

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	Sandra Thuirman to Cheryl S. Bauerle at 18:15:30.00. Subject: CNN Request. (partial) (1 page)	09/27/2000	P6/b(6)

COLLECTION:

Clinton Presidential Records
Automated Records Management System [Email]
OPD ([Creator: Sandra Thurman])
OA/Box Number: 250000

FOLDER TITLE:

[09/07/2000 - 10/05/2000]

2012-0045-S

ab929

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 7-SEP-2000 13:08:02.00

SUBJECT: Ryan White - Title II Supplemental Language -Attached

TO: Stefani J. Pashman (CN=Stefani J. Pashman/OU=OMB/O=EOP@EOP [OMB])
READ:UNKNOWN

TEXT:

----- Forwarded by Sandra Thurman/OPD/EOP on 09/07/2000
01:07 PM -----

Idalia_Sanchez@labor.senate.gov (Idalia Sanchez)
09/06/2000 12:29:00 PM

Record Type: Record

To: dvonZinkernagel@osophs.dhhs.gov, Sandra Thurman/OPD/EOP
cc:
Subject: Ryan White - Title II Supplemental Language -Attached

Michael/Deborah;

Here's draft title 2 supplemental---Use House as your base---add
Senate pieces that are missing---shall we get together to discuss
this??

Idalia

I took the liberty of having my leg. counsel draft the tentative
agreement on the Title II supplemental for Emerging Communities and
states.

It reflects the joining of the Senate provision to the House provision
which we discussed at the last large meeting.

Please let me know if you have any comments - 4-8978

Thanks - I hope we can wrap up Ryan White quickly so we can get to the
other public health bills.

Dave

- BAI00_C03.pdf

===== ATTACHMENT 1 =====
ATT CREATION TIME/DATE: 0 00:00:00.00

1 **SEC. ____.** **SUPPLEMENTAL GRANTS FOR CERTAIN STATES.**

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

5 **“SEC. 2622. SUPPLEMENTAL GRANTS FOR EMERGING COM-**
6 **MUNITIES.**

7 “(a) **IN GENERAL.**—The Secretary shall award sup-
8 plemental grants to States determined to be eligible under
9 subsection (b) to enable such States to provide comprehen-
10 sive services of the type described in section 2612(a) to
11 supplement the services otherwise provided by the State
12 under a grant under this subpart in emerging communities
13 that are not eligible to receive grants under part A.

14 “(b) **ELIGIBILITY.**—To be eligible to receive a supple-
15 mental grant under subsection (a) a State shall—

16 “(1) demonstrate the existence of an emerging
17 community as defined in subsection (d)(1); and

18 “(2) submit the information described in sub-
19 section (c).

20 “(c) **REPORTING REQUIREMENTS.**—A State that de-
21 sires a grant under this section shall, as part of the appli-
22 cation submitted by the State under section 2617, submit
23 a detailed description of the manner in which the State
24 will use amounts received under the grant and of the se-
25 verity of need. Such description shall include—

1 “(1) a report concerning the dissemination of
2 supplemental funds under this section and the plan
3 for the utilization of such funds in the emerging
4 community;

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

7 “(3) a demonstration that the State will main-
8 tain HIV-related activities at a level that is equal to
9 not less than the level of such activities in the State
10 for the 1-year period preceding the fiscal year for
11 which the State is applying to receive a grant under
12 this part;

13 “(4) a demonstration of the ability of the State
14 to utilize such supplemental financial resources in a
15 manner that is immediately responsive and cost ef-
16 fective;

17 “(5) a demonstration that the resources will be
18 allocated in accordance with the local demographic
19 incidence of AIDS within the emerging community,
20 including appropriate allocations for services for in-
21 fants, children, women, and families with HIV dis-
22 ease;

23 “(6) a demonstration of the inclusiveness of the
24 planning process, with particular emphasis on af-

1 fected communities and individuals with HIV dis-
2 ease; and

3 “(7) a demonstration of the manner in which
4 the proposed services are consistent with local needs
5 assessments and the State-wide coordinated state-
6 ment of need.

7 “(d) DEFINITION OF EMERGING COMMUNITY.—In
8 this section, the term ‘emerging community’ means a met-
9 ropolitan area—

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

12 “(2) for which there has been reported to the
13 Director of the Centers for Disease Control and Pre-
14 vention a cumulative total of between 500 and 1999
15 cases of acquired immune deficiency syndrome for
16 the most recent period of 5 calendar years for which
17 such data are available.

18 “(e) FUNDING.—

19 “(1) IN GENERAL.—Subject to paragraph (2),
20 with respect to each fiscal year beginning with fiscal
21 year 2001, the Secretary, to carry out this section,
22 shall utilize—

23 “(A) \$5,000,000 to provide funds to States
24 for use in emerging communities with at least
25 1000, but less than 2000, cases of AIDS as re-

1 ported to and confirmed by the Director of the
2 Centers for Disease Control and Prevention for
3 the 5-year period preceding the year for which
4 the grant is being awarded; and

5 “(B) \$5,000,000 to provide funds to
6 States for use in emerging communities with at
7 least 500, but less than 1000, cases of AIDS
8 reported to and confirmed by the Director of
9 the Centers for Disease Control and Prevention
10 for the 5-year period preceding the year for
11 which the grant is being awarded.

12 “(2) TRIGGER OF FUNDING.—This section shall
13 be effective only for fiscal years beginning in the
14 first fiscal year in which the amount appropriated
15 under 2677 to carry out part B, excluding the
16 amount appropriated under section 2618(b)(2)(H),
17 exceeds by at least \$10,000,000 the amount appro-
18 priated under 2677 to carry out part B in fiscal year
19 2000, excluding the amount appropriated under sec-
20 tion 2618(b)(2)(H).

21 “(3) DISTRIBUTION.—The amount of a grant
22 awarded to a State under this section shall be deter-
23 mined by the Secretary based on the formula de-
24 scribed in section 2603(a)(3), except that in apply-
25 ing such formula, the Secretary shall substitute—

1 “(A) the amounts available under section
2 2622(e)(1); and

3 “(B) the number of living cases for the
4 emerging communities, as identified under sub-
5 section (d)(2).

6 **“SEC. 2623. SUPPLEMENTAL GRANTS FOR STATES.**

7 “(a) IN GENERAL.—From amounts available pursu-
8 ant to subsection (d) for a fiscal year, the Secretary shall
9 make grants to States that meet the conditions to receive
10 grants under section 2611, and that have one or more eli-
11 gible communities, for the purpose of providing in such
12 communities comprehensive services of the type described
13 in section 2612(a) to supplement the development and
14 care activities, primary care, and support services other-
15 wise provided in such communities by the State under a
16 grant under section 2611.

17 “(b) ELIGIBLE COMMUNITY.—For purposes of this
18 section, the term ‘eligible community’ means a geographic
19 area that—

20 “(1) is not within any eligible area as defined
21 in section 2607; and

22 “(2) has a severe need for supplemental finan-
23 cial assistance to combat the HIV epidemic, accord-
24 ing to criteria developed by the Secretary in con-

1 sultation with the States, including evidence of un-
2 derserved or rural areas or both.

3 “(c) APPLICATION.—A grant under subsection (a)
4 may be made to a State if the State submits to the Sec-
5 retary, as part of the State application submitted under
6 section 2617, such information as required to apply for
7 funds under this section as determined by the Secretary
8 in consultation with the States, including the information
9 required under clause (i) of section 2617(b)(1)(C).

10 “(d) FUNDING.—

11 “(1) IN GENERAL.—Subject to paragraph (2),
12 with respect to each fiscal year beginning with fiscal
13 year 2001, the Secretary, to carry out this section,
14 shall utilize \$10,000,000 to provide funds to States
15 for use in eligible communities.

