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

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SUBJECT: FW: Ryan White; draft of 9-19-00

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
09:47 AM -----

Idalia_Sanchez@labor.senate.gov (Idalia Sanchez)
09/19/2000 06:36:18 PM

Record Type: Record

To: Sandra Thurman/OPD/EOP, dvonZinkernagel@osophs.dhhs.gov
cc:
Subject: FW: Ryan White; draft of 9-19-00

Forward Header

Subject: FW: Ryan White; draft of 9-19-00
Author: "Wheat; Marc" <Marc.Wheat@mail.house.gov> at House
Date: 9/19/00 1:55 PM

> -----Original Message-----
> From: Goodloe, Peter
> Sent: Tuesday, September 19, 2000 1:43 PM
> To: Wheat, Marc
> Subject: Ryan White; draft of 9-19-00
>
> <<BLILEY_128.PDF>>

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

TEXT:

Unable to convert ARMS_EXT: [ATTACH.D26] ARMS220002M14.001 to ASCII,
The following is a HEX DUMP:

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65642031200D2F4F20353133200D2F48205B20313039392031333233205D200D2F4C2032383939

TENTATIVE HOUSE/SENATE AGREEMENT
ON S. 2311/H.R. 4807

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “Ryan White CARE
3 Act Amendments of 2000”.

4 SEC. 2. TABLE OF CONTENTS.

5 The table of contents for this Act is as follows:

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

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Sec. 101. Membership of councils.
Sec. 102. Duties of councils.
Sec. 103. Open meetings; other additional provisions.

Subtitle B—Type and Distribution of Grants

Sec. 111. Formula grants.
Sec. 112. Supplemental grants.

Subtitle C—Other Provisions

Sec. 121. Use of amounts.
Sec. 122. Application.

TITLE II—CARE GRANT PROGRAM

Subtitle A—General Grant Provisions

Sec. 201. Priority for women, infants, and children.
Sec. 202. Use of grants.
Sec. 203. Grants to establish HIV care consortia.
Sec. 204. Provision of treatments.
Sec. 205. State application.
Sec. 206. Distribution of funds.
Sec. 207. Supplemental grants for certain States.

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HIV

Sec. 211. Repeals.
Sec. 212. Grants.
Sec. 213. Study by Institute of Medicine.

Subtitle C—Certain Partner Notification Programs

2

Sec. 221. Grants for compliant partner notification programs.

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Sec. 311. Preferences in making grants.

Sec. 312. Planning and development grants.

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Sec. 321. Provision of certain counseling services.

Sec. 322. Additional required agreements.

TITLE IV—OTHER PROGRAMS AND ACTIVITIES

Subtitle A—Certain Programs for Research, Demonstrations, or Training

Sec. 401. Grants for coordinated services and access to research for women, infants, children, and youth.

Sec. 402. AIDS education and training centers.

Subtitle B—General Provisions in Title XXVI

Sec. 411. Evaluations and reports.

Sec. 412. Data collection through Centers for Disease Control and Prevention.

Sec. 413. Coordination.

Sec. 414. Plan regarding release of prisoners with HIV disease.

Sec. 415. Audits.

Sec. 416. Administrative simplification.

Sec. 417. Authorization of appropriations for parts A and B.

TITLE V—GENERAL PROVISIONS

Sec. 501. Studies by Institute of Medicine.

Sec. 502. Development of rapid HIV test.

Sec. 503. Technical corrections.

TITLE VI—EFFECTIVE DATE

Sec. 601. Effective date.

1 **TITLE I—EMERGENCY RELIEF**
2 **FOR AREAS WITH SUBSTAN-**
3 **TIAL NEED FOR SERVICES**
4 **Subtitle A—HIV Health Services**
5 **Planning Councils**

6 **SEC. 101. MEMBERSHIP OF COUNCILS.**

7 (a) IN GENERAL.—Section 2602(b) of the Public
8 Health Service Act (42 U.S.C. 300ff–12(b)) is amended—

9 (1) in paragraph (1), by striking “demographics
10 of the epidemic in the eligible area involved,” and in-
11 serting “demographics of the population of individ-
12 uals with HIV disease in the eligible area involved,”;
13 and

14 (2) in paragraph (2)—

15 (A) in subparagraph (C), by inserting be-
16 fore the semicolon the following: “, including
17 providers of housing and homeless services”;

18 (B) in subparagraph (G), by striking “or
19 AIDS”;

20 (C) in subparagraph (K), by striking
21 “and” at the end;

22 (D) in subparagraph (L), by striking the
23 period and inserting the following: “, including
24 but not limited to providers of HIV prevention
25 services; and”; and

1 (E) by adding at the end the following sub-
2 paragraph:

3 “(M) representatives of individuals who
4 formerly were Federal, State, or local prisoners,
5 were released from the custody of the penal sys-
6 tem during the preceding 3 years, and had HIV
7 disease as of the date on which the individuals
8 were so released.”.

