) 5 percent of amounts received under the grant; or

"(2) $3,000,000.".

SEC. 104. FUNDED ENTITIES REQUIRED TO HAVE HEALTH CARE REFERRAL RELATIONSHIPS.

Section 2604(b)(2) (42 U.S.C. 300ff-14(b)(2)) is amended—

(1) in subparagraph (A), by striking "Subject to subparagraph (B)" and inserting " Subject to subparagraphs (B) and (C)"; and

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

"(C) HEALTH CARE REFERRAL RELATIONSHIPS.—In order to be eligible for financial assistance under paragraph (1), an entity shall maintain referral relationships, as defined by the Secretary, with entities in the area that constitute key points of access to the health care system for individuals with HIV disease (including all emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV counseling and testing sites, and family planning clinics) for the purpose of facilitating access to HIV-related services.".

SEC. 105. SUPPORT SERVICES REQUIRED TO BE HEALTH CARE-RELATED.

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

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

(2) in subparagraph (A)—

(A) by striking everything through "substance abuse treatment and" and inserting the following:

"(A) OUTPATIENT HEALTH SERVICES.—Outpatient and ambulatory health services, including substance abuse treatment,"; and

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

(3) in subparagraph (B), by striking "(B) inpatient case management" and inserting "(C) INPATIENT CASE MANAGEMENT SERVICES.—Inpatient case management"; and

(4) by inserting after subparagraph (A) the following new subparagraph:

"(B) OUTPATIENT SUPPORT SERVICES.—Outpatient and ambulatory support services (including case management), to the extent that such services facilitate, enhance, support, or sustain the delivery, continuity, or benefits of health services for individuals and families with HIV disease.".

(b) CONFORMING AMENDMENT TO APPLICATION REQUIREMENTS.—Section

2605(a) (42 U.S.C. 300ff-15(a)), as amended by section 103, is further amended—

(1) in paragraph (6), by striking "and" at the end;

(2) in paragraph (7), by striking the period and inserting "; and"; and

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

"(8) that the eligible area has procedures in place to ensure that services provided with funds received under this part meet the criteria specified in section 2604(b)(1).".

SEC. 106. USE OF GRANT FUNDS FOR EARLY INTERVENTION SERVICES.

(a) IN GENERAL.—Section 2604(b)(1) (42 U.S.C. 300ff-14(b)(1)), as amended by section 105, is further amended by adding at the end the following new subparagraph:

"(D) EARLY INTERVENTION SERVICES.—Early intervention services as described in section 2651(b)(2), with follow-through referral, provided for the purpose of facilitating access of individuals receiving the services to HIV-related health services, but only if the entity providing such services—

"(i)(I) is receiving funds under subparagraph (A) or (C), or

"(II) is an entity constituting a point of access to services, as described in paragraph (2)(C), that maintains a referral relationship with an entity described in subclause (I) and that is serving individuals at elevated risk of HIV disease); and

"(ii) demonstrates to the satisfaction of the chief elected official that no other Federal, State, or local funds are available for the early intervention services the entity will provide with funds received under this paragraph.".

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

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

(2) in subparagraph (B), by striking "services for individuals with HIV disease"

and inserting "services as described in section 2604(b)(1)".

SEC. 107. ELIMINATION OF SUNSET ON EXPEDITED DISTRIBUTION REQUIREMENT.

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

PART B—AMENDMENTS TO PART B—CARE GRANT PROGRAM

SEC. 121. CONSORTIA REQUIREMENTS CONCERNING IDENTIFICATION OF NEED AND ALLOCATION OF RESOURCES.

(a) ESTIMATE OF SIZE AND DEMOGRAPHIC CHARACTERISTICS OF POPULATION WITH HIV DISEASE.—Section 2613(c)(1) (42 U.S.C. 300ff-23(c)(1)) is amended—

(1) by redesignating subparagraphs (B) through (E) as subparagraphs (C) through (F); and

(2) by adding after subparagraph (A) the following new subparagraph:

"(B) includes an assessment of the size and demographic characteristics of the population with HIV disease in the geographic area to be served (including the numbers of individuals with HIV disease who are and who are not receiving HIV-related health services), as estimated on the basis of available epidemiologic data and using such recognized population-based assessment and modeling techniques as the Secretary may prescribe;".

(b) INDIVIDUALS NOT YET RECEIVING CARE CONSIDERED IN PROGRAM PLANNING AND RESOURCE ALLOCATION.—Section 2613(c)(1)(C) (42 U.S.C. 300ff-23(c)(1)(C)), as redesignated by subsection (a) of this section, is amended—

(1) by striking "and" at the end of clause (iii);

(2) by redesignating clause (iv) as clause (v); and

(3) by inserting after clause (iii) the following new clause:

"(iv) assurances that, in planning its program and in allocating

resources, the applicant will make appropriate provision for the health and related support service needs of individuals who have been diagnosed with HIV disease but who are not currently receiving such services;".

SEC. 122. COORDINATION WITH MEDICAID.

(a) RESPONSIBILITY OF CONSORTIA TO CONSIDER AVAILABILITY OF MEDICAID BENEFITS.—Section 2613(c)(1)(C) (42 U.S.C. 300ff-23(c)(1)(C)), as redesignated and amended by section 121, is further amended—

(1) by redesignating clause (v) as clause (vi); and

(2) by inserting after clause (iv) the following new clause:

"(v) assurances that the consortium has considered strategies for making optimal use of financial assistance under the State Medicaid plan under title XIX of the Social Security Act to cover health care costs of eligible individuals and families with HIV disease; and".

(b) RESPONSIBILITY OF STATE TO CONSIDER AVAILABILITY OF MEDICAID BENEFITS.—Section 2617(b)(2)(B) (42 U.S.C. 300ff-27(b)(2)(B)) is amended by inserting before the semicolon "(including in particular services available to individuals and families with HIV disease pursuant to the State Medicaid plan under title XIX of the Social Security Act)".

SEC. 123. QUALITY MANAGEMENT.