16 “(2) TRIGGER OF FUNDING.—This section shall
17 be effective only for fiscal years beginning in the
18 first fiscal year in which the amount appropriated
19 under 2677 to carry out part B, excluding the
20 amount appropriated under section 2618(b)(2)(H),
21 exceeds by at least \$20,000,000 the amount appro-
22 priated under 2677 to carry out part B in fiscal year
23 2000, excluding the amount appropriated under sec-
24 tion 2618(b)(2)(H).

1 “(3) DISTRIBUTION.—The amount of a grant
2 awarded to a State under this section shall be deter-
3 mined by the Secretary.”.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 8-SEP-2000 11:57:32.00

SUBJECT: Re: Ryan White Signing

TO: Elizabeth J. Potter (CN=Elizabeth J. Potter/OU=WHO/O=EOP@EOP [WHO])

READ:UNKNOWN

TEXT:

no we have not yet -- thought we get the crew listed on the memo on the
program and then engage the COS office -- do you think otherwise? lemme
know -- thanks

Clinton Presidential Records Automated Records Management System [EMAIL]

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Hex Dump file is not in a recognizable format, has been incorrectly decoded or is damaged.

File Name: p_b6ug1005_opd_html_1.msoff

Attachment Number: [ATTACH.D19]ARMS35001GU6B.001

[illegible]

Clinton Presidential Records Automated Records Management System [EMAIL]

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Hex Dump file is not in a recognizable format, has been incorrectly decoded or is damaged.

File Name: p_gttg1005_opd_html_1.msoff

Attachment Number: [ATTACH.D56]ARMS35001GTTG.001

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: "sentto-1619404-88-968890652-Sandra_thurman=opd.eop.gov"@returns.onelist.com (')

CREATION DATE/TIME:13-SEP-2000 20:22:38.00

SUBJECT:

TO: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

READ:UNKNOWN

TEXT:

The Breaking-the-Silence egroup was launched during the XIIth International AIDS Conference in Durban, South Africa. The Breaking-the-Silence egroup is

being designed as an independent forum to share information on efforts to fund an appropriate response to the global HIV/AIDS crisis. Specifically, the forum presents information regarding the funding of the international HIV/AIDS response in less-economically advanced countries through the following mechanisms:

MIME-Version: 1.0

Mailing-List: list breaking-the-silence@egroups.com; contact breaking-the-silence-owner@egroups.com

Delivered-To: mailing list breaking-the-silence@egroups.com

Precedence: bulk

List-Unsubscribe: <mailto:breaking-the-silence-unsubscribe@egroups.com>

Date: Thu, 14 Sep 2000 01:17:31 -0000

Reply-To: breaking-the-silence@egroups.com

Subject: [breaking-the-silence] (unknown)

Content-Type: text/plain; charset=US-ASCII

Content-Transfer-Encoding: 7bit

----- eGroups Sponsor ----->

eGroups eLerts

It's Easy. It's Fun. Best of All, it's Free!

http://click.egroups.com/1/9067/6/_/_/_/968890649/

----->

- 1) Debt-for-AIDS;
- 2) Trust Funds for HIV/AIDS;
- 3) Grant Programs;
- 4) Loan Programs for Responding to HIV/AIDS.

Members are invited to post messages and/or comment on any of the information presented. Membership is confidential. As of September 2000, over 350 members have joined this egroup. Members live and work around the world for governments, UN Agencies, NGOs, Universities, and other groups. Please review the website to see messages already posted.

Your active participation is greatly appreciated. Confidential feedback/perspectives on this egroup can be sent to the pszeitze@hotmail.com.

To Post a message, send it to: breaking-the-silence@eGroups.com

To Unsubscribe, send a blank message to:

breaking-the-silence-unsubscribe@eGroups.com

To Use Web Site: <http://www.egroups.com/group/breaking-the-silence>

**Messages posted on this egroup do not represent the policy or opinion of the Moderator.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:19-SEP-2000 17:11:26.00

SUBJECT: Office of National AIDS Policy

TO: Kris M Balderston (CN=Kris M Balderston/OU=WHO/O=EOP@EOP [WHO])

READ:UNKNOWN

CC: Mark F. Lindsay (CN=Mark F. Lindsay/OU=WHO/O=EOP@EOP [WHO])

READ:UNKNOWN

TEXT:

Background:

When the Office was created in late 1993, HHS assumed responsibility for providing the necessary funding.

However, the FY95 L-HHS Appropriations bill carried a provision stating any taps on funding for offices at HHS would be considered reprogramming requests, and would need to be requested from the Congress.

In November 1994 (after the Congress had adjourned), Secretary Shalala wrote to the House L-HHS Appropriators requesting authority to reprogram \$350,000 for the HHS National AIDS Program Office and partial support for the White House Office of National AIDS Policy. When a Republican House reconvened in January 1995, Chairman Porter denied her request. It appears that he was responding to two things:

(1) a general desire on the part of the Republicans to streamline the "offices" at HHS; and (2) word from the AIDS community, with whom he has a close working relationship, that the White House office was, at that juncture, not particularly helpful or necessary.

At that juncture, alternative options were explored for funding the office outside Porter's L-HHS bill. Given that there was an expanding AIDS program at HUD -- they were a logical choice. However, there is no denying HHS has the lions share of the AIDS budget (more than 20 times HUD).

At present, both the Congress (Mr. Porter included) and the AIDS community feel much better about the White House AIDS Office. It is likely that both would support the necessary funding -- if asked.

In FY2001, HHS will receive \$113 million as a direct result of the global AIDS LIFE Initiative created and pushed by the White House and ONAP. This funding was not requested by the Department but generated here. During this Administration domestic AIDS funding has also increased dramatically due to the priority it enjoys at the White House.

The bottom line is that of the nearly \$5 billion in discretionary AIDS funding that HHS receives, \$250,000 for support of ONAP is a small price to pay. The return on this investment has already been huge for them.

HHS currently provides ONAP with detailees from CDC and the Office of Minority Health.

When I approached Kevin Thurm about this last week he indicated that he thought it would be a " heavy lift ". I have another call in to him now but clearly need additional pressure.

I hope this helps. If you have any questions or need additional information please let me know.

Thanks much.

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:20-SEP-2000 14:53:19.00

SUBJECT: Ryan White CARE Act scheduling request

TO: Minyon Moore (CN=Minyon Moore/OU=WHO/O=EOP@EOP [WHO])

READ : UNKNOWN

TO: Jeanne Lambrew (CN=Jeanne Lambrew/OU=OMB/O=EOP@EOP [OMB])

READ : UNKNOWN

TO: Maria Echaveste (CN=Maria Echaveste/OU=WHO/O=EOP@EOP [WHO])

READ : UNKNOWN

TO: Mary E. Cahill (CN=Mary E. Cahill/OU=WHO/O=EOP@EOP [WHO])

READ : UNKNOWN

TO: Elizabeth J. Potter (CN=Elizabeth J. Potter/OU=WHO/O=EOP@EOP [WHO])

READ : UNKNOWN

TO: Sylvia M. Mathews (CN=Sylvia M. Mathews/OU=OMB/O=EOP@EOP [OMB])

1
READ : UNKNOWN

TO: Christopher C. Jennings (CN=Christopher C. Jennings/OU=OPD/O=EOP@EOP [OPD])

READ : UNKNOWN

TO: Kay Casstevens (CN=Kay Casstevens/OU=WHO/O=EOP@EOP [WHO])

READ : UNKNOWN

TO: Devorah R. Adler (CN=Devorah R. Adler/OU=OPD/O=EOP@EOP [OPD])

READ : UNKNOWN

TEXT:

A week ago, I sent you a draft of the scheduling request for the Ryan White CARE Act signing ceremony. Attached is an updated version for your review. Now as we move closer to the time, I hope you'll agree to sign on.

As always, thank you for your support. I look forward to hearing from you.