9 (b) CONFLICTS OF INTERESTS.—Section 2602(b)(5)
10 of the Public Health Service Act (42 U.S.C. 300ff-
11 12(b)(5)) is amended by adding at the end the following
12 subparagraph:

13 “(C) COMPOSITION OF COUNCIL.—The fol-
14 lowing applies regarding the membership of a
15 planning council under paragraph (1):

16 “(i) Not less than 33 percent of the
17 council shall be individuals who are receiv-
18 ing HIV-related services pursuant to a
19 grant under section 2601(a), are not offi-
20 cers, employees, or consultants to any enti-
21 ty that receives amounts from such a
22 grant, and do not represent any such enti-
23 ty, and reflect the demographics of the
24 population of individuals with HIV disease
25 as determined under paragraph (4)(A).

1 For purposes of the preceding sentence, an
2 individual shall be considered to be receiv-
3 ing such services if the individual is a par-
4 ent of, or a caregiver for, a minor child
5 who is receiving such services.

6 “(ii) With respect to membership on
7 the planning council, clause (i) may not be
8 construed as having any effect on entities
9 that receive funds from grants under any
10 of parts B through F but do not receive
11 funds from grants under section 2601(a),
12 on officers or employees of such entities, or
13 on individuals who represent such enti-
14 ties.”.

15 **SEC. 102. DUTIES OF COUNCILS.**

16 (a) IN GENERAL.—Section 2602(b)(4) of the Public
17 Health Service Act (42 U.S.C. 300ff–12(b)(4)) is
18 amended—

19 (1) by redesignating subparagraphs (A) through
20 (E) as subparagraphs (C) through (G), respectively;

21 (2) by inserting before subparagraph (C) (as so
22 redesignated) the following subparagraphs:

23 “(A) determine the size and demographics
24 of the population of individuals with HIV dis-
25 ease;

1 “(B) determine the needs of such popu-
2 lation, with particular attention to—

3 “(i) individuals with HIV disease who
4 know their HIV status and are not receiv-
5 ing HIV-related services; and

6 “(ii) disparities in access and services
7 among affected subpopulations and histori-
8 cally underserved communities;”;

9 (3) in subparagraph (C) (as so redesignated),
10 by striking clauses (i) through (iv) and inserting the
11 following:

12 “(i) size and demographics of the pop-
13 ulation of individuals with HIV disease (as
14 determined under subparagraph (A)) and
15 the needs of such population (as deter-
16 mined under subparagraph (B));

17 “(ii) demonstrated (or probable) cost
18 effectiveness and outcome effectiveness of
19 proposed strategies and interventions, to
20 the extent that data are reasonably avail-
21 able;

22 “(iii) priorities of the communities
23 with HIV disease for whom the services
24 are intended;

1 “(iv) coordination in the provision of
2 services to such individuals with programs
3 for HIV prevention and for the prevention
4 and treatment of substance abuse, includ-
5 ing programs that provide comprehensive
6 treatment for such abuse;

7 “(v) availability of other governmental
8 and non-governmental resources, including
9 the State medicaid plan under title XIX of
10 the Social Security Act and the State Chil-
11 dren’s Health Insurance Program under
12 title XXI of such Act to cover health care
13 costs of eligible individuals and families
14 with HIV disease; and

15 “(vi) capacity development needs re-
16 sulting from disparities in the availability
17 of HIV-related services in historically un-
18 derserved communities;”;

19 (4) in subparagraph (D) (as so redesignated),
20 by amending the subparagraph to read as follows:

21 “(D) develop a comprehensive plan for the
22 organization and delivery of health and support
23 services described in section 2604 that—

24 “(i) includes a strategy for identifying
25 individuals who know their HIV status and

