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Pelosi
Bill
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NANCY PELOSI
8TH DISTRICT, CALIFORNIA

240 CANNON BUILDING
WASHINGTON, DC 20515-0508
(202) 225-4965

DISTRICT OFFICE:
FEDERAL BUILDING
450 GOLDEN GATE AVENUE
SAN FRANCISCO, CA 94102-3460
(415) 556-4862

Congress of the United States
House of Representatives
Washington, DC 20515-0508

COMMITTEE ON APPROPRIATIONS
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LABOR-HEALTH AND
HUMAN SERVICES-EDUCATION
FOREIGN OPERATIONS, EXPORT FINANCING
AND RELATED PROGRAMS
DISTRICT OF COLUMBIA

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

CONGRESSIONAL WORKING GROUP
ON CHINA, CHAIR

March 30, 1993

THE COMPREHENSIVE HIV PREVENTION ACT OF 1993

The goal of this legislation is to promote targeted and effective primary prevention programs to reduce the number of new HIV infections. This effort requires refocusing federal, state and local programs for planning, resource allocation, evaluation and technical assistance.

I. Restructuring Federal Administration and Budgeting

o Gives general authority and responsibility to the Assistant Secretary for Health to develop a strategic plan for expenditure of appropriations for HIV prevention activities at all agencies within the Public Health Service (PHS).

o Establishes a procedure for developing priorities for budget requests through a PHS-wide plan for HIV prevention.

o Establishes and provides for the composition of an Advisory Council on HIV Prevention to assist in developing the PHS HIV prevention plan.

These provisions are designed to define more clearly the role of Public Health Service (PHS) agencies in HIV prevention efforts. The Assistant Secretary for Health is given lead responsibility for establishing priorities among the PHS-wide HIV prevention activities. Specific HIV prevention programs would continue to be administered within each agency. The bill also establishes the Secretary's Advisory Council on HIV Prevention to make recommendation on the annual HIV prevention plan and budget priorities.

II. Intra-Agency Coordination

o Establishes Offices on HIV Prevention at the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA). Also provides for HIV prevention research at the National Institutes of Health (NIH).

These provisions establish a lead position for HIV prevention activities within the major agencies of the PHS.

HRSA: The Office on AIDS at HRSA would be responsible for integrating confidential and anonymous HIV counseling and testing into HRSA-sponsored programs for primary health care, i.e., community health centers, migrant health centers, homeless health centers, and federally qualified health centers as well as family planning and prenatal care clinics. Linkage would also be provided to early intervention health care, HIV case-management, and behavior change risk reduction programs for individuals identified as HIV infected and in need of follow-up services.

SAMSHA: The Office on AIDS at SAMHSA would be responsible for monitoring the counseling, testing and early intervention requirements in the ADMS block grant, as well as oversight of the HIV-related clinical training program and the AIDS mental health demonstration projects.

NIH: The Office of AIDS Research (OAR) at NIH would coordinate planning and budget requests for HIV prevention research at that agency. The goal would be to promote social, cultural, and behavioral research as well as HIV prevention demonstration research within the NIH Institutes.

III. Centers for Disease Control and Prevention

This legislation would establish an Office of HIV Prevention at the Center for Disease Control and Prevention (CDC). The following programs would be specifically authorized:

o Epidemiology and Surveillance -- Establishes a federal program, as well as grants to states and local health departments, for collection of data to determine where new HIV infections are most likely to occur. Authorizes $175 million for FY 94.

CDC would be encouraged to support state and local epidemiological studies on patterns and trends of HIV infection to assist in state, regional and local HIV prevention planning (sero-surveillance studies, sentinel studies, special studies in smaller urban areas, suburban, and rural areas, as well as studies of emerging populations at risk). Socio-economic data and patterns of substance abuse or sexual risk-taking behavior would also be studied at the local level. In addition, CDC, in cooperation with state and local health departments, would be encouraged to hold annual meetings to reach consensus on epidemiological information to be used in prevention planning and programming. Current funding is $131 million.

o Counseling and Testing -- Establishes a national program, as well as a grant program to state and local health departments, to conduct counseling, testing, referral and partner notification programs. Provides requirements for pre-test and post-test counseling, informed consent, and confidentiality. Authorizes $175 million for FY 94.