Sandy

===== ATTACHMENT 1 =====

ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:

Unable to convert NTNFS205:[ATTACH.D32]ARMS2200140Q9.001 to ASCII,
The following is a HEX DUMP:

[illegible]

Clinton Presidential Records Automated Records Management System [EMAIL]

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Hex Dump file is not in a recognizable format, has been incorrectly decoded or is damaged.

File Name: p_9qo41002_opd_html_1.msoff

Attachment Number: [ATTACH.D32]ARMS220014OQ9.001

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:20-SEP-2000 08:45:24.00

SUBJECT: Ryan White Act

TO: Cheryl S. Bauerle (CN=Cheryl S. Bauerle/OU=OPD/O=EOP@EOP [OPD])

READ:UNKNOWN

TEXT:

----- Forwarded by Sandra Thurman/OPD/EOP on 09/20/2000
08:45 AM -----

Laura A. Graham

09/18/2000 07:23:07 PM

Record Type: Record

To: Sandra Thurman/OPD/EOP@EOP

cc:

Subject:Ryan White Act

Assuming the bill passes tomorrow - do we know when they would send the bill down b/c Friday's schedule is very difficult to add something to. Please advise. Thanks

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:22-SEP-2000 12:03:37.00

SUBJECT:

TO: Matthew Murguia (CN=Matthew Murguia/OU=OPD/O=EOP@EOP [OPD])

READ:UNKNOWN

TEXT:

WHITE HOUSE AIDS CZAR VOWS
TO PUSH UNTIL THE BITTER END

I applaud the President's Council for their tireless commitment to people living with HIV and AIDS here at home and around the world. For years, they have provided both sound advice and constructive prodding. I strongly believe that government always does better when the people's voice is heard. And today, the Council has said, to both the Administration and the Congress, when it comes to our shared battle against HIV our work is far from over. At the direction of the President, I say to the Council, that until the last hour of the last day of this Administration, we will do all we can to stem the rising tide of new HIV infections, to care for those living with HIV and AIDS, and to vigorously push for a vaccine and a cure. That is our job and that is our commitment.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:22-SEP-2000 13:36:08.00

SUBJECT: Thank you!

TO: Karen Tramontano (CN=Karen Tramontano/OU=WHO/O=EOP@EOP [WHO])

READ:UNKNOWN

TEXT:

Thanks so much for making the meeting with the President and the Council happen. You are a star!

I know that Todd mentioned the Gerphardt-Pelosi Medicaid expansion bill to you. This is a huge priority for them and the AIDS Community and they are hoping to jam this into the end game or BBA next week. While everyone thought that the cost estimates would be large, CBO came back earlier this week with an estimate of \$1.5 billion over 5 (\$100 million in FY01).

Chris and Jeanne have raised concerns about the precedent of disease specific Medicaid expansion. However, as you know, Medicaid expansion for women with breast and cervical cancer is in the Presidents FY01 budget request. I think this is a great opportunity. If you wouldn't mind taking a look at it I would be grateful.

Again, thanks for you help.

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:22-SEP-2000 09:03:04.00

SUBJECT: Re: Blackwell

TO: Lynn G. Cutler (CN=Lynn G. Cutler/OU=WHO/O=EOP@EOP [WHO])

READ:UNKNOWN

TEXT:

He is such a piece of work!!! I will stay close to him and shake my head
"no" at the appropriate moment.

Take care!

Withdrawal/Redaction Marker

Clinton Library

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001. email	Sandra Thuirman to Cheryl S. Bauerle at 18:15:30.00. Subject: CNN Request. (partial) (1 page)	09/27/2000	P6/b(6)

COLLECTION:

Clinton Presidential Records
Automated Records Management System [Email]
OPD ([Creator: Sandra Thurman])
OA/Box Number: 250000

FOLDER TITLE:

[09/07/2000 - 10/05/2000]

2012-0045-S
ab929

RESTRICTION CODES

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P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 27-SEP-2000 18:15:30.00

SUBJECT: CNN Request

TO: Cheryl S. Bauerle (CN=Cheryl S. Bauerle/OU=OPD/O=EOP@EOP [OPD])
READ: UNKNOWN

TEXT:

----- Forwarded by Sandra Thurman/OPD/EOP on 09/27/2000
06:15 PM -----

Craig A. Minassian
09/27/2000 04:53:08 PM
Record Type: Record

To: Sandra Thurman/OPD/EOP@EOP
cc:
Subject: CNN Request

Sandy,

Thanks for the help over the weekend with the ABC Good Morning America
piece of Ricky Ray. CNN called me to request and interview with you. I can
follow up or you can call CNN directly (Rebecca Block at P6(b)(6)). [Log 1]

-Craig

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 27-SEP-2000 15:07:51.00

SUBJECT: ICASA presentation

TO: Cheryl S. Bauerle (CN=Cheryl S. Bauerle/OU=OPD/O=EOP@EOP [OPD])

READ: UNKNOWN

TEXT:

----- Forwarded by Sandra Thurman/OPD/EOP on 09/27/2000
03:07 PM -----

Robert Clay <rclay@usaid.gov>

08/12/99 07:35:54 AM

Please respond to rclay@usaid.gov

Record Type: Record

To: Sandra Thurman/OPD/EOP

cc:

Subject: ICASA presentation

Sandy -

First congratulations on your report of the Presidential Mission and the new initiative for HIV/AIDS. I know there are many hurdles ahead before this become a reality, but it seems that there is momentum behind your ideas.

I wanted to indirectly contact you to get your feedback on some ideas. It looks like the U.S. will have a 5-7 minute spot in the opening session at ICASA to make a statement. As you know, with all the Presidents coming (10 at last count) and many ministers too, the agenda is very tight. But Dr. Moses Sichone feels that he could work something in.

There are several ideas. One would be to have the President or First Lady do a video which we could then show during that time. We checked with ICASA, and they will have the capability to show it. Or we could have a statement from the President or First Lady which you or someone else in the US Delegation could read. Finally, there could be a short speech that someone on the delegation could give. I wanted to see what you thought about these various possibilities before we send something in official through our channels. If the video is a non starter, we obviously wouldn't suggest it.

We are also hoping to get a US slot in the Presidential Meeting which will be happening on Sunday morning, September 12th. This will be a very small group, but key to raise awareness and motivate the leaders. We'll keep you posted on this.

Looking forward to your input and in seeing you next month. Again, thanks for all you are doing back there in Washington.

Robert

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:27-SEP-2000 13:35:03.00

SUBJECT: Youth report

TO: Christopher C. Jennings (CN=Christopher C. Jennings/OU=OPD/O=EOP@EOP [OPD])
READ:UNKNOWN

TEXT:

Hi Chris-

On Monday, we will release our Youth and HIV/AIDS report at the US Conference on AIDS in Atlanta. May Kennedy in our office is sending an advance copy to Devorah this afternoon, and we've asked her to share it with you.

Please call me if you have any questions (6-2441) and as always, thank you!

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:28-SEP-2000 15:31:33.00

SUBJECT: Re: History of the WH Domestic Policy Council

TO: Cheryl S. Bauerle (CN=Cheryl S. Bauerle/OU=OPD/O=EOP@EOP [OPD])

READ:UNKNOWN

TEXT:

Hi! Expect a call from this nice man.

----- Forwarded by Sandra Thurman/OPD/EOP on 09/28/2000

03:30 PM -----

Sandra Thurman 09/28/2000 03:30:13 PM

Record Type: Record

To: David G. Sewell/OPD/EOP@EOP

cc:

Subject: Re: History of the WH Domestic Policy Council

Hi! Sorry it took me so long to get back to you. I have been out of the office.

I would be delighted to talk with you about the our work. Just call Cheryl Bauerle at 62959 and see if we can't find a time that works.

I look forward to meeting you.