(a) STATE REQUIREMENT FOR QUALITY MANAGEMENT.—Section 2617(b)(4)(C) (42 U.S.C. 300ff-27(b)(4)(C)) is amended to read as follows:

"(C) the State will provide for a quality management program, the assessment component of which is performed at least annually by independent peer review;".

(b) AVAILABILITY OF FUNDS FOR QUALITY MANAGEMENT.—

(1) AVAILABILITY OF GRANT FUNDS FOR PLANNING AND EVALUATION.—Section 2618(c)(3) (42 U.S.C. 300ff-28(c)(3)) is amended by inserting before the period ", including no more than $3,000,000 for all activities associated with

its quality management program".

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

"(6) EXCEPTION.—Notwithstanding paragraph (5), a State whose grant under this part for a year does not exceed $1,500,000 may use amounts not exceeding 20 percent of the grant for the purposes described in paragraphs (3) and (4) if—

"(A) that portion of such amounts in excess of 15 percent of the grant is used for its quality management program; and

"(B) the State submits and the Secretary approves a plan (in such form and containing such information as the Secretary may prescribe) for use of funds for its quality management program.".

SEC. 124. CONSORTIA REQUIRED TO HAVE HEALTH CARE REFERRAL RELATIONSHIPS.

Section 2613(c)(1) (42 U.S.C. 300ff-23(c)(1)), as amended by section 121, is further amended—

(1) by redesignating subparagraphs (E) and (F) as subparagraphs (F) and (G); and

(2) by inserting after subparagraph (D) the following new subparagraph:

"(E) provides assurances that the consortium maintains referral relationships, as defined by the Secretary, with entities in the area served that constitute key points of access to the health care system for individuals with HIV disease (including all emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV counseling and testing sites, and family planning clinics) for the purpose of facilitating access to HIV-related services.".

SEC. 125. SUPPORT SERVICES REQUIRED TO BE HEALTH CARE-RELATED.

(a) GENERAL AUTHORITY TO USE GRANT FUNDS.—

(1) IN GENERAL.—Section 2612(1) (42 U.S.C. 300ff-22(1)) is amended by striking "for individuals with HIV disease" and inserting ", subject to the conditions and limitations that apply under such section".

(2) CONFORMING AMENDMENT TO STATE APPLICATION REQUIREMENT.—Section 2617(b)(2) (42 U.S.C. 300ff-27(b)(2)) is amended—

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

(B) by adding at the end the following new subparagraph:

"(C) an assurance that the State has procedures in place to ensure that services provided with funds received under this section meet the criteria specified in section 2612.".

(b) USE OF GRANT FUNDS BY CARE CONSORTIA.—

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

(A) in the matter preceding paragraph (1), by striking "an entity that—" and inserting "an entity that satisfies the conditions stated in paragraphs (1) and (2).";

(B) in paragraph (1),—

(i) by striking "is an association" and inserting "STRUCTURE OF CONSORTIUM.—The entity is an association";

(ii) by striking "; and" at the end and inserting a period; and

(iii) by inserting at the end of the paragraph "An entity or entities of the type described in this paragraph shall hereinafter be referred to in this title as a 'consortium' or 'consortia'.";

(C) in paragraph (2),—

(i) by striking "agrees to use" and inserting "AGREEMENT AS TO USE OF FUNDS.—The entity agrees to use";

(ii) by striking "may include—" and inserting "may include services described in subparagraphs (A) and (B).";

(iii) in subparagraph (A),—

(I) by striking "essential health services" and inserting " ESSENTIAL HEALTH SERVICES.—The consortium may provide essential health services,"; and

(II) by striking "; and" at the end and inserting a period; and

(iv) in subparagraph (B),—

(I) by striking "essential support services" and inserting " ESSENTIAL SUPPORT SERVICES.—The consortium may provide essential support services,"; and

(II) by inserting at the end of the subparagraph, "The consortium may provide such support services only to the extent that they facilitate, enhance, support, or sustain the delivery, continuity, or benefits of health services that it provides under subparagraph (A)."; and

(D) by striking the matter following paragraph (2).

(2) CONFORMING AMENDMENT TO APPLICATION REQUIREMENT.—Section 2613(b)(1) (42 U.S.C. 300ff-23(b)(1)) is amended—

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

(B) in subparagraph (C), by striking the period and inserting "; and"; and

(C) by adding at the end the following new subparagraph:

"(D) the consortium has procedures in place to ensure that services provided with funds received under this section meet the criteria specified in subsection (a).".

SEC. 126. USE OF GRANT FUNDS FOR EARLY INTERVENTION SERVICES.

Section 2613(a)(2) (42 U.S.C. 300ff-23(a)(2)), as amended by section 125, is further amended—

(1) in the matter preceding subparagraph (A), by striking "subparagraphs (A) and (B)" and inserting "subparagraphs (A) through (C)"; and

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

"(C) EARLY INTERVENTION SERVICES.—The consortium may provide early intervention services, as described in section 2651(b)(2), with follow-up referral, provided for the purpose of facilitating access of individuals receiving the services to HIV-related health services, but only if the entity providing such services—

"(i)(I) is receiving funds under subparagraph (A) or (C) of section 2604(b)(1), or

"(II) is an entity constituting a point of access to services, as described in section 2604(b)(2)(C), that maintains a referral relationship with an entity described in subclause (I) and that is serving individuals at elevated risk of HIV disease); and

"(ii) demonstrates to the State's satisfaction that no other Federal, State, or local funds are available for the early intervention services the entity will provide with funds received under this paragraph.".

SEC. 127. AUTHORIZATION OF APPROPRIATIONS FOR HIV-RELATED SERVICES FOR WOMEN AND CHILDREN.

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

SEC. 128. REPEAL OF REQUIREMENT FOR COMPLETED INSTITUTE OF MEDICINE REPORT.

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

PART C—AMENDMENTS TO PART C—EARLY INTERVENTION SERVICES

SEC. 141. AMENDMENT OF HEADING; REPEAL OF FORMULA GRANT PROGRAM.