Counseling, Testing, Referral and Partner Notification (CTRPN) would continue through cooperative agreements with state and six local health departments. These grants would support voluntary programs, including both confidential and anonymous testing, at CDC-supported programs such as sexually transmitted disease clinics, TB clinics and alternative test sites. Funds could also be used for testing of the extent of deterioration in the immune system for individuals found to be HIV-infected and to provide information and referral for appropriate medical treatment. Current funding is $128 million; $104 million in cooperative agreements and $24 million in technical assistance and support. A thirty percent expansion of services is needed to meet demand.

o Education & Information --Establishes a national, as well as a grant program for state and local health departments, to provide education to the general public and targeted groups to prevent new HIV infections. Authorizes $50 million for FY 94.

This program includes various national public information activities, including America Responds to AIDS, the AIDS Hotline, the AIDS Information Clearinghouse, and programs operated by the American Red Cross. America Responds to AIDS would give priority to a national program and a series of local programs for the social marketing of condoms and specific target-population information/education media strategies. Technical assistance and funding would be provided to states and cities to develop a full range of prevention programming, including the marketing of condoms. Current funding is $29 million.

o Specific Populations --Establishes a national program for special projects including those that target specific populations. Authorizes $60 million for FY 94.

Programs currently funded by CDC which would be authorized under this provision include grants to National or Regional Minority Organizations, as well as other minority activities. The goal of minority programs is to develop and broaden the base of minority organizations involved in HIV prevention efforts and to encourage national and regional approaches to HIV health education and risk reduction. The Women and Infants HIV Prevention Projects and the Perinatal HIV Prevention Projects would also be included under this general authorization. In addition, the Hemophilia HIV Prevention Projects and CDC's support for activities of the U.S. Conference of Mayors would be included under this authorization. Current funding for these projects is $53 million.

o Adolescent and School-Based Program -- Establishes a national program, as well as grants to state and local governments, to promote school and college-based HIV education programs. Authorizes $60 million for FY 94.

The current Adolescent and School Health HIV Program develops materials and provides assistance to state and local education departments to provide school-based HIV education and prevention programs. The current program is funded at $48 million.

o Research and Demonstration Projects -- Establishes a national program, as well as grants to state and local health departments, to conduct research and prevention demonstration projects. Authorizes $20 million for FY 94.

Current programs include the HIV Community Demonstration Projects and Prevention Capacity Enhancement grants as well as limited basic science research. Current funding is $16 million.

IV. Establishing Community-Based Prevention Programs

Although the scope of the HIV epidemic is national, an assumption is made in this section that preparing an effective response requires recognizing many local epidemics, which vary greatly depending on the geographical area. The general theme of this program is to empower local and regional groups to select appropriate prevention providers and to increase the effectiveness of the interventions undertaken by agencies providing services.

o Community-Based Prevention Programs -- Establishes a grant program to promote community-based activities to reduce the number of new HIV infections. Funding is dependent on CDC approval of state and local plans including 1) local needs assessment, 2) action plan to reduce the number of new infections, 3) formation of state and local planning councils and 4) an acceptable plan to provide technical services contracts. Also provides for planning grants to state and local health departments. Authorizes $175 million for FY 94.

In order to create a process of local planning and targeting of resources with maximum flexibility to respond to local epidemiology, a Community-Based Prevention Program (CBPP) would be authorized to provide prevention information, education, and outreach services designed to change individual behavior and community norms in relation to HIV risk. In order to force the development of aggressive and comprehensive community-based prevention programs, funds awarded under CBPP could not be used for clinic-based counseling and testing programs.

CBPP would be funded through the current structure of cooperative agreements between CDC and state and local health departments, replacing the current cooperative agreements for information and risk reduction education as well as the current competitive grant programs for community-based organizations now funded under CDC's general authority. However, arrangements would be made not to disrupt community-based programs currently funded. As a condition of receiving these funds, state and local governments would be required to maintain at least their current funding efforts for prevention programs.

Developing a comprehensive HIV prevention planning process and establishing a state HIV Prevention Planning Council would be required. CDC would encourage the states, through the state plan, to designate project areas within the state where local planning councils or consortia would establish priorities for the funding of community-based prevention programs. In some cases, smaller cities, counties or rural areas could group together to create regional planning councils. Prevention planning would require community involvement as well as the involvement of local agencies, such as substance abuse treatment, mental health, education and corrections, in addition to public health.

The composition of the state and local planning councils would include experts on prevention, and involve representatives of departments of public health and substance abuse treatment, epidemiologists, behavioral scientists, prevention service providers, community-based organizations, substance abuse treatment providers, mental health providers, advocates for individuals in the criminal justice system, people living with HIV and representatives of local communities at increased risk for HIV infection.

States would be encouraged to have representatives from the regional or local planning councils sit on the state planning council to assure coordination. In the five states with local health departments receiving direct CDC cooperative agreements, representatives from the state council would sit on the local council and representatives from the local council would sit on the state council to assure state-wide coordination.