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:28-SEP-2000 11:50:05.00

SUBJECT: Re: do you want to call her?

TO: Richard L. Siewert (CN=Richard L. Siewert/OU=WHO/O=EOP@EOP [WHO])

READ:UNKNOWN

TEXT:

I'll be happy to call her. The report, which our office and OMB initiated, is specifically focused on our prevention efforts at CDC. It was designed to get us to a point where we can try to insure that our prevention programs are based on sound public health principles and not politics (like Congressional mandated abstinence based " just say no" to sex variety of programs!).

Thanks.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:29-SEP-2000 11:29:11.00

SUBJECT: Re: B Lee conv

TO: Maria Echaveste (CN=Maria Echaveste/OU=WHO/O=EOP@EOP [WHO])

READ:UNKNOWN

TEXT:

I think it is a good idea for Maria and me to meet with Lee and Leach. Chairman Leach called yesterday to "badger" (his word, not mine) me regarding the lack of commitment on the part of the White House for the Trust Fund. I gave him the party line but he was none to happy with it. He would much rather see us put money into the Trust Fund than increase our bi-lateral programs at USAID. That is unfortunate.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 5-OCT-2000 11:07:54.00

SUBJECT:

TO: Kay Casstevens (CN=Kay Casstevens/OU=WHO/O=EOP@EOP [WHO])

READ:UNKNOWN

TEXT:

Kay, this is not Sandy, its Michael. As promised, just want to make sure you knew that the Ryan White CARE Act is on the House floor now and should be considered later today in the Senate. Do you think a signing ceremony next week is possible? I know things are crazy schedule wise these days -- but a ceremony (largest than the oval) would go over very well with both the community and the congress.

Please let me know what you think.

Thanks for all your help.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 5-OCT-2000 10:42:32.00

SUBJECT: FW: Ryan White / Revised Managers' statement of explanation

TO: Stefani J. Pashman (CN=Stefani J. Pashman/OU=OMB/O=EOP@EOP [OMB])

READ:UNKNOWN

TEXT:

----- Forwarded by Sandra Thurman/OPD/EOP on 10/05/2000
09:49 AM -----

Idalia_Sanchez@labor.senate.gov (Idalia Sanchez)

09/22/2000 05:43:56 PM

Record Type: Record

To: dvonZinkernagel@osophs.dhhs.gov, Sandra Thurman/OPD/EOP

cc:

Subject: FW: Ryan White / Revised Managers' statement of explanation

let me know what you think--we need to0 wrap this up by Monday first
thing

Forward Header

Subject: FW: Ryan White / Revised Managers' statement of explanation

Author: Sean Donohue at Labor

Date: 9/22/00 1:22 PM

Idalia: Please forward to WOF at HRSA. I think he's there today and
I don't have his email

DAVE: Please check to see if they made any changes to your stuff.

The drill will be for Jeffords and Bliley to introduce identical
"managers statements" with their floor statements. Key members will
be listed on the statements submitted for the record, i.e., Jeffords,
Kennedy, Frist.

sd

Forward Header

Subject: FW: Ryan White / Revised Managers' statement of explanation

Author: "Wheat; Marc" <Marc.Wheat@mail.house.gov> at House

Date: 9/22/2000 10:58 AM

> -----Original Message-----
> From: Kim, Paul
> Sent: Wednesday, September 20, 2000 5:41 PM
> To: Ford, John; Dehoney, Eleanor; Delmonte, Brent; Esposito, Anne;
> Foster, Roland; Nelson, Karen; Porter, Katie; Wheat, J. Marc
> Subject: Ryan White / Revised Managers' statement of explanation
>
> Hi, guys,
> I've attached our comments on the Managers' statement. They also reflect
> Roland's comments, which he emailed earlier today.
>
> <<manager.revised.wpd>>
>
> One last note on legislative language. I am afraid that NASTAD is
correct
> that the Title II supplement does NOT fully reflect the DeGette
amendment.
> On page 40, section 205(c) does not reference the BASE Title II funds as
> being protected. It currently protects the TOTAL Title II (base+ADAP)
> funds. To clarify that the protection extends to both BASE and TOTAL
> funds, I would recommend strongly we seek this technical correction:
>
> (Bliley.128/September 15, 2000 draft)
> On page 40, line 20, insert the following after "2611": ", and the
> amount of the grant awarded under such section excluding the amount
> awarded under subparagraph 2618(b)(2)(H),"
>
> Thanks,
> Paul
>
>
> _____
> Paul Kim
> Counsel
> Office of Congressman Henry A. Waxman
> 2204 Rayburn House Office Building
> Washington, D.C. 20515-0529
> 202.225.3976 / 4099 fax
> paul.kim@mail.house.gov
>

- manager.revised.wpd

===== ATTACHMENT 1 =====
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:

Unable to convert ARMS_EXT:[ATTACH.D43]ARMS220002M1L.001 to ASCII,
The following is a HEX DUMP:

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0596E9DB8F972E572046B08AE7AB1A7E748C425BE3DF1FD09C108A19BDC963392E44337CDF8332

RYAN WHITE CARE ACT AMENDMENTS OF 2000
Managers' Statement of Explanation

[THIS INTRODUCTORY PARAGRAPH WAS MOVED FROM OUT OF SECTION I, WHICH DESCRIBES THE STRUCTURE OF CARE ACT PROGRAMS UNDER THIS LEGISLATION.]

The Ryan White CARE Act Amendments of 2000 reauthorize Title XXVI of the Public Health Service Act to ensure that individuals living with HIV and AIDS receive health care and related support services. The legislation contains authorization for appropriations and programmatic changes to ensure the CARE Act programs respond to evolving demographic trends in the HIV/AIDS epidemic and advances in treatment and care.

[THE "BACKGROUND" SECTION HAS BEEN MOVED HERE TO PRECEDE THE OVERVIEW OF THE LEGISLATION (new II), AND THE DETAILED SUMMARIES OF SPECIFIC PROVISIONS (III).]

I. Background

In March, 1990, Congress enacted the Ryan White CARE Act, honoring Ryan White, a young man who taught the Nation to respond to the HIV/AIDS epidemic with hope and action rather than fear. By the spring of 1990, over 128,000 people had been diagnosed with AIDS in the United States and 78,000 had died of the disease. The CARE Act was reauthorized in 1996, as the epidemic spread to more than 600,000 Americans diagnosed with AIDS and amidst the nationwide recognition that CARE Act programs were indispensable to the care and treatment of Americans with HIV/AIDS.

The CARE Act Amendments of 2000 marks the second reauthorization of the CARE Act. In the last twenty years, the HIV/AIDS epidemic has claimed over 420,000 American men, women, and children. Today, the Centers for Disease Control and Prevention estimates that there are currently between 800,000 and 900,000 persons living with HIV in the United States, with 40,000 new infections annually.

While there is still no cure, the CARE Act has been instrumental in responding to the public health, social and economic burdens of the HIV/AIDS epidemic. However, the steady expansion and changed demographics of the epidemic, as well as the improved survival time for people living with AIDS, are placing increasing stress on State and local health care systems, community based organizations and families providing care. Most importantly, the epidemic is expanding beyond major cities to smaller cities and rural regions, and disproportionately affecting women, communities of color, children and youth.

The Ryan White CARE Act Amendments of 2000 preserves the best and proven features of existing CARE Act programs. But the CARE Act Amendments of 2000 also makes important and substantial reforms to respond to the significant changes in the HIV/AIDS epidemic of the last 5 years.

II. Organization of Services Under the CARE Act Amendments of 2000

[BECAUSE THIS SECTION DESCRIBES CARE ACT PROGRAMS AS AMENDED BY THIS LEGISLATION, DESCRIPTIONS OF OTHER AMENDMENTS AND NEW PROGRAMS -- e.g.

Title II supplement -- HAVE BEEN ADDED.]