(a) AMENDMENT OF HEADING.—The heading of part C is amended to read "EARLY INTERVENTION AND PRIMARY CARE SERVICES".

(b) REPEAL.—Part C of title XXVI is amended—

(1) by repealing subpart I; and

(2) by redesignating subparts II and III as subparts I and II.

(c) CONFORMING AMENDMENTS.—

(1) Section 2661(a) (42 U.S.C. 300ff-61(a)) is amended—

(A) in the matter preceding paragraph (1), by striking the dash and inserting the text of paragraph (2); and

(B) by striking paragraphs (1) and (2).

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

(A) in subsection (e)(5), by striking "2642(b) or";

(B) in subsection (f)(2), by striking "2642(b) or"; and

(C) by striking subsection (h).

SEC. 142. AUTHORIZATION OF APPROPRIATIONS FOR CATEGORICAL GRANTS.

Section 2655 (42 U.S.C. 300ff-55) is amended by striking "1996" and all that follows and inserting "2001 through 2005".

SEC. 143. ADMINISTRATIVE EXPENSES CEILING; QUALITY MANAGEMENT PROGRAM.

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

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

"(3) the applicant will not expend more than 10 percent of the grant for costs of administrative activities with respect to the grant;";

(2) in paragraph (4), by striking the period and inserting "; and"; and

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

"(5) the applicant will implement a quality management program.".

PART D—AMENDMENTS TO PART D—GENERAL PROVISIONS

SEC. 151. RESEARCH INVOLVING WOMEN, INFANTS, CHILDREN, AND YOUTH.

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

(1) by striking subparagraphs (C) and (D) of paragraph (1); and

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

(b) QUALITY MANAGEMENT; ADMINISTRATIVE EXPENSES CEILING.—Section 2671(f) (42 U.S.C. 300ff-71(f)) is amended—

(1) by redesignating the caption and text as a new paragraph (1), and indenting accordingly;

(2) by inserting after "(f)" the following caption: "ADMINISTRATION.—"; and

(3) by adding at the end the following new paragraphs:

"(2) QUALITY MANAGEMENT PROGRAM.—A grantee shall implement a quality management program.

"(3) ADMINISTRATIVE EXPENSES CEILING.—The grantee shall not expend more than 10 percent of the grant for administrative expenses with respect to the grant, including all activities associated with its coordination activities under subsections (e) and (g) and under section 2675.".

(c) AUTHORIZATION OF APPROPRIATIONS.—Section 2671(j) (42 U.S.C. 300ff-71(j)) is amended by striking "fiscal years 1996 through 2000" and inserting "fiscal years 2001 through 2005".

SEC. 152. AUTHORIZATION OF APPROPRIATIONS FOR RESEARCH GRANTS.

Section 2673(c) (42 U.S.C. 300ff-73(c)) is amended by striking "1991 through 1995" and inserting "2001 through 2005".

SEC. 153. AUTHORIZATIONS OF APPROPRIATIONS FOR GRANTS UNDER PARTS

A AND B.

(a) IN GENERAL.—Section 2677 (42 U.S.C. 300ff-77) is amended—

(1) in subsection (a), by striking "fiscal years 1996 through 2000" and inserting " fiscal years 2001 through 2005"; and

(2) in subsection (b), by striking, each place it appears, "fiscal years 1997 through 2000" and inserting in each such place "fiscal years 2001 through 2005".

(b) REPEAL OF REQUIREMENT FOR COMPLETED REPORT.—Such section is further amended in subsection (b)(1) by striking the second sentence.

SEC. 154. AUTHORIZATION OF APPROPRIATIONS FOR GRANTS TO IMPLEMENT GUIDELINES.

Section 2680(c) (42 U.S.C. 300ff-80(c)) is amended by striking "1991 through 1995" and inserting "2001 through 2005".

PART E—AMENDMENTS TO PART F—DEMONSTRATION AND TRAINING

SEC. 161. DENTAL SERVICES; QUALITY MANAGEMENT; AUTHORIZATION OF APPROPRIATIONS; AND CLARIFYING AMENDMENTS.

(a) REDESIGNATION OF PROVISIONS.—Part F is amended—

(1) by striking "**PART F—DEMONSTRATION AND TRAINING**" and inserting "**PART F—DEMONSTRATIONS, TRAINING, AND PROJECTS AND ACTIVITIES OF NATIONAL SIGNIFICANCE**";

(2) by striking "**Subpart II—AIDS Education and Training Centers**" and inserting "**Subpart II—Education, Training, and Certain Services**";

(3) in the caption of section 2692, by striking "**HIV/AIDS COMMUNITIES, SCHOOLS, AND CENTERS**" and inserting "**TRAINING AND SERVICE GRANTS**"; and

(4) in the caption of section 2692(b), by striking "DENTAL SCHOOLS" and inserting "DENTAL SERVICES".

(b) SCOPE OF GRANTS FOR DENTAL SERVICES.—Section 2692(b) is further amended—

(1) in paragraph (1), by striking "and programs described in section 777(b)(4)(B)" and inserting "programs described in section 753(b)(4)(B), and entities satisfying the criteria stated in section 2652";

(2) in paragraph (2), to read as follows:

"(2) APPLICATION.—Any dental school, program described in section 753(b)(4)(B), or entity satisfying the criteria stated in section 2652 may submit an application for funding to provide oral health care to individuals with HIV disease.";

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

"(3) PREFERENCES IN MAKING GRANTS.—In making grants under this section, the Secretary shall give preference to an eligible entity that demonstrates, to the Secretary's satisfaction, a clear need for financial assistance for the purpose specified in paragraph (1), as indicated by—

"(A) the size of the population with HIV disease in the area served by the entity;

"(B) the rate of increase in HIV disease in that area; and

"(C) the unavailability or limited accessibility in that area of other providers of oral health care to individuals with HIV disease.".