In FY 93, efforts would be made to provide funding for state and local HIV prevention planning. Beginning in FY 94, CDC would award funding based on a finding that a series of criteria have been met in the state or local plans. States, in turn, would distribute funds to local health departments only after a finding that parallel criteria had been met. Criteria for awarding funds would include, but not be limited to, the following:

1) Needs Assessment -- a prevention needs assessment had been undertaken based on the best available epidemiological or other relevant data to project where new HIV infections are most likely to occur within the geographical areas identified in the plan.

2) Resource Allocation -- an acceptable plan had been developed for programs or contracts proposed for prevention services with community-based agencies reflecting the greatest potential to reduce new infections in the geographical area and following from the needs assessment covered by the plan.

3) Technical Service Contracts -- an acceptable plan for providing technical services for program planning and evaluation had been developed for each project area covered by the plan.

4) Coordination -- an acceptable plan describing how community-based prevention programs are to be integrated into planning for CTRPN, early intervention, primary care, and other HIV services, including services funded under the Ryan White CARE Act, as well as STD control, tuberculosis control, substance abuse prevention and other public health goals.

5) Technology Transfer -- an acceptable plan for an annual update meeting or other means of providing all prevention service providers receiving funding with updated information on epidemiology, program evaluation and findings from prevention research studies.

6) Fairness -- a finding that standards of fairness and equity have been met in the planning process and proposed resource allocation. In regard to fairness, CDC would be required to closely monitor state and local health departments receiving direct funding and the states in turn would be required to monitor the regional and local planning processes to assure fairness and that specific groups, e.g., gay men, people of color, women, adolescents, are not discriminated against in the planning process.

For technical service contracts, qualified contractors may include a national or regional organization, a university, or a private entity with expertise in structuring and evaluating community-based prevention programs. These technical services contractors would provide direct assistance to community-based agencies providing prevention programs in each project area. Programs receiving funding would be required to work with the contractor to develop an acceptable evaluation plan which would be part of the agency's contract.

CDC, in cooperation with NIMH, NIDA, and other relevant agencies, would jointly sponsor meetings for these technical service contractors and representatives from state, regional and local planning councils to jointly establish standards for formative, process and outcome evaluation, and consider the possibility of standards for data collection. The federal agencies would also provide instruction on how to provide effective technical assistance. The goal of this approach is to bridge gaps between researchers and prevention service providers.

Programs being replaced at CDC are currently funded at $49 million (See attachment 1).

CENTERS FOR DISEASE CONTROL
HIV/AIDS ACTIVITIES

	Funding (in millions) FY92 actual	FY93 projected
National AIDS Information and Education Program		
National Public Information Activities	8.9	7.3
AIDS Hotline	5.9	5.8
AIDS Information Clearinghouse	8.6	7.3
American Red Cross	6.8	6.7
Museums	0.1	0.1
Surveillance		
Surveillance	91.0	90.2
Population-Based Research	41.7	40.8
Cooperative Agreements with States & Local Health Departments		
Counseling, Testing, Referral & Partner Notification	103.7	103.7
Health Education/Risk Reduction	19.4	14.9
Minority Initiatives	13.8	13.6
Information for General Public	10.1	9.0
Cooperative Agreements with Community-Based Organizations		
Direct Funding Minority/Other CBO's	15.8	19.4
Technical Assistance and Support		
Counseling, Testing, Referral & Partner Notification	21.1	23.7
Health Education/Risk Reduction	4.3	4.2
Minority Initiatives	3.1	3.3
Information for General Public	2.2	2.2
Direct Funding Minority/Other CBO's	3.1	5.1
Adolescent and School Health HIV Programs		
National Efforts	15.5	15.3
State & Local	22.7	22.6
Evaluation	3.7	3.6
Program Development & Training	6.9	6.8

Other Special Prevention Programs		
National AIDS Minority Organization Grants	9.6	11.4
Other Minority Activities	4.1	3.6
Women & Infants HIV Prevention	12.5	17.3
Perinatal HIV Prevention Projects	5.5	5.5
Hemophilia AIDS/HIV Prevention Projects	11.9	14.7
U.S. Conference of Mayors	0.4	0.4
Tuberculosis Control		
Tuberculosis Demonstration Projects	9.0	23.7
Prevention Research		
Basic Science Research	5.1	5.1
HIV Community Demonstration Projects	4.0	4.0
Prevention Capacity Enhancement	7.1	7.0
Total HIV/AIDS	477.6	498.3

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL AND PREVENTION

Human Immunodeficiency Virus (HIV)

The bill includes $543,253,000 for activities related to the human immunodeficiency virus. This amount is $45,000,000 above the 1993 level and the same as the Administration request.