Title I. Emergency Relief for Areas with Substantial Need for Services: Provides emergency relief grants to 51 eligible metropolitan areas (EMAs) disproportionately affected by the HIV epidemic to provide primary care and HIV-related support services to people with HIV and AIDS. Half of the Title I funding is distributed by formula; the remaining half is distributed competitively, based on the demonstration of severity of need and other criteria.

Planning Council membership has been revised to include HIV prevention providers, homeless and housing service providers, and representatives of prisoners. A third of Planning Council members must be individuals with HIV/AIDS receiving care who are not officers, employees or consultants to Title I grantees.

Title II. CARE Grant Program: Provides formula grants to States, District of Columbia, Puerto Rico and U.S. territories to improve the quality of health care and support services for individuals with HIV disease and their families. The funds are used: to provide medical support services, to continue health insurance payments, to provide home care services, and, through the AIDS Drug Assistance Programs (ADAP), to provide medications necessary for the care of these individuals. Supplemental formula grants are awarded to States with "emerging communities" which are ineligible for grants under Title I.

Subtitle B provides discretionary grants to States for the reduction of perinatal transmission of HIV, and for HIV counseling, testing, and outreach to pregnant women. Subtitle C provides discretionary grants to States for partner notification, counseling and referral services.

Title III(b). Early Intervention Services: ~~Subtitle B~~ Funds nonprofit entities providing primary care and outpatient early intervention services, including case management, counseling, testing, referrals, and clinical and diagnostic, and other therapeutic services to individuals diagnosed with HIV. Under Subtitle C, certain counseling services are funded as well as partner notification programs and CDC data collection activities. The unfunded program of State formula grants in current law is repealed.

Title IV. Other Programs and Activities: Provides grants for comprehensive services to children, youth, and women living with HIV and their families. Such services include primary, specialty and psychosocial care, as well as HIV outreach and prevention activities. Grantees must demonstrate linkages to, and provide clients with access and education on, HIV/AIDS clinical research.

Title IV newly authorizes the AIDS Education and Training Centers (AETC), a network of 14 regional centers conducting clinical HIV education and training of health providers, to provide prenatal and gynecological care. The HIV/AIDS Dental Reimbursement program, covering uncompensated oral health care for patients with HIV/AIDS, is expanded to provide community-based care in underserved areas.

Under Subtitle B, general provisions authorize CDC data collection for CARE Act planning and evaluation, enhanced interagency coordination of HIV services and prevention, development of a plan for the case management of prisoners with HIV, and administrative provisions related to audits, and a plan for simplification of CARE Act grant disbursements.

Title V. General Provisions: Authorizes Institute of Medicine (IOM) studies and expansion

of Federal support for the development of rapid HIV tests. Makes necessary and technical corrections in Title XXVI of the Public Health Service Act.

III. Summary of Selected Provisions

[THESE DESCRIPTIONS SHOULD BE ORGANIZED TO TRACK THE STRUCTURE OF THE BILL, WITH CROSS-CUTTING SECTIONS PRECEDING TITLE-SPECIFIC SECTIONS.]

Use of HIV Case Data in Formula Grants

~~In order to target funding accurately, this legislation provides for the phasing in, over a 4 to 7-year period, of the use of living HIV case estimates in funding formula allocations in titles I and II. Living HIV case data could be used in formula funding decisions as early as fiscal year 2004. However, the Secretary of Health and Human Services (HHS) is given the discretion to delay the implementation of this provision for 3 years, if reliable, validated systems are not in place to support such a transition.~~

In order to target funding more accurately to reflect the HIV/AIDS epidemic, the Managers have revised and updated the Title I and Title II formulas to make use of data on cases of HIV infection as well as of AIDS. In Fiscal Year (FY) 2005, HIV and AIDS case data is intended to be used in the Title I and Title II formulas.

However, no later than July 1, 2004, the Secretary shall determine whether HIV case data, as reported to and confirmed by the Director of CDC, is sufficiently accurate and reliable from all eligible areas and States for such use in the formula. The Secretary shall also consider the findings of the Institute of Medicine (IOM) study undertaken under section 501(b).

If the Secretary makes an adverse determination regarding HIV case data, the Managers intend that only AIDS case data will be used in FY2005 formula allocations. The Secretary shall also provide grants and technical assistance to States and eligible areas to ensure that accurate and reliable HIV case data is available no later than FY2007.

Planning and priority setting

The Managers have strengthened the capacity of EMAs and States to plan, prioritize, and allocate funds, based on the size and demographic characteristics of the populations with HIV disease in the eligible area. Planning, priority setting, and funding allocation processes must take into account the demographics of the local HIV/AIDS epidemic, existing disparities in access HIV-related health care, and resulting adverse health outcomes. It is the intent of the Managers that CARE Act dollars more closely follow the shifting trends in the local epidemic and address disparities in health care access and health outcomes as well as the need for capacity development within the local and State HIV health care infrastructures.

The Managers intend both EMAs and States to develop strategies to bring into and retain in care those individuals who are aware of their HIV status but are not receiving services. As part of this process, the Managers place the highest priority on EMAs and States focusing on eliminating disparities in access and services among affected subpopulations and historically underserved communities. The Managers recognizes, however, that the relative availability or lack of HIV prevalence data will be reflected in the scope, goals, timetable and allocation of funds for implementation of the strategy.

The Managers also expect the Secretary to collaborate with Title I and II grant recipients and providers to develop epidemiologic measures and tools for use in identifying persons with HIV infection who know their HIV status but are not in care. The Managers recognize the difficulty the EMAs and States may experience in identifying persons with HIV infection who are not in care and who may be unknown to any health or social support system. ~~The Managers do not intend to require EMAs or States to establish priorities for the allocation of funds for persons not in care, until the Secretary is able to provide such guidance, technical assistance, and appropriate resources.~~ The efforts on the part of EMAs and States to accomplish these important tasks, however, should not be delayed until this process is complete. Instead, the Committee expects Title I and II grant recipients to establish and implement strategies responsive to these urgent needs before the development of nationally uniform measures, to the extent that is practicable and to which necessary prevalence data is reasonably available.

The Managers have also authorized outreach activities in Titles I and II intended to identify individuals with HIV disease know their HIV status but are not receiving services. The intent is to ensure that EMAs and States understand that outreach activities which are consistent with early intervention services and necessary to implement the aforementioned strategies, are appropriate uses of Title I and II funds. It is not the Managers' intent that such activities supplant or otherwise duplicate activities such as case finding, surveillance and social marketing campaigns currently funded and administered by the Centers for Disease Control and Prevention (CDC). Instead, this authorization reflects the urgency of increasing the coordination between HIV prevention and HIV care and treatment services in all CARE Act programs.

Hold harmless provisions

The hold-harmless provisions are intended to minimize loss and stabilize systems of care in EMAs and States, while assuring that funds are allocated in Titles I and II to reflect the current distribution and epidemiology of the epidemic.

The Managers have revised the Title I hold harmless to limit a potential loss in an EMA's formula allocation to a small percentage of the amount allocated to the eligible area in the previous (or base) year. An EMA may lose no more than 15 percent of its base formula allocation over five years the 5-year reauthorization period, beginning with 2 percent in the first year in year one with a 2% drop and increasing in subsequent years. If the Secretary determines that data on HIV prevalence are accurate and reliable for use in determining Title I formula grants for Fiscal Year 2005, all EMAs may lose no more than 2 percent of their Fiscal Year 2004 formula allocation in that year.

Should an EMA experience a decline in its Title I formula allocation followed by an intervening year in which there is no decline, its losses in any subsequent, nonconsecutive year of decline would once again be limited to 2 percent (i.e., the intervening year 'resets the clock').