1 are not receiving such services and for in-
2 forming the individuals of and enabling the
3 individuals to utilize the services, giving
4 particular attention to eliminating dispari-
5 ties in access and services among affected
6 subpopulations and historically under-
7 served communities, and including discrete
8 goals, a timetable, and an appropriate allo-
9 cation of funds;

10 “(ii) includes a strategy to coordinate
11 the provision of such services with pro-
12 grams for HIV prevention (including out-
13 reach and early intervention) and for the
14 prevention and treatment of substance
15 abuse (including programs that provide
16 comprehensive treatment services for such
17 abuse); and

18 “(iii) is compatible with any State or
19 local plan for the provision of services to
20 individuals with HIV disease;”;

21 (5) in subparagraph (F) (as so redesignated),
22 by striking “and” at the end;

23 (6) in subparagraph (G) (as so redesignated)—

1 (A) by striking “public meetings,” and in-
2 serting “public meetings (in accordance with
3 paragraph (7)),”; and

4 (B) by striking the period and inserting “;
5 and”; and

6 (7) by adding at the end the following subpara-
7 graph:

8 “(H) coordinate with Federal grantees that
9 provide HIV-related services within the eligible
10 area.”.

11 (b) PROCESS FOR ESTABLISHING ALLOCATION PRI-
12 ORITIES.—Section 2602 of the Public Health Service Act
13 (42 U.S.C. 300ff–12) is amended by adding at the end
14 the following subsection:

15 “(d) PROCESS FOR ESTABLISHING ALLOCATION PRI-
16 ORITIES.—Promptly after the date of the submission of
17 the report required in section 501(b) of the Ryan White
18 CARE Act Amendments of 2000 (relating to the relation-
19 ship between epidemiological measures and health care for
20 certain individuals with HIV disease), the Secretary, in
21 consultation with planning councils and entities that re-
22 ceive amounts from grants under section 2601(a) or 2611,
23 shall develop epidemiologic measures—

“(1) for establishing the number of individuals
living with HIV disease who are not receiving HIV-
related health services; and

4 “(2) for carrying out the duties under sub-
5 section (b)(4) and section 2617(b).”.

(c) TRAINING.—Section 2602 of the Public Health Service Act (42 U.S.C. 300ff–12), as amended by subsection (b) of this section, is amended by adding at the end the following subsection:

10 “(e) **TRAINING GUIDANCE AND MATERIALS.**—The
11 Secretary shall provide to each chief elected official receiv-
12 ing a grant under 2601(a) guidelines and materials for
13 training members of the planning council under paragraph
14 (1) regarding the duties of the council.”.

(d) CONFORMING AMENDMENT.—Section 2603(c) of the Public Health Service Act (42 U.S.C. 300ff–12(b)) is amended by striking “section 2602(b)(3)(A)” and inserting “section 2602(b)(4)(C)”.

19 SEC. 103. OPEN MEETINGS; OTHER ADDITIONAL PROVI-
20 SIONS.

21 Section 2602(b) of the Public Health Service Act (42
22 U.S.C. 300ff-12(b)) is amended—

23 (1) in paragraph (3), by striking subparagraph
24 (C); and

1 (2) by adding at the end the following para-
2 graph:

3 “(7) PUBLIC DELIBERATIONS.—With respect to
4 a planning council under paragraph (1), the fol-
5 lowing applies:

6 “(A) The council may not be chaired solely
7 by an employee of the grantee under section
8 2601(a).

9 “(B) In accordance with criteria estab-
10 lished by the Secretary:

11 “(i) The meetings of the council shall
12 be open to the public and shall be held
13 only after adequate notice to the public.

14 “(ii) The records, reports, transcripts,
15 minutes, agenda, or other documents which
16 were made available to or prepared for or
17 by the council shall be available for public
18 inspection and copying at a single location.

19 “(iii) Detailed minutes of each meet-
20 ing of the council shall be kept. The accu-
21 racy of all minutes shall be certified to by
22 the chair of the council.

23 “(iv) This subparagraph does not
24 apply to any disclosure of information of a
25 personal nature that would constitute a

1 clearly unwarranted invasion of personal
2 privacy, including any disclosure of medical
3 information or personnel matters.”.

4 **Subtitle B—Type and Distribution**
5 **of Grants**

6 **SEC. 111. FORMULA GRANTS.**

7 (a) EXPEDITED DISTRIBUTION.—Section 2603(a)(2)
8 of the Public Health Service Act (42 U.S.C. 300ff–
9 13(a)(2)) is amended in the first sentence by striking “for
10 each of the fiscal years 1996 through 2000” and inserting
11 “for a fiscal year”.