CDC HIV programs support research, surveillance, epidemiologic and laboratory studies, and prevention through information, education, and risk reduction. Major information, education and prevention activities include counseling, testing, and partner notification; HIV prevention among high risk populations, including intravenous drug users, women and infants, and hemophiliacs; special minority initiatives; programs for school and college-aged youth; information campaigns for the general public; and tuberculosis control efforts.

The Committee is concerned about the continuing high rate of new HIV infections in the United States. Therefore, the Committee has provided increased funds to expand cooperative agreements with State and local health departments to conduct HIV prevention planning and to increase funding for community-based prevention activities. The Committee is concerned about the lack of coordination among prevention programs and encourages CDC to consider incorporating the current competitive grant programs for direct funding of community-based organizations into the cooperative agreements with State and local health departments to better ensure coordination of efforts. These community-based programs provide prevention information, education and outreach services designed to change individual behavior and community norms in relation to HIV risk.

In addition to active community involvement, successful HIV prevention planning requires the involvement of State and local agencies beyond health departments, such as substance abuse and mental health services, adolescent and youth services, and correctional services. Within geographical areas identified in the planning process, the Committee intends that resources be targeted to those individuals and groups at greatest risk of becoming HIV-infected as determined by the best available epidemiological and other relevant data. The Committee also intends that community-based prevention programs receive technical services to improve the quality of prevention programs. Such technical services would include assistance with designing interventions and evaluating the effectiveness of programs.

NANCY PELOSI
8TH DISTRICT, CALIFORNIA

240 CANNON BUILDING
WASHINGTON, DC 20515-0508
(202) 225-4965

DISTRICT OFFICE:
FEDERAL BUILDING
450 GOLDEN GATE AVENUE
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COMMITTEE ON STANDARDS OF
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CONGRESSIONAL WORKING GROUP
ON CHINA, CHAIR

H.R. 1538: The Comprehensive HIV Prevention Act of 1993

introduced by Representative Nancy Pelosi

COSPONSORS

as of 4 August 1993

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NANCY PELOSI
8TH DISTRICT, CALIFORNIA

240 CANNON BUILDING
WASHINGTON, DC 20515-0508
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FEDERAL BUILDING
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SAN FRANCISCO, CA 94102-3460
(415) 556-4862

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CONGRESSIONAL WORKING GROUP
ON CHINA, CHAIR

HR 1538: The Comprehensive HIV Prevention Act

introduced by Representative Nancy Pelosi

STATEMENTS OF SUPPORT

as of 4 August 1993

AIDS Action Council
AIDS Foundation San Diego, California
AIDS Health Project, University of California, San Francisco
AIDS Interfaith of Marin, California
AIDS Prevention Action Network, San Mateo, California
AIDS Project of Contra Costa, California
Alameda County AIDS Advisory Board, California
Alameda County Health Care for the Homeless Program, California
Alameda County HIV\AIDS Services, California
American Association for Marriage and Family Therapy
American Psychological Association
American Public Health Association
Aris Project, Santa Clara County, California
Asian Americans for Community Involvement, Santa Clara, California
AVANCE Human Services, Inc., Los Angeles, California
Berkeley Community Law Center, California
City and County of San Francisco, Board of Supervisors
City and County of San Francisco, Department of Public Health
Community United Against Violence, San Francisco
Consortium of Social Science Associations
Continuum HIV Day Services, San Francisco, California
Curry County HIV Taskforce, Oregon
Deaf AIDS Center, San Francisco
The Desert AIDS Program, Palm Springs, California
18th Street Services, San Francisco, California
EOC Family Planning, San Luis Obispo, California
Face to Face/Sonoma County AIDS Network, Santa Rosa, California
Familias Unidas, Richmond, California
Federation of Behavioral, Psychological and Cognitive Sciences
Gay Asian Pacific Alliance Community HIV Project, San Francisco
Human Rights Campaign Fund
The Los Angeles Shanti Foundation, California
Marin County Department of Health and Human Services, California

Mayor of San Francisco
Multicultural AIDS Resource Center, San Francisco
Multicultural Training Resource Center, San Francisco
National Association of Protection and Advocacy Systems
National Council of Community Mental Health Centers
National Gay Youth Network
National Leadership Coalition on AIDS
National Minority AIDS Council
Necessities and More, Inc., San Jose, California
Peter Claver Community, San Francisco
Project Open Hand, San Francisco
San Diego Youth & Community Services, California
San Francisco AIDS Foundation
San Francisco Black Coalition on AIDS
San Francisco City College Student Health Services and Nurses
San Francisco Interreligious Coalition on AIDS
Santa Clara County Health Department, California
Santa Clara Valley Medical Center - AIDS Program, California
Santa Cruz County Board of Supervisors, California
Santa Cruz County Public Health Commission, California
San Mateo County, AIDS Program Community Advisory Board, California
Shanti Project, San Francisco
Sonoma County, California, People for Economic Opportunity
Visiting Nurse Association & Hospice of Northern California
Whitman-Walker Clinic, Inc., Washington, D.C.