The Managers intend to ~~continue a hold harmless provision~~ to ensure that essential primary care and support services are not compromised by short-term fluctuations in AIDS case counts. Because no new EMA is expected by HRSA's Bureau of HIV/AIDS to require the hold harmless in the first three or four years of this reauthorization period, the Managers expect this policy will shield all eligible areas, save those currently requiring the hold harmless, from any meaningful loss in Title I formula funding.

Under the Title II hold harmless, a State or territory may lose no more than 1 percent from the previous fiscal year amounts, or 5 percent over the 5-year reauthorization period. This protection

extends to base Title II funding (which excludes funds for AIDS Drug Assistance Programs (ADAP)), as well as to overall Title II funding.

Women, child, infants, and youth set-aside

The Managers are aware of the rising incidence of HIV among youth and women, particularly women of color, and recognize the challenges in assuring them access to primary care and support services for HIV and AIDS. The Managers intend to increase the availability of primary care and health-related supportive services under Title I and Title II for each of the four groups described in the set-aside. Youth are added as a new category within this set-aside. The Managers intend the term “youth” to include persons between the ages of 13 and 24, and “children” to include those under the age of 13, including infants.

The Managers clarify that the set-asides for women, infants, children, and youth with HIV disease be allocated proportionally, based on the percentage of the local HIV-infected population that each group represents. The Managers intend that the States and EMAs continue to make every effort to reach and serve women, infants, children, and youth living with HIV/AIDS by allocating sufficient resources under Titles I and II to serve each of these populations. The Managers also recognize that these priority populations often comprise a greater proportion of HIV cases rather than AIDS cases in a local area. This distinction should be taken into account where necessary prevalence data is reasonably available.

The Managers are aware that these populations may also have access to HIV care through other parts of Title XXVI, Medicaid, State Children’s Health Insurance Program (SCHIP), and other Federal and State programs. Therefore, the requirement to proportionally allocate funds provided under this part to each of these populations may be waived for States which reasonably demonstrate that these populations are receiving appropriate care.

Capacity development

Titles I, II and III of this legislation provide a new focus on strengthening the capacity of minority communities and underserved areas where HIV/AIDS is having a disproportionate impact. Currently, many underserved urban and rural areas are not able to compete successfully for planning grants and early intervention service grants due to the lack of infrastructure and experience with the Ryan White CARE Act programs. This gap in services available is increasingly important, as the HIV and AIDS epidemic extends into rural communities. In addition to authorizing capacity development under Titles I and II, the Managers establish a preference for rural areas under Title III that will allow program administrators to target capacity development grants, planning grants, and the delivery of primary care services to rural communities with a growing need for HIV services. However, urban areas are not excluded from consideration for future grants nor is funding reduced to current grants in urban areas.

Quality management

The Managers recognize the importance of having CARE Act grantees ensure that quality services are provided to people with HIV and that quality management activities are conducted on an ongoing basis. Quality management programs are intended to serve grantees in evaluating and improving the quality of primary care and health-related supportive services provided under this act. The quality management program should accomplish a threefold purpose: (1) assist direct service

medical providers funded through the CARE Act in assuring that funded services adhere to established HIV clinical practices and Public Health Service (PHS) guidelines to the extent possible; (2) ensure that strategies for improvements to quality medical care include vital health-related supportive services in achieving appropriate access to and adherence with HIV medical care; and (3) ensure that available demographic, clinical, and health care utilization information is used to monitor the spectrum of HIV-related illnesses and trends in the local epidemic.

The Managers expect the Secretary to provide States with guidance and technical assistance for establishing quality management programs, including disseminating such models as have been developed by States and are already being utilized by Title II programs and in clinical practice environments. Furthermore, the Managers intend that the Secretary provide clarification and guidance regarding the distinction between use of CARE Act funds for such program expenditures that are covered as either planning and evaluation and funds for program support costs. It is not the Managers' intent to divert current program resources or to reassign current program support costs or clinical quality programs to new cost areas, if they are an integral part of a State's current quality management efforts.

Program support costs are described as any expenditure related to the provision of delivering or receiving health services supported by CARE Act funds. As applied to the clinical quality programs, these costs include, but are not limited to, activities such as chart review, peer-to-peer review activities, data collection to measure health indicators or outcomes, or other types of activities related to the development or implementation of a clinical quality improvement program. Planning and evaluation costs are related to the collection and analysis of system and process indicators for purposes of determining the impact and effectiveness of funded health-related support services in providing access to and support of individuals and communities within the health delivery system.

Referral relationships [REVISED AND MOVED TO "EIS" SECTION]

Early intervention services

The Managers authorize early intervention services as eligible services under Titles I and II under certain circumstances. The Managers intend to allow grantees to provide certain early intervention services, such as HIV counseling, testing, and referral services, to individuals at high risk for HIV infection, in accordance with State or ~~statewide planning and regional consortia or EMA planning council~~ planning activities. The Managers recognize the range of organizations that may be eligible to provide early intervention services, including other grantees under Titles I, II and III parts A and B, especially such as traditional community based organizations (CBOs) that act as points of entry and/or referral agencies into the health care system for traditionally underserved and minority populations.

~~The Managers believe that requiring CARE Act providers to develop appropriate and meaningful relationships with key points of entry for HIV positive individuals into the health care system will increase the numbers of people identified and brought into care earlier in the progression of their HIV disease. The Managers intend that CARE Act providers work actively to bring into and retain in care those individuals who are knowledgeable of their status but not receiving services.~~

The Managers believe that referral relationships maintained by providers of early intervention services are essential to increasing the numbers of people with HIV/AIDS who are identified and to

bringing them into care earlier in the progression of their disease.

Health-care related support services

The Managers wish to stress the ~~primary~~ importance of CARE Act funds in meeting the health care needs of persons and families with HIV disease. The Act requires support services provided through CARE Act funds to be health care related. States and EMAs should ensure that support services meet the objective of increasing access to health care and ongoing adherence with primary care needs. The Managers reaffirm the critical relationship between support service provision and positive health outcomes.

Title I planning council duties and membership

The Managers have amended numerous aspects of CARE Act programs to enhance the coordination between HIV prevention and HIV/AIDS care and treatment services. In this case, Planning Council membership of the providers of HIV prevention services will help assure this coordination. To improve representation of underserved communities, providers of services to homeless populations and representatives of formerly incarcerated individuals with HIV disease are included in planning council membership. It is the intent of the Managers that the needs of all communities affected by HIV/AIDS and all providers working within the service areas be represented. The Managers also intend the Planning Councils more adequately reflect the gender and racial demographics of the HIV/AIDS population within their respective EMAs.

The Managers also intend that patients and consumers of Title I services constitute a substantial proportion of Planning Council memberships. The prohibition of officers, employees and consultants is not intended to impede the participation of qualified, motivated volunteers with Title I grantees from serving on Planning Councils where they do not maintain significant financial relationships with such grantees. In contrast to such significant financial relationships, volunteers may be reimbursed reasonable incidental costs, including for training and transportation, which help to facilitate their important contribution to the Planning Councils.

To ensure that new Planning Council members are adequately prepared for full participation in meetings, the Managers direct the Secretary to ensure that proper training and guidance is provided to members of the Councils. The Committee also expects Planning Councils to provide assistance, such as transportation and childcare, to facilitate the participation of consumers, particularly those from affected subpopulations and historically underserved communities.

Consistent with the "sunshine" policies of the Federal Advisory Committee Act (FACA), all meetings of the Planning Councils shall be open to the public and be held after adequate notice to the public. Detailed minutes, records, reports, agenda, and other relevant documents should also be available to the public. The Managers intend for such documents to be available for inspection and copying at a single location, including posting on the Internet.