(c) QUALITY MANAGEMENT.—

(1) SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE.—Section 2691(f) (42 U.S.C. 300ff-10(f)) is amended—

(A) by striking "COORDINATION" and inserting "CONDITIONS";

(B) by inserting a dash after "submits evidence that";

(C) by moving "the proposed program" and all that follows to a new paragraph (1);

(D) in paragraph (1) (as so designated), by striking the period and inserting "; and"; and

(E) by adding at the end the following new paragraph:

"(2) it has a quality management program.".

(2) SCHOOLS; CENTERS.—Section 2692(a)(3) (42 U.S.C. 300ff-11(a)(3)) is amended by inserting before the period ", including an assurance that it has a quality management program".

(3) DENTAL SERVICES.—Section 2692(b), as amended by subsection (b), is further amended by adding at the end the following new paragraph:

"(5) QUALITY MANAGEMENT.—The Secretary may not make a grant under this subsection unless the application demonstrates that the applicant has a quality management program.".

(d) AUTHORIZATIONS OF APPROPRIATIONS.—

(1) SCHOOLS; CENTERS.—Section 2692(c)(1) is amended by striking "fiscal years 1996 through 2000" and inserting "fiscal years 2001 through 2005".

(2) DENTAL SERVICES.—Section 2692(c)(2) is amended—

(A) in the caption, by striking "DENTAL SCHOOLS" and inserting "DENTAL SERVICES"; and

(B) by striking "fiscal years 1996 through 2000" and inserting "fiscal years 2001 through 2005".

SEC. 162. CAPACITY DEVELOPMENT GRANTS.

Part F of title XXVI is amended by inserting after subpart II the following new subpart:

"Subpart III—Primary Care Services Capacity Development Grants

"SEC. 2693. PRIMARY CARE SERVICES CAPACITY DEVELOPMENT GRANTS.

"(a) PROGRAM ESTABLISHED.—The Secretary shall establish and administer under this section a program of grants to public and nonprofit private entities, including community-based organizations, for programs to develop or expand the capacity, preparedness, and expertise to deliver primary care services to individuals with HIV disease in historically underserved low-income communities.

"(b) USES OF FUNDS.—

"(1) PERMITTED USES.—Grant funds received under this section may be used for capacity development activities including—

"(A) establishment and enhancement of core management functions (including financing and information systems and utilization review, planning, and evaluation activities);

"(B) establishment and enhancement of program development functions (including personnel and staff competencies and service network development through contractual linkages with other providers of prevention and clinical services); and

"(C) addition of new services (including purchase of equipment and minor upgrading of facilities).

"(2) IMPERMISSIBLE USES.—Grant funds may not be used to purchase or improve land, or to purchase, construct, or permanently improve (other than minor remodeling) any building or other facility.

"(c) SELECTION CRITERIA.—

"(1) IN GENERAL.—The Secretary shall award grants under subsection (a) based on—

"(A) the need within the geographical community to be served for the development of additional long-term capacity to deliver primary care services to individuals with HIV disease;

"(B) the applicant's demonstrated ability to develop or expand within two years the capacity and expertise to deliver primary care services to individuals with HIV disease; and

"(C) the applicant's demonstrated capacity to establish, with entities constituting key points of access to the health care system for individuals with HIV disease, as described in section 2604(b)(2)(C), effective service coordination relationships which include provision of primary care services at the sites where

such entities are located.

"(2) PREFERENCE.—In awarding grants under this section, the Secretary shall give preference to—

"(A) public or nonprofit private entities that—

"(i) are located in historically underserved low-income communities where there currently exists substantially insufficient HIV-related health care; and

"(ii) are capable of providing or ensuring access to primary care services for residents of such communities; and

"(B) public or nonprofit private entities that—

"(i) are currently providing HIV care services; and

"(ii) are affiliated with local community-based providers of health and social services that do not have significant capacity to provide HIV-related services.

"(3) INTEGRATION INTO STATEWIDE PLAN.—In order to be eligible for a grant under this section, an applicant must—

"(A) demonstrate that the proposed program is consistent with the Statewide coordinated statement of need for each State that includes part or all of the geographical community to be served;

"(B) agree to participate in the ongoing revision process for each such statement of need; and

"(C) demonstrate that it has a quality management program.

"(d) FUNDING.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2001 through 2005.".

TITLE II—OTHER PROVISIONS

SEC. 201. INSTITUTE OF MEDICINE STUDY.

(a) IN GENERAL.—The Secretary shall request that the Institute of Medicine, by two

years after enactment of this Act, conduct a study of the financing and delivery of HIV services for low-income, uninsured, and under-insured individuals with HIV disease under the Ryan White CARE Act, and submit to the appropriate committees of the Congress a report summarizing the results of the study and including any conclusions and recommendations.

(b) FACTORS.—The study described in subsection (a) shall consider—

(1) the effectiveness and efficiency of service delivery (including the quality of services, health outcomes, and cost-effectiveness) within the context of a changing health care and therapeutic environment as well as the changing epidemiology of the epidemic;

(2) existing and needed epidemiological data and other analytic tools for resource planning and allocation decisions; and

(3) other factors deemed relevant to assessing an individual's or community's ability to gain and sustain access to quality HIV services.

(c) FUNDING.—The Secretary is authorized to use amounts appropriated under section 2677(a) to carry out the provisions of this section.

"Ryan White CARE Act Amendments of 2000"

Section-by-Section Summary

NOTE ON REFERENCES: Except as otherwise specified, as used in this summary–

- "the Act" means the Public Health Service (PHS) Act; and references to provisions of law are to provisions of the PHS Act;
- references to any of parts A through F are references to that part of title XXVI of the PHS Act; and
- "Secretary" means the Secretary of Health of Human Services (HHS).

SECTION 1. SHORT TITLE.

Section 1 gives the bill the short title, the "Ryan White CARE Act Amendments of 2000".

SEC. 2. REFERENCES; TABLE OF CONTENTS.

Section 2 states that references in the bill will be taken as references to the Public Health Service Act. It also provides a table of contents for the bill.