12 (b) AMOUNT OF GRANT; ESTIMATE OF LIVING
13 CASES.—

14 (1) IN GENERAL.—Section 2603(a)(3)) of the
15 Public Health Service Act (42 U.S.C. 300ff–
16 13(a)(3)) is amended—

17 (A) in subparagraph (C)(i), by inserting
18 before the semicolon the following: “, except
19 that (subject to subparagraph (D)), for grants
20 made pursuant to this paragraph for fiscal year
21 2005 and subsequent fiscal years, the cases
22 counted for each 12-month period beginning on
23 or after July 1, 2004, shall be cases of HIV
24 disease (as reported to and confirmed by such

1 Director) rather than cases of acquired immune
2 deficiency syndrome”; and

3 (B) in subparagraph (C), in the matter
4 after and below clause (ii)(X)—

5 (i) in the first sentence, by inserting
6 before the period the following: “, and
7 shall be reported to the congressional com-
8 mittees of jurisdiction”; and

9 (ii) by adding at the end the following
10 sentence: “Updates shall as applicable take
11 into account the counting of cases of HIV
12 disease pursuant to clause (i).”.

13 (2) DETERMINATION OF SECRETARY REGARD-
14 ING DATA ON HIV CASES.—Section 2603(a)(3)) of
15 the Public Health Service Act (42 U.S.C. 300ff-
16 13(a)(3)) is amended—

17 (A) by redesignating subparagraph (D) as
18 subparagraph (E); and

19 (B) by inserting after subparagraph (C)
20 the following subparagraph:

21 “(D) DETERMINATION OF SECRETARY RE-
22 GARDING DATA ON HIV CASES.—

23 “(i) IN GENERAL.—Not later than
24 July 1, 2004, the Secretary shall deter-
25 mine whether there is data on cases of

1 HIV disease from all eligible areas (re-
2 ported to and confirmed by the Director of
3 the Centers for Disease Control and Pre-
4 vention) sufficiently accurate and reliable
5 for use for purposes of subparagraph
6 (C)(i). In making such a determination,
7 the Secretary shall take into consideration
8 the findings of the study under section
9 501(b) of the Ryan White CARE Act
10 Amendments of 2000 (relating to the rela-
11 tionship between epidemiological measures
12 and health care for certain individuals with
13 HIV disease).

14 “(ii) EFFECT OF ADVERSE DETER-
15 MINATION.—If under clause (i) the Sec-
16 retary determines that data on cases of
17 HIV disease is not sufficiently accurate
18 and reliable for use for purposes of sub-
19 paragraph (C)(i), then notwithstanding
20 such subparagraph, for any fiscal year
21 prior to fiscal year 2007 the references in
22 such subparagraph to cases of HIV disease
23 do not have any legal effect.

24 “(iii) GRANTS AND TECHNICAL AS-
25 SISTANCE REGARDING COUNTING OF HIV

1 CASES.—Of the amounts appropriated
2 under section 2675 for a fiscal year, the
3 Secretary shall reserve amounts to make
4 grants and provide technical assistance to
5 States and eligible areas with respect to
6 obtaining data on cases of HIV disease to
7 ensure that data on such cases is available
8 from all States and eligible areas as soon
9 as is practicable but not later than the be-
10 ginning of fiscal year 2007.”.

11 (c) INCREASES IN GRANT.—Section 2603(a)(4)) of
12 the Public Health Service Act (42 U.S.C. 300ff–13(a)(4))
13 is amended to read as follows:

14 “(4) INCREASES IN GRANT.—

15 “(A) IN GENERAL.—For each fiscal year in
16 a protection period for an eligible area, the Sec-
17 retary shall increase the amount of the grant
18 made pursuant to paragraph (2) for the area to
19 ensure that—

20 “(i) for the first fiscal year in the pro-
21 tection period, the grant is not less than
22 98 percent of the amount of the grant
23 made for the eligible area pursuant to such
24 paragraph for the base year for the protec-
25 tion period;

1 “(ii) for any second fiscal year in such
2 period, the grant is not less than 95 per-
3 cent of the amount of such base year
4 grant;

5 “(iii) for any third fiscal year in such
6 period, the grant is not less than 92 per-
7 cent of the amount of the base year grant;

8 “(iv) for any fourth fiscal year in such
9 period, the grant is not less than 89 per-
10 cent of the amount of the base year grant;
11 and

12 “[(v) for any fifth or subsequent fis-
13 cal year in such period, if, pursuant to
14 paragraph (3)(D)(ii)), the references in
15 paragraph (3)(C)(i) to HIV disease do not
16 have any legal effect, the grant is not less
17 than 85 percent of the amount of the base
18 year grant.]