Title I supplemental

In order to target funding to areas in greatest need of assistance, severity of need is given a greater weight of 33 percent in the award of Title I supplemental grants. ~~This compromise will ensure that those areas most in need receive increased Ryan White funding.~~ The Managers intend that Title I supplemental awards are not intended to be allocated on the basis of formula grant allocations. Instead, such supplemental awards are to be directed principally to those eligible areas with "severe

need,” or the greatest or expanding public health challenges in confronting the epidemic. The Managers have included additional factors to be considered in the assessment of severe need, including the current prevalence of HIV/AIDS, and the degree of increasing and unmet needs for services. Additionally, the Managers believe that syphilis, hepatitis B and hepatitis C should be regarded as important co-morbidities to HIV/AIDS.

It is the Managers’ strong view that HRSA’s Bureau of HIV/AIDS should employ standard, quantitative measures to the maximum extent possible in lieu of narrative self-reporting when awarding supplemental awards. The Managers therefore renew the Bureau’s obligation to develop in a timely manner a mechanism for determining severe need upon the basis of national, quantitative incidence data. In this regard, the Managers recognizes that adequate and reliable data on HIV prevalence may not be uniformly available in all eligible areas on the date of enactment. It is noted, however, that “HIV disease” under the CARE Act encompasses both persons living with AIDS as well as persons diagnosed as HIV positive who have not developed AIDS.

Title II base minimum funding

The minimum Title II base award is increased in order to increase the funding available to States for the capacity development of health system programs and infrastructure. The Federated States of Micronesia and the Republic of Palau are included as entities eligible to receive Title II funds, in recognition of the need to establish a minimum level of funding to assist in building HIV infrastructure.

Title II public participation

The Managers urge States to strengthen, ~~where appropriate, mechanisms for~~ public participation in the Ryan White Title II planning process. While the Managers do not intend that States be mandated to consult with all entities participating in the Title I planning process, reference to such entities is intended to provide guidance to the States that such entities are important constituencies which the States should endeavor to include in their planning processes. Moreover, States may demonstrate compliance with the new requirement of an enhanced process of public participation by providing evidence that existing mechanisms for consumer and community input provide for the participation of such entities. The intent is to allow States to utilize the optimal public advisory planning process, such as special planning bodies or standing advisory groups on HIV/AIDS, for their particular population and circumstances.

The Managers are also aware of the difficulties that some States with limited resources may encounter in convening public hearings over large geographic or rural areas and encourage the Secretary to work with these States to develop appropriate processes for public input, and to consider such limitations when enforcing these requirements.

Title II HIV care consortia

The Managers intend that the States continue to work with local consortia to ensure that they identify potential disparities in access to HIV care services at the local level, with a special emphasis on those experiencing disparities in access to care, historically underserved populations, and HIV infected persons not in care. However, the Managers do not intend that States and/or consortia be mandated to consult with all entities participating in the Title I planning process. Rather, reference to such entities is intended to provide guidance to the States that such entities are important constituencies

which the States should endeavor to include in their planning processes.

Title II “emerging communities” supplement

There continues to be a growing need to address the geographic expansion of this epidemic, and this Act continues the efforts made during the last reauthorization to direct resources and services to areas that are particularly underserved, including rural areas and metropolitan areas with significant AIDS cases that are not eligible for Title I funding. A supplemental formula grant program is created within Title II to meet HIV care and support needs in non-EMA areas. There are a large number of areas within States that do not meet the definition of a Title I EMA but that, nevertheless, experience significant numbers of people living with AIDS. This provision stipulates that these “emerging communities,” defined as cities with between 500 and 1,999 reported AIDS cases in the most recent 5-year period, be allocated 50 percent of new appropriations to address the growing need in these areas.

Funding for this provision is triggered when the allocations to carry out Part B, excluding amounts allocated under section 2618(a)(2)(I), are \$20,000,000 in excess of funds available for this part in fiscal year 2000, excluding amounts allocated under section 2618(a)(2)(I). States can apply for these supplemental awards by describing the severity of need and the manner in which funds are to be used.

The Managers intend in this section to acknowledge the challenges faced by many areas with a significant burden of HIV and AIDS and a lack of health care infrastructure or resources to provide HIV care services. This supplemental program allows the Secretary to make grants to States to address HIV service needs in these underserved areas. The Managers understand the necessity to continue to support existing and expanding critical Title II base services.

AIDS Drug Assistance Program supplemental grant and expanded services

Under this Act, the AIDS Drug Assistance Program (ADAP) has been strengthened to assist States in a number of areas. The Secretary is authorized to reserve 3 percent of ADAP appropriations for discretionary supplemental ADAP grants which shall be awarded to those States which have had to restrict eligibility to ADAP benefits to those with incomes at or below 200 of poverty or to a specific number or type of therapeutics in accordance with severity of need criteria established by the Secretary. Such criteria shall account for existing eligibility standards, formulary composition and the number of patients with incomes at or below 200 of poverty. The Managers also encourage the Secretary to consider such factors as The Managers intend for the Secretary to carry out this section as a program of discretionary grants and to develop criteria for eligibility, based on the characteristics of the ADAP program within the applicant State, including the State’s ability to remove restrictions on eligibility based on current medical conditions or income restrictions and/or to provide the basic level of HIV therapeutics as recommended by consistent with the PHS guidelines.

States are also required to match the Federal supplement at a rate of 1:4. The Managers expect the State to continue to maintain current levels of effort in its ADAP funding. The Managers intend that the 25 percent State match required to receive funds under this section be implemented in a flexible manner that recognizes the variations between Federal, State, and programmatic fiscal years.

In addition, up to 10 percent 5 percent of ADAP funds will be allowed to support services that directly encourage, support, and enhance adherence with treatment regimens, including medical monitoring, as well as purchase health insurance plans where those plans provided fuller and more cost-effective coverage of AIDS therapies and other needed health care coverage. However, up to 10 percent of ADAP funds may be expended for such purposes if the State demonstrates that such services

are essential and do not diminish access to therapeutics. Finally, the Managers recognize that existing Federal policy provides adequate guidelines to states for carrying out provisions under this section.

Partner notification, perinatal transmission, and counseling services

Discretionary grants are authorized under this Act for partner notification, counseling and referral services. The Managers have also expanded the existing grant program to States for the reduction of perinatal transmission of HIV, and for HIV counseling, testing, and outreach to pregnant women. Funding for perinatal HIV transmission reduction activities is expanded, with additional grants available to States with newborn testing laws or States with significant reductions in perinatal HIV transmission. In addition, this Act further specifies ~~what additional~~ information is to be conveyed to individuals receiving HIV positive test results in order to reduce risk of HIV transmission through sex or needle-sharing practices.

Coordination of coverage and services

The amendments of 2000 also strengthen the requirements made on the States and EMAs in a number of areas aimed at improving the coordination of coverage and services. Grantees must assess the availability of other funding sources, such as Medicaid and the State Children's Health Insurance Program (SCHIP) and improve efforts to ensure that CARE Act funds are coordinated with other available payers.

Titles III and IV administrative expenses

The administrative cap for the directly funded Title III programs is increased. The administrative cap for Title III grants is raised from 7.5 percent to 10 percent to correspond with the 10 percent cap on individual contractors in Title I. The Secretary is directed to review administrative and program support expenses for Title IV, in consultation with grantees. In order to assure that children, youth, women, and families have access to quality HIV-related health and support services and research opportunities, the Secretary is directed to work with Title IV grantees to review expenses related to administrative, program support, and direct service-related activities.

Title IV access to research ~~significant enrollment~~

This Act removes the requirement that Title IV grantees enroll a "significant number" of patients in research projects. Title IV provides an important link between women, children, and families affected by HIV/AIDS and HIV-related clinical research programs. The "significant number" requirement is removed here to eliminate the incentive for providers to inappropriately encourage or pressure patients to enroll in research programs.