TITLE I—AMENDMENTS TO HIV HEALTH CARE PROGRAM (TITLE XXVI OF THE PUBLIC HEALTH SERVICE ACT)

PART A—PURPOSE; AMENDMENTS TO PART A— EMERGENCY RELIEF GRANTS

SEC. 101. SHORT TITLE; PURPOSE.

Section 101 adds to title XXVI of the PHS Act a new section 2600. This section gives title XXVI the short title, the "Ryan White CARE Act". It also declares that the purposes of the title are to provide emergency assistance to localities disproportionately affected by the HIV epidemic, to assist in providing effective and efficient systems for delivery of services to individuals and families with HIV disease, and to ensure that such individuals and families receive a continuum of HIV-related services.

SEC. 102. DUTIES OF PLANNING COUNCIL: RELOCATION OF PROVISION; AMENDMENTS CONCERNING FUNDING PRIORITIES, QUALITY ASSESSMENT.

Section 102 amends section 2602, which provides for the HIV health services planning council. It restructures and amends the list of the council's responsibilities, adding requirements to—

- estimate the number of HIV-infected individuals in the area who are not receiving HIV-related health services, and use that estimate in allocating funds;
- consider, in the process of allocating funds, strategies for using Medicaid funds to cover HIV-related health care costs of eligible individuals; and
- implement a quality management program.

SEC. 103. QUALITY MANAGEMENT.

Section 103(a) adds to section 2676 (definitions) a new paragraph (12), defining the term " quality management program" for purposes of all title XXVI grants for the provision of services. The term is defined to mean a program of periodically assessing the effectiveness of performance under the grant, using performance goals and measures established in accordance with standards and criteria prescribed by the Secretary, and then using results of the assessment to inform decisions as to needed modifications in the service program. The assessments are to address the effectiveness of the grant program in ensuring timely access to services by individuals diagnosed with HIV disease (including such individuals who have not previously received HIV-related health care services), quality of services, health outcomes, and cost-effectiveness.

Section 103(b) amends section 2605(a) (grant application requirements) to add a requirement that the applicant affirm that the planning council has satisfied all planning requirements.

Section 103(c) amends section 2604 (which prescribes the uses of grant funds) to permit use of up to the lesser of 5 percent of the grant or $3 million to carry out the required quality management program.

SEC. 104. FUNDED ENTITIES REQUIRED TO HAVE HEALTH CARE REFERRAL RELATIONSHIPS.

Section 104 amends section 2604(b)(2) (which defines the categories of entities that a grantee may fund) to permit a subgrant to an organization providing HIV-related services only if the organization maintains relationships with emergency rooms and other points of access to the health care system for individuals with HIV disease, for the purpose of facilitating access by such individuals to HIV-related services.

SEC. 105. SUPPORT SERVICES REQUIRED TO BE HEALTH CARE-RELATED.

Section 105 amends section 2604(b)(1) (which describes the kinds of services that may be provided under part A) to provide that funds may be used for support services only to the extent that they facilitate or enhance the delivery, continuity, or benefits of health services provided to individuals and families with HIV disease.

SEC. 106. USE OF GRANT FUNDS FOR EARLY INTERVENTION SERVICES.

Section 106 further amends section 2604(b)(1) to specify that part A funds may be used to provide early intervention services such as HIV-testing, counseling, and referral, if (1) the services are provided for the purpose of facilitating access to other HIV-related health services; and (2) the entity providing the early intervention services (A) is otherwise receiving funds to provide other HIV-related services (or is a point of access to the health care system as described in section 105 and is serving individuals at elevated risk of HIV disease); and (B) demonstrates that no other Federal, State, or local funds are available to provide such early intervention services.

SEC. 107. ELIMINATION OF SUNSET ON EXPEDITED DISTRIBUTION REQUIREMENT.

Section 107 amends section 2603(a)(2), which requires expedited disbursement of 50 percent of annual appropriations for part A; the amendment would eliminate the FY 2000 sunsetting of that requirement.

PART B—AMENDMENTS TO PART B—CARE GRANT PROGRAM

SEC. 121. CONSORTIA REQUIREMENTS CONCERNING IDENTIFICATION OF NEED AND ALLOCATION OF RESOURCES.

Section 121 amends section 2613(c)(1) (application requirements for health care consortia) to require an application to include (1) an estimate of the size and demographic characteristics of the population with HIV disease in the service area, including the numbers of such individuals who are not receiving HIV-related health services; and (2) assurances that, in planning its program and allocating resources, the applicant will provide appropriately for the needs of individuals who have been diagnosed with HIV disease but who are not being served.

SEC. 122. COORDINATION WITH MEDICAID.

Section 122(a) further amends section 2612(c)(1) to require the application to include an assurance that the consortium, in planning its program, has considered strategies for using Medicaid funds to cover HIV-related health care costs of eligible individuals.

Section 122(b) amends section 2617(b)(2) (which requires that the State application include a comprehensive plan for organization and delivery of services) to add a requirement to describe

plans to coordinate services under the grant with Medicaid services.

SEC. 123. QUALITY MANAGEMENT.

Section 123(a) amends section 2617(b)(4) (specifying assurances to be included in the State application) to require an assurance that the State will provide for a quality management program, the assessment portion of which is performed annually by independent peer review.

Section 123(b) amends section 2618(c)(3) (which limits State spending on planning and evaluation to 10 percent of grant funds) to specify that this ceiling applies also to spending on the quality management program and that the State may in any event spend no more than $3 million of the grant on quality management.

Section 123(c) deletes the current section 2618(c)(6) (an obsolete provision relating to a previously repealed minimum allotment provision). It inserts instead language providing an exception, for States whose part B grants are $1.5 million or less, to the combined ceiling of 15 percent on grant funds available for planning and evaluation and for administration. The combined ceiling for these States is raised to 20 percent, if any excess over 15 percent is used for the State's quality management program, under a plan approved by the Secretary.

SEC. 124. CONSORTIA REQUIRED TO HAVE HEALTH CARE REFERRAL RELATIONSHIPS.