19 “[(B) SPECIAL RULE.—If for fiscal year
20 2005, pursuant to paragraph (3)(D)(ii), data
21 on cases of HIV disease are used for purposes
22 of paragraph (3)(C)(i), the Secretary shall in-
23 crease the amount of a grant made pursuant to
24 paragraph (2) for an eligible area to ensure
25 that the grant is not less than 98 percent of the

1 amount of the grant made for the area in fiscal
2 year 2004.】

3 “【(C)】 BASE YEAR; PROTECTION PE-
4 RIOD.—With respect to grants made pursuant
5 to paragraph (2) for an eligible area:

6 “(i) The base year for a protection pe-
7 riod is the fiscal year preceding the trigger
8 grant-reduction year.

9 “(ii) The first trigger grant-reduction
10 year is the first fiscal year (after fiscal
11 year 2000) for which the grant for the
12 area is less than the grant for the area for
13 the preceding fiscal year.

14 “(iii) A protection period begins with
15 the trigger grant-reduction year and con-
16 tinues until 【the beginning of the first fis-
17 cal year for which the amount of the grant
18 *[determined] pursuant to paragraph (2)
19 for the area equals or exceeds the amount
20 of the grant *[determined] under subpara-
21 graph (A)】.

22 “(iv) Any subsequent trigger grant-re-
23 duction year is the first fiscal year, after
24 the end of the preceding protection period,
25 for which the amount of the grant is less

1 than the amount of the grant for the pre-
2 ceding fiscal year.”.

3 **SEC. 112. SUPPLEMENTAL GRANTS.**

4 (a) IN GENERAL.—Section 2603(b)(2) of the Public
5 Health Service Act (42 U.S.C. 300ff–13(b)(2)) is
6 amended—

7 (1) in the heading for the paragraph, by strik-
8 ing “DEFINITION” and inserting “AMOUNT OF
9 GRANT”;

10 (2) by redesignating subparagraphs (A) through
11 (C) as subparagraphs (B) through (D), respectively;

12 (3) by inserting before subparagraph (B) (as so
13 redesignated) the following subparagraph:

14 “(A) IN GENERAL.—The amount of each
15 grant made for purposes of this subsection shall
16 be determined by the Secretary based on a
17 weighting of factors under paragraph (1), with
18 severe need under subparagraph (B) of such
19 paragraph counting one-third.”;

20 (4) in subparagraph (B) (as so redesignated)—

21 (A) in clause (ii), by striking “and” at the
22 end;

23 (B) in clause (iii), by striking the period
24 and inserting a semicolon; and

1 (C) by adding at the end the following
2 clauses:

3 “(iv) the current prevalence of HIV
4 disease;

5 “(v) an increasing need for HIV-re-
6 lated services, including relative rates of
7 increase in the number of cases of HIV
8 disease; and

9 “(vi) unmet need for such services, as
10 determined under section 2602(b)(4).”;

11 (5) in subparagraph (C) (as so redesignated)—

12 (A) by striking “subparagraph (A)” each
13 place such term appears and inserting “sub-
14 paragraph (B)”;

15 (B) in the second sentence, by striking “2
16 years after the date of enactment of this para-
17 graph” and inserting “18 months after the date
18 of the enactment of the Ryan White CARE Act
19 Amendments of 2000”; and

20 (C) by inserting after the second sentence
21 the following sentence: “Such a mechanism
22 shall be modified to reflect the findings of the
23 study under section 501(b) of the Ryan White
24 CARE Act Amendments of 2000 (relating to
25 the relationship between epidemiological meas-

1 ures and health care for certain individuals with
2 HIV disease).”; and

3 (6) in subparagraph (D) (as so redesignated),
4 by striking “subparagraph (B)” and inserting “sub-
5 paragraph (C)”.