Comparison of Prevention Models--Page 1

Issue	Current System	Pelosi Bill	AAF Blueprint
Basis for funding: formula or competitive?	Almost exclusively formula	Hold harmless provision at current funding levels;	80% formula; 20% competitive, with formula portion to hold states and cities harmless at current levels.
Geographic division receiving funding	States, territories, and six cities health departments	States, territories, and six cities. While state health depts. receive checks, they are obligated to create local planning bodies, which would make the determination as to where money would go in each locality.	Option A: States, territories and six cities health departments; Option B: State and Title I cities planning councils.
Funding method	Cooperative agreement	Cooperative agreement	Option A: Cooperative agreement Option B: Cooperative agreement or grant
Planning/needs assessment process	None required	State planning council would recommend overall goals for state; state plan submitted to CDC for approval would incorporate local plans.	Plan devised by planning council in both options. Option A: Health department may revise plan with formal justification and appeals process from planning council to CDC; Option B: Local/state plan goes directly to CDC for funding.

Comparison of Prevention Models--Page 2

Issue	Current System	Pelosi Bill	AAF Blueprint
Predominant recipient of prevention funding	Health departments	community based organizations	community based organizations
Representation on planning body	N/A	Diversity and expertise reflecting epidemic and professional needs; some categories of community representation are specified	Diversity and expertise reflecting epidemic and professional expertise needed; categories specified re diversity.
Relationship to Title I process	None	States could opt to fund Title I cities separately; option to use Title I planning councils.	Option A: Title I cities could be regional centers funded by the states; modified Title I planning councils could be used. Option B: Funding directly to Title I cities from the CDC; modified Title I planning councils could be used.
Balance between Health Education and Risk Reduction (HERR) and Counseling and Testing (CTRPN)	weighted toward CTRPN	balanced between HERR and CTRPN	weighted toward HERR

Comparison of Prevention Models--Page 3

Issue	Current System	Pelosi Bill	AAF Blueprint
Role of national education campaign	general, passive education	separately authorized; intent to support social marketing of condoms	social marketing of condoms a model for more aggressive campaign; continuation of hotline and clearinghouse (with modifications)
Evaluation	None required.	Required, with funds specified.	Process evaluation required as part of grants to CBOs; outcomes evaluation funding set aside as well.
Technical assistance	No systematic process for states or their subgrantees.	Set aside; system of regional meetings and AIDS prevention centers to provide TA.	Funds allocated by CDC.

We need to start
scheduling my
Congressional visits -
~~address~~
including Nancy even
though I've already
seen her once —

Pam

NANCY PELOSI
8TH DISTRICT, CALIFORNIA

240 CANNON BUILDING
WASHINGTON, DC 20515-0508
(202) 225-4965

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FEDERAL BUILDING
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CONGRESSIONAL WORKING GROUP
ON CHINA, CHAIR

August 5, 1993

Kristine Gebbie
AIDS Policy Coordinator
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Kristine:

Thank you for the opportunity to meet and discuss HIV prevention programs. I appreciate your taking the time to let me know about actions being taken by the Public Health Service.

As you know, my office has given highest priority to AIDS issues and has been extensively involved in building consensus for comprehensive HIV prevention reform. My legislation, which was introduced in March, represents the product of more than a year of scientific and community consultation. Grass-roots organizing around this bill has resulted in significant momentum for HIV prevention reform.

In my view, HIV prevention legislation would help build support for allocating the resources which will be necessary to implement prevention reform and would help build broad, local-level support for prevention programs. Thus, I again seek the Administration's assistance in advancing this important legislation.

Because we have no time to waste, I continue to urge the Administration to submit a reprogramming request for prevention planning funds to the Appropriations Committees. This state and local-level prevention planning process would be of assistance no matter what form of restructuring of the CDC community-based prevention programs is finally adopted.

Again, thank you for taking the time to meet and discuss options for HIV prevention reform. I look forward to working with you to accomplish this goal.

Sincerely,

Nancy

NANCY PELOSI
Member of Congress

NP:sm

I look forward to working with you and appreciate your visit. Nancy