Section 124 amends section 2613(c)(1) (consortia application requirements) to require an assurance that the consortium maintains referral relationships with emergency rooms and other key points of access to the health care system for individuals with HIV disease, for the purpose of facilitating access by such individuals to HIV-related services.

SEC. 125. SUPPORT SERVICES REQUIRED TO BE HEALTH CARE-RELATED.

Section 125(a) amends section 2612(1) (concerning use of part B grant funds) and 2617(b)(2) (State application requirements) to incorporate by reference the new part A requirement (added by section 105 of the bill) that grant funds may be used for support services only to the extent that such services facilitate or enhance the delivery, continuity, or benefits of health services provided to individuals and families with HIV disease.

Section 125(b) amends section 2613(a) and (b) to apply these same requirements to consortia, and makes technical amendments.

SEC. 126. USE OF GRANT FUNDS FOR EARLY INTERVENTION SERVICES.

Section 126 amends section 2613(a)(2) (which describes the services that may be provided under grants to HIV care consortia) to permit funding of early intervention services such as

HIV-testing, counseling, and referral, on the same terms as under part A (as amended by section 105): (1) the services are provided for the purpose of facilitating access to other HIV-related health services; and (2) the entity providing the early intervention services (A) is otherwise receiving funds to provide other HIV-related services (or is a point of access to the health care system as described in section 105 and is serving individuals at elevated risk of HIV disease); and (B) demonstrates that no other Federal or State funds are available to provide such early intervention services.

SEC. 127. AUTHORIZATION OF APPROPRIATIONS FOR HIV-RELATED SERVICES FOR WOMEN AND CHILDREN.

Section 127 amends section 2625(c)(2) to extend for five years, through FY 2005, the authorization of annual appropriations of $10 million for State grants for HIV counseling and testing services for pregnant women and newborns.

SEC. 128. REPEAL OF REQUIREMENT FOR COMPLETED INSTITUTE OF MEDICINE REPORT.

Section 128 repeals section 2628, requiring an Institute of Medicine study and report to Congress on State efforts to reduce perinatal transmission of HIV. The study and report have been completed.

PART C—AMENDMENTS TO PART C—EARLY INTERVENTION SERVICES

SEC. 141. AMENDMENT OF HEADING; REPEAL OF FORMULA GRANT PROGRAM.

Section 141 amends the heading of part C to read **"EARLY INTERVENTION AND PRIMARY CARE SERVICES"**. This section also repeals subpart I of part C (secs. 2641-2650), authorizing a program of State formula grants for early intervention services. This program has never been funded.

SEC. 142. AUTHORIZATION OF APPROPRIATIONS FOR CATEGORICAL GRANTS.

Section 142 amends section 2655 to extend for five years, through FY 2005, authorizations of appropriations of such sums as necessary for categorical grants to public and nonprofit private entities providing early intervention services.

SEC. 143. ADMINISTRATIVE EXPENSES CEILING; QUALITY MANAGEMENT PROGRAM.

Section 143 amends section 2664(g) to increase from 7.5 to 10 percent the ceiling on use of part

C grant funds for administrative purposes, and to add a requirement that grantees perform a quality management program.

PART D—AMENDMENTS TO PART D—GENERAL PROVISIONS

SEC. 151. RESEARCH INVOLVING WOMEN, INFANTS, CHILDREN, AND YOUTH.

Section 151(a) amends section 2671(a) (general requirements for grants for coordinated services and access to research opportunities for women, infants, children, and youth with HIV disease) to eliminate the requirement that grantees ensure that a significant number of their patients are participating in research.

Section 151(b) amends section 2671(f) (application requirements for part D grants) to require grantees to implement a quality management program. This section establishes a 10 percent ceiling on use of grant funds for administrative purposes.

Section 151(c) amends section 2671(j) to authorize appropriations of such sums as necessary for the part D program through FY 2005.

SEC. 152. AUTHORIZATION OF APPROPRIATIONS FOR RESEARCH GRANTS.

Section 152 amends section 2673(c) to authorize appropriations of such sums as necessary through FY 2005, for a research program on mechanisms for delivering HIV-related services administered by HHS's Agency for Healthcare Quality and Research (AHRQ, formerly AHCPR). This program is currently unfunded.

SEC. 153. AUTHORIZATIONS OF APPROPRIATIONS FOR GRANTS UNDER PARTS A AND B.

Section 153 amends section 2677 (authorization of appropriations for parts A and B). It extends for five years, through FY 2005, the authorization of appropriations of such sums as necessary, and the related requirement that the Secretary to develop a methodology for apportioning money between parts A and B, and that, in the absence of such a methodology, authorizes separate appropriations of such sums as may be necessary for each part. This section also repeals a requirement for a completed report to Congress on the methodology for apportioning funds.

SEC. 154. AUTHORIZATION OF APPROPRIATIONS FOR GRANTS TO IMPLEMENT GUIDELINES.

Section 154 amends section 2680(c) to extend through FY 2005 authorizations of appropriations of $5 million per year for a grant program to help States and their political subdivisions to implement, with respect to emergency response employees, recommendations of HHS's Centers for Disease Control and Prevention (CDC) regarding avoiding HIV infection. This program has

not been funded.

PART E—AMENDMENTS TO PART F—DEMONSTRATION AND TRAINING

SEC. 161. DENTAL SERVICES; QUALITY MANAGEMENT; AUTHORIZATION OF APPROPRIATIONS; AND CLARIFYING AMENDMENTS.

Section 161 makes various amendments to part F (secs 2691-2692), currently titled **"DEMONSTRATION AND TRAINING"**.

Section 161(a) redesignates the part as **"PART F-DEMONSTRATIONS, TRAINING, AND PROJECTS OF NATIONAL SIGNIFICANCE"**, and makes clarifying changes also to other headings within the part.