6 (b) REQUIREMENTS FOR APPLICATION.—Section
7 2603(b)(1)(E) of the Public Health Service Act (42
8 U.S.C. 300ff–13(b)(1)(E)) is amended by inserting
9 “youth,” after “children,”.

10 (c) TECHNICAL AND CONFORMING AMENDMENT.—
11 Section 2603(b) of the Public Health Service Act (42
12 U.S.C. 300ff–13(b)) is amended—

13 (1) by striking paragraph (4);

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

16 (3) in paragraph (4) (as so redesignated), in
17 subparagraph (B), by striking “grants” and insert-
18 ing “grant”.

19 **Subtitle C—Other Provisions**

20 **SEC. 121. USE OF AMOUNTS.**

21 (a) PRIMARY PURPOSES.—Section 2604(b)(1) of the
22 Public Health Service Act (42 U.S.C. 300ff–14(b)(1)) is
23 amended—

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

4 (2) in subparagraph (A)—

5 (A) by striking “outpatient” and all that
6 follows through “substance abuse treatment
7 and” and inserting the following: “Outpatient
8 and ambulatory health services, including sub-
9 stance abuse treatment,”; and

10 (B) by striking “; and” and inserting a pe-
11 riod;

12 (3) in subparagraph (B), by striking “(B) inpa-
13 tient case management” and inserting “(C) Inpa-
14 tient case management”;

15 (4) by inserting after subparagraph (A) the fol-
16 lowing subparagraph:

17 “(B) Outpatient and ambulatory support
18 services (including case management), to the
19 extent that such services facilitate, enhance,
20 support, or sustain the delivery, continuity, or
21 benefits of health services for individuals and
22 families with HIV disease.”; and

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

24 “(D) Outreach activities that are intended
25 to identify individuals with HIV disease who

1 know their HIV status and are not receiving
2 HIV-related services, and that are—

3 “(i) necessary to implement the strat-
4 egy under section 2602(b)(4)(D), including
5 activities facilitating the access of such in-
6 dividuals to HIV-related primary care serv-
7 ices at entities described in paragraph
8 (3)(A);

9 “(ii) conducted in a manner consistent
10 with the requirements under sections
11 2605(a)(3) and 2651(b)(2); and

12 “(iii) supplement, and do not sup-
13 plant, such activities that are carried out
14 with amounts appropriated under section
15 317.”.

16 (b) EARLY INTERVENTION SERVICES.—Section
17 2604(b) (42 U.S.C. 300ff–14(b)) of the Public Health
18 Service Act is amended—

19 (1) by redesignating paragraph (3) as para-
20 graph (4); and

21 (2) by inserting after paragraph (2) the fol-
22 lowing:

23 “(3) EARLY INTERVENTION SERVICES.—

24 “(A) IN GENERAL.—The purposes for
25 which a grant under section 2601 may be used

1 include providing to individuals with HIV dis-
2 ease early intervention services described in sec-
3 tion 2651(b)(2), with follow-up referral pro-
4 vided for the purpose of facilitating the access
5 of individuals receiving the services to HIV-re-
6 lated health services. The entities through
7 which such services may be provided under the
8 grant include public health departments, emer-
9 gency rooms, substance abuse and mental
10 health treatment programs, detoxification cen-
11 ters, detention facilities, clinics regarding sexu-
12 ally transmitted diseases, homeless shelters,
13 HIV disease counseling and testing sites, health
14 care points of entry specified by eligible areas,
15 federally qualified health centers, and entities
16 described in section 2652(a) that constitute a
17 point of access to services by maintaining refer-
18 ral relationships.

19 “(B) CONDITIONS.—With respect to an en-
20 tity that proposes to provide early intervention
21 services under subparagraph (A), such subpara-
22 graph applies only if the entity demonstrates to
23 the satisfaction of the chief elected official for
24 the eligible area involved that—

1 “(i) Federal, State, or local funds are
2 otherwise inadequate for the early inter-
3 vention services the entity proposes to pro-
4 vide; and

5 “(ii) the entity will expend funds pur-
6 suant to such subparagraph to supplement
7 and not supplant other funds available to
8 the entity for the provision of early inter-
9 vention services for the fiscal year in-
10 volved.”.