To maintain appropriate access to research opportunities, providers are required to develop better documentation of the linkages between care and research. The Secretary of Health and Human Services (HHS), through the National Institutes of Health (NIH), is also directed to examine the distribution and availability of HIV-related clinical programs for purposes of enhancing and expanding access to clinical trials, including trials funded by NIH, CDC and private sponsors. The Managers encourage the Secretary to assure that NIH-sponsored HIV-related trials are responsive to the need to coordinate the health services received by participants with the achievement of research objectives. Nor do the Managers intend this requirement to require the redistribution of funds for such research projects.

Part F Dental Reimbursement Program

The Managers have established new grants for community-based oral health care to support collaborative efforts between dental education programs and community-based providers directed at providing oral health care to patients with HIV disease in currently unserved areas and communities without dental education programs. Although the Dental Program has been tremendously successful, there is still a large HIV/AIDS population that has not benefitted because there is not a dental education institution participating in their area. These patients are also in need of dental services that could be provided at community sites if more community-based providers would partner with a dental school or residency program. In these partnerships, dental students or residents could provide treatment for HIV/AIDS patients in underserved communities under the direction of a community-based dentist who would serve as adjunct faculty. By encouraging dental educational institutions to partner with community-based providers, the Managers intend to address the unmet need in these areas by ensuring that dental treatment for the HIV/AIDS population is available in all areas of the country, not just where dental schools are located.

Technical assistance and guidance

The Managers reaffirm the Secretary's responsibility in providing needed guidance and tools to grantees in assisting them in carrying out new requirements under this Act. The Secretary is required to work with States and EMAs to establish epidemiologic measures and tools for use in identifying the number of individuals with HIV infection, especially those who are not in care. ~~The Managers recognize the difficulty grantees may experience in identifying persons with HIV infection not in care. The Managers do not require States or EMAs to establish priorities for the allocation of funds for persons not in care, until the Secretary is able to provide such advice and technical assistance. The legislation requests an IOM study to assist the Secretary in providing this advice to grantees. The legislation also directs the AIDS Education and Training Centers to disseminate treatment guidelines and updates to HIV care providers.~~

The Managers understand that the Secretary has convened a Public Health Service Working Group on HIV Treatment Information Dissemination, which has produced recommendations and a strategy for the dissemination of HIV treatment information to health care providers and patients. Recognizing the importance of such a strategy, the Managers intend that the Secretary issue and begin implementation of the strategy to improve the quality of care received by people living with HIV/AIDS.

Data Collection through CDC

The Managers believe that an additional authorization for HIV surveillance activities under the CDC will serve to advance the purposes of the CARE Act. To better identify and bring individuals with HIV/AIDS into care, States and cities may use such funding to enhance their HIV/AIDS reporting systems and expand case finding, surveillance, social marketing campaigns, and other prevention service programs. Notwithstanding its strong interest in improving the coordination between HIV prevention and HIV care and treatment services, the Managers intend that this enhanced funding for CDC and its grantees ensure that CARE Act programs and funds not duplicate or be diverted to activities currently funded and administered by the CDC.

Coordination

This Act requires the Secretary to submit a plan to Congress concerning the coordination of Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), and Health Care Financing Administration (HCFA), to enhance the continuity of care and prevention services for individuals with HIV disease or those at risk of such disease. The Managers believe that much greater effort is required to ensure that the provision of HIV prevention and care services becomes as seamless as possible, and that coordination be pursued at the Federal level, in the States and local communities to eliminate any administrative barriers to the efficient provision of high quality services to individuals with HIV disease.

A second plan for submission to Congress focuses on the medical case management and provision of support services to persons with HIV released from Federal or State prisons.

Administrative simplification

The Managers intend for the Secretary of HHS to explore opportunities to reduce the administrative requirements of Ryan CARE Act grantees through simplifying and streamlining the administrative processes required of grantees and providers under Titles I and II. In consultation with grantees and service providers of both parts, the Secretary is directed to 1) develop a plan for coordinating the disbursement of appropriations for grants under Title I with the disbursement of appropriations for grants under Title II, 2) explore the impact of biennial application for Titles I and II on the efficiency of administration and the administrative burden imposed on grantees and providers under Titles I and II, and 3) develop a plan for simplifying the application process for grants under Titles I and II. It is the intent of the Managers to improve the ability of grantees to comply with administrative requirements while decreasing the amount of staff time and resources spent on administrative requirements.

Program and service studies

The Managers request that the Secretary, through the IOM, examine changing trends in the HIV/AIDS epidemic and the financing and delivery of primary care and support services for low-income, uninsured, and underinsured individuals with HIV disease. The Secretary is directed to make recommendation regarding the most effective use of scarce Federal resources. The purpose of the study is to examine key factors associated with the effective and efficient financing and delivery of HIV services (including the quality of services, health outcomes, and cost-effectiveness). The Managers expect that the study would include examination of CARE Act financing of services in relation to existing public sector financing and private health coverage; general demographics and comorbidities of individuals with HIV disease; regional variations in the financing and costs of HIV service delivery; the availability and utility of health outcomes measures and data for measuring quality of Ryan White funded service; and available epidemiological tools and data sets necessary for local and national resource planning and allocation decisions, including an assessment of implementation of HIV infection reporting, as it impacts these factors.

The Managers also require an IOM study focuses on determining the number of newborns with HIV, where the HIV status of the mother is unknown; perinatal HIV transmission reduction efforts in States; and barriers to routine HIV testing of pregnant women and newborns when the mothers' HIV status is unknown. The study is intended to provide States with recommendations on improving perinatal prevention services and reducing the number of pediatric HIV/AIDS cases resulting from perinatal transmission.

Development of Rapid HIV Test

The Managers encourage the Secretary to expedite the availability of rapid HIV tests which are safe, effective, reliable and affordable. The Managers intend that the National Institutes of Health expand research which may lead to such tests. The Managers also intend that the Director of CDC should take primary responsibility, in conjunction with the Commissioner of Food and Drugs, for a report to Congress on the public health need and recommendations for the expedited review of rapid HIV tests. The Managers believe that the Food and Drug Administration should account for the particular applications and urgent need for rapid HIV tests, as articulated by public health experts and the CDC, when determining the specific requirements to which such tests will be held prior to marketing.

Department of Veterans Affairs

The Managers note that the U.S. Department of Veterans Affairs is the largest single direct provider of HIV care and services in the country. Over 18,000 veterans received HIV care at VA facilities in 1999. Veterans with HIV infection are eligible to participate in Ryan White Title I and Title II programs when they meet eligibility requirements set by EMAs and States, whose plans for the delivery of services must account for the availability of VA services. VA facilities are eligible providers of HIV health and support services where appropriate. The Managers expect that HRSA's Bureau of HIV/AIDS shall encourage Ryan White grantees to develop collaborations between providers and VA facilities to optimize coordination and access to care to all persons with HIV/AIDS.

International HIV/AIDS Initiatives

The Managers note that the CARE Act provides a model of service delivery and Federal partnerships with States, cities and community-based organizations which should prove valuable in global efforts to combat the HIV/AIDS epidemic. The Managers strongly encourage the Secretary, the Bureau of HIV/AIDS at HRSA, and the CDC to provide technical assistance available to other countries which has already proven invaluable in helping to limit the suffering caused by HIV/AIDS. It is the Managers' hope that the hard-earned knowledge and experience gained in this country can benefit people with HIV/AIDS overseas.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 5-OCT-2000 14:19:20.00

SUBJECT: Re: Bill Signing

TO: Trooper Sanders (CN=Trooper Sanders/OU=OVP/O=EOP@EOP [OVP])

READ:UNKNOWN

TEXT:

The House has finally passed the Ryan White CARE Act (411-0) and the Senate will likely pass it this afternoon. We are hoping that there will be time for a signing next week. The CARE Act is a serious Administration success story -- having increased funding by nearly 350% and reauthorized the program for another 5 years. A signing ceremony would allow us to highlight this success.