Section 161(b) amends section 2692(b) (which currently authorizes grants to assist dental schools and certain other entities to provide dental services to HIV patients). The program is changed from a cost-reimbursement to a competitive grant program. Preferences in awarding grants are to be based on the size of the population with HIV disease in the area served by the applicant, the rate of increase in infection in the area, and the unavailability or limited accessibility of other providers of oral health services in the area. The section also expands the program to cover additional providers (community health centers and other entities that would be eligible for an early intervention services grant under part C).

Section 161(c) requires all part F grantees to have quality management programs, through amendments to sections 2691(f) (concerning projects of national significance), 2692(a) (concerning HIV/AIDS communities, schools, and center) and 2692(b) (concerning dental services).

Section 161(d) amends section 2692 to extend for five years, through FY 2005, authorizations of appropriations of such sums as necessary for the training and dental services grant programs.

SEC. 162. CAPACITY DEVELOPMENT GRANTS.

Section 162 adds a new section 2693, entitled **"PRIMARY CARE SERVICES CAPACITY DEVELOPMENT GRANTS"**, with the following provisions:

PROGRAM ESTABLISHED

Section 2692(a) provides for a program of grants to public and nonprofit private entities, including community-based organizations, for programs to develop or expand the capacity, preparedness, and expertise to deliver primary care services to individuals with HIV disease in historically underserved low-income communities.

USES OF FUNDS

Subsection (b) permits grant funds to be used for capacity-development activities including (1) establishment and enhancement of core management functions (including financing and information systems and utilization review, planning, and evaluation activities); (2) establishment and enhancement of program development functions (including personnel and staff competencies and service network development through contractual linkages with other providers of prevention and clinical services); and (3) addition of new services (including purchase of equipment and minor upgrading of facilities). Grant funds may not be used for real estate purchase or construction, other than minor remodeling.

SELECTION CRITERIA

Subsection (c) provides that grants will be awarded based on the need for additional service capacity in the area served by the applicant, on the applicant's ability to develop or expand such capacity within two years, and on the applicant's ability to coordinate its services with access points to the health care system.

Preference will be given to public or nonprofit private entities that are either (1) located in historically underserved low-income communities with substantially insufficient HIV-related health care, and capable of providing or ensuring access to primary care services for residents of such communities; or (2) currently providing HIV care services, and affiliated with local community-based providers of health and social services that do not have significant capacity to provide HIV-related services.

Eligible grantees must demonstrate that their proposed program is effectively integrated into the Statewide coordinated statement of need.

AUTHORIZATION OF APPROPRIATIONS

Subsection (d) authorizes appropriations of such sums as necessary for each of FYs 2001-2005.

TITLE II—OTHER PROVISIONS

SEC. 201. INSTITUTE OF MEDICINE STUDY.

Section 201 requires the Secretary to request that the Institute of Medicine (IOM) perform a study of the financing and delivery of HIV services under title XXVI to low income, uninsured, and under-insured individuals with HIV disease. The study would be funded from appropriations for parts A and B. IOM is to complete the study and report to the Congress by two years after enactment of the bill.

Send To Sandy Thurman Aids Czarina

The Laureate Forum

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Ms. Minyon Moore
Special Assistant to the President
Director of Political Affairs
fax (202) 456-2930

Dear Ms Moore:

I am writing to voice my concerns and opposition to any decreased funding dollars appropriated to Ryan White Title I and III funds, specified accounts such as SAMHSA (substance abuse mental health services account) and the Congressional Black Caucus Minority HIV/AIDS Initiative.

I favor the Senate numbers:

Title I 539 million
Title III 139 million

I disapprove of the reduced House numbers.

My reasoning is herein derived:

In 1998, HIV infection has become the number one cause of mortality worldwide, surpassing tuberculosis as an infectious disease cause of mortality and surpassing other prevalent causes of mortality, such as those related

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to cardiovascular events. Moreover, the HIV pandemic significantly fuels the large persistent numbers of tuberculosis infections worldwide. Last year, more people died of AIDS than in any preceeding year since the pandemic began; 2.5 million. Ironically, as this infection reels out of control most everywhere else, at home we are contemplating reductions in allocations of monies because we are experiencing a period of respite. I don't know the extent to which we are being lured into a deep sense of false security. The average lifespan of ~~his~~ initial highly active anti-retroviral therapy in 50% of individuals is only 18 months. These HAART therapies do fail and HIV drug resistant strains do sexually transmit.

On the global scale and despite our entry into the so-called new-age, technologic millenium, a great schism has been allowed to occur such that the developping world's contribution to this grim statistic is more than significant, translating in human terms to overwhelming social

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burden and national economic devastations. This phenomenon is not new; just the usual global throw of the stone. We have not yet arrived at the Global Village. However, having not yet arrived, can we morally allow this schism to be further defined for our own national population by an infectious disease such as HIV? Better said, can we morally allow events to continue as they are, such that "poverty or membership to a disenfranchised population such as a ("people of color") minority group or to the mentally ill" would serve as a disease indicator or stigma or risk factor for acquisition and perpetration of HIV infection within our own US population? Would this not fly in the face of the spirit of HRSA's aspirations resumed in the current dictum of 100% access to health and 0% disparity. Moreover, with reduced funding to accounts such as SAMHSA (substance abuse & mental health) probably serves to further disenfranchise the dispossessed and fragment the care already parsely afforded to this group of persons who as events stand, most easily fall through the cracks and in so doing,

have shown themselves to be and are amenable to violence just by the social exacerbation of their underlying disease states. A case in mind would be the recent pushing of a young woman (Kendra Weber?) onto an oncoming NYC subway train by a mentally ill person who could not conceive of the full impact of his actions.

In a society that is coming around to recognizing and groping with a sundry of issues related to childcare and family; those so-called "soft issues" that the likes of disparate politicians such as George W. Bush & Hillary Clinton are addressing in public, and thankfully are coming to the fore, can we really think of reducing Ryan White Title I & III funds when CDC statistics show that HIV incidence rates remain steadfast and that their rate of increase is greatest in our adolescent youth, a group that often enters a limbo zone in our health care system for which the adage aptly applies: "TOO OLD FOR THE PEDIATRICIAN and TOO YOUNG FOR THE INTERNIST/OB-GYN." Just at the age when these kids embark upon their independent adult sexual lives, they are at the greatest risk of being without health care, health insurance and

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the attendant counseling and anticipatory guidance that seeks to prevent sexually transmitted diseases and provide a cushion of safety within which children can develop healthy sexual lifestyles.

Some statistics that are readily available to me are as follows: If you need others, they can be retrieved from home (I'm on the road) if so requested.

* For young people aged 10-24 years, 5 become infected every minute worldwide
* For North Americans & Western Europeans, populations for which this epidemic is not considered out of control, for 1998 alone, nearly 75,000 people were accounted to become HIV infected. This brought the total number of North Americans and Western Europeans living with HIV to almost 1.4 million. During 1998, no progress was made in North America and western Europe toward the reduction of new infections
* For US. black males, the national HIV prevalence rate is estimated to be 2%. AIDS is

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the leading killer in the 25-44 year age group

* For black U.S. women in the 25-44 year age group, AIDS holds second place for cause of death

* In the USA, unprotected heterosexual contact is an increasingly important transmission factor and women make up greater proportions of those infected who eventually come into care.

* Rates of HIV transmission per intravenous drug use remain steble

In sum, therapy and prevention efforts have reached the easily accessed populations; not the difficult so-called special populations and as the statistics show, we need to maintain pressure on the virus, particularly there, or we will risk experiencing severe viral rebound for everyone. THESE FUNDS ARE SPECIFICALLY TARGETED FOR THOSE PERSONS SO DIFFICULT TO ACCESS. Defunding would be a disservice to absolutely everyone in the longer run. The ramifications are broader than what is captured in a simple glimpse.

Yours Truly

Elsa Wilbekin MD

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Mr. Julian Potter
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Dear Mr. Potter:

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to cardiovascular events. Moreover, the HIV pandemic significantly fuels the large persistent numbers of tuberculosis infections worldwide. Last year, more people died of AIDS than in any preceeding year since the pandemic began, 2.5 million. Ironically, as this infection reels out of control most everywhere else, at home we are contemplating reductions in allocations of monies because we are experiencing a period of respite. I don't know the extent to which we are being lured into a deep sense of false security. The average lifespan of ~~his~~ initial highly active anti-retroviral therapy in 50% of individuals is only 18 months. These HAART therapies do fail and HIV drug resistant strains do sexually transmit.

On the global scale and despite our entry into the so-called new-age, technologic millenium, a great schism has been allowed to occur such that the developping world's contribution to this grim statistic is more than significant, translating in human terms to overwhelming social

burden and national economic devestations. This phenomenon is not new; just the usual global throw of the stone. We have not yet arrived at the Global Village. However, having not yet arrived, can we morally allow this schism to be further defined for our own national population by an infectious disease such as HIV? Better said, can we morally allow events to continue as they are, such that "poverty or membership to a disenfranchised population such as a ("people of color") minority group or to the mentally ill" would serve as a disease indicator or stigma or risk factor for acquisition and perpetration of HIV infection within our own US population? Would this not fly in the face of the spirit of HRSA's aspirations resumed in the current dictum of 100% access to health and 0% disparity. Moreover, with reduced funding to accounts such as SAMHSA (substance abuse & mental health) probably serves to further disenfranchise the dispossessed and fragment the care already parsely afforded to this group of persons who as events stand, most easily fall through the cracks and in so doing,

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have shown themselves to be and are amenable to violence just by the social exacerbation of their underlying disease states. A case in mind would be the recent pushing of a young women (Kendra Weber?) onto an oncoming NYC subway train by a mentally ill person who could not conceive of the full impact of his actions.

In a society that is coming around to recognizing and groping with a sundry of issues related to childcare and family; those so-called "soft issues" that the likes of disparate politicians such as George W. Bush & Hillary Clinton are addressing in public, and thankfully are coming to the fore, can we really think of reducing Ryan White Title I & III funds when CDC statistics show that HIV incidence rates remain steadfast and that their rate of increase is greatest in our adolescent youth, a group that often enters a limbo zone in our health care system for which the adage aptly applies: "TOO OLD FOR THE PEDIATRICIAN and TOO YOUNG FOR THE INTERNIST/OB-GYN." Just at the age when these kids embark upon their independent adult sexual lives, they are at the greatest risk of being without health care, health insurance and

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the attendant counseling and anticipatory guidance that seeks to prevent sexually transmitted diseases and provide a cushion of safety within which children can develop healthy sexual lifestyles.

Some statistics that are readily available to me are as follows: If you need others, they can be retrieved from home (I'm on the road) if so requested.

* For young people aged 10-24 years, 5 become infected every minute worldwide
* For North Americans & Western Europeans, populations for which this epidemic is not considered out of control, for 1998 alone, nearly 75,000 people were accounted to become HIV infected. This brought the total number of North Americans and Western Europeans living with HIV to almost 1.4 million. During 1998, no progress was made in North America and Western Europe toward the reduction of new infections
* For US. black males, the national HIV prevalence rate is stimated to b 2%. AIDS is

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the leading killer in the 25-44 year age group.

* For black U.S. women in the 25-44 year age group, AIDS holds second place for cause of death
* In the USA, unprotected heterosexual contact is an increasingly important transmission factor and women make up greater proportions of those infected who eventually come into care.
* Rates of HIV transmission per intravenous drug use remain stable

In sum, therapy and prevention efforts have reached the easily accessed populations; not the difficult so-called special populations and as the statistics show, we need to maintain pressure on the virus, particularly there, or we will risk experiencing severe viral rebound for everyone. THESE FUNDS ARE SPECIFICALLY TARGETED FOR THOSE PERSONS SO DIFFICULT TO ACCESS. Defunding would be a disservice to absolutely everyone in the longer run. The ramifications are broader than what is captured in a simple glimpse.

Yours Truly,

Alexandra Wilkinson, MD