11 (c) PRIORITY FOR WOMEN, INFANTS, AND CHIL-
12 DREN.—Section 2604(b) (42 U.S.C. 300ff-14(b)) of the
13 Public Health Service Act is amended in paragraph (4)
14 (as redesignated by subsection (b)(1) of this section) by
15 amending the paragraph to read as follows:

16 “(4) PRIORITY FOR WOMEN, INFANTS AND
17 CHILDREN.—For the purpose of providing health
18 and support services to infants, children, youth, and
19 women with HIV disease, including treatment meas-
20 ures to prevent the perinatal transmission of HIV,
21 the chief elected official of an eligible area, in ac-
22 cordance with the established priorities of the plan-
23 ning council, shall for each of such populations in
24 the eligible area use, from the grants made for the
25 area under section 2601(a) for a fiscal year, not less

1 than the percentage constituted by the ratio of the
2 population involved (infants, children, youth, or
3 women in such area) with acquired immune defi-
4 ciency syndrome to the general population in such
5 area of individuals with such syndrome.”.

6 (d) QUALITY MANAGEMENT.—Section 2604 of the
7 Public Health Service Act (42 U.S.C. 300ff–14) is
8 amended—

9 (1) by redesignating subsections (e) through (f)
10 as subsections (d) through (g), respectively; and

11 (2) by inserting after subsection (b) the fol-
12 lowing:

13 “(c) QUALITY MANAGEMENT.—

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

1 “(2) USE OF FUNDS.—From amounts received
2 under a grant awarded under this part for a fiscal
3 year, the chief elected official of an eligible area may
4 (in addition to amounts to which subsection (f)(1)
5 applies) use for activities associated with the quality
6 management program required in paragraph (1) not
7 more than the lesser of—

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

10 “(B) \$3,000,000.”.

11 **SEC. 122. APPLICATION.**

12 (a) IN GENERAL.—Section 2605(a) of the Public
13 Health Service Act (42 U.S.C. 300ff–15(a)) is amended—

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

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

18 “(3) that entities within the eligible area that
19 receive funds under a grant under this part will
20 maintain appropriate relationships with entities in
21 the eligible area served that constitute key points of
22 access to the health care system for individuals with
23 HIV disease (including emergency rooms, substance
24 abuse treatment programs, detoxification centers,
25 adult and juvenile detention facilities, sexually trans-

1 mitted disease clinics, HIV counseling and testing
2 sites, mental health programs, and homeless shel-
3 ters), and other entities under section 2604(b)(3)
4 and 2652(a), for the purpose of facilitating early
5 intervention for individuals newly diagnosed with
6 HIV disease and individuals knowledgeable of their
7 HIV status but not in care;

8 “(4) that the chief elected official of the eligible
9 area will satisfy all requirements under section
10 2604(c);”.

11 (b) CONFORMING AMENDMENTS.—Section 2605(a)
12 (42 U.S.C. 300ff–15(a)(1)) is amended—

13 (1) in paragraph (1)—

14 (A) in subparagraph (A), by striking
15 “services to individuals with HIV disease” and
16 inserting “services as described in section
17 2604(b)(1)”; and

18 (B) in subparagraph (B), by striking
19 “services for individuals with HIV disease” and
20 inserting “services as described in section
21 2604(b)(1)”; and

22 (2) in paragraph (7) (as redesignated by sub-
23 section (a)(1) of this section), by striking “and” at
24 the end;

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

3 (4) by adding at the end the following para-
4 graph:

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

9 **TITLE II—CARE GRANT**
10 **PROGRAM**
11 **Subtitle A—General Grant**
12 **Provisions**

13 **SEC. 201. PRIORITY FOR WOMEN, INFANTS, AND CHILDREN.**

14 Section 2611(b) of the Public Health Service Act (42
15 U.S.C. 300ff–21(b)) is amended to read as follows:

16 “(b) PRIORITY FOR WOMEN, INFANTS AND CHIL-
17 DREN.—

18 “(1) IN GENERAL.—For the purpose of pro-
19 viding health and support services to infants, chil-
20 dren, youth, and women with HIV disease, including
21 treatment measures to prevent the perinatal trans-
22 mission of HIV, a State shall for each of such popu-
23 lations use, of the funds allocated under this part to
24 the State for a fiscal year, not less than the percent-
25 age constituted by the ratio of the population in-

1 volved (infants, children, youth, or women in the
2 State) with acquired immune deficiency syndrome to
3 the general population in the State of individuals
4 with such syndrome.

5 “(2) WAIVER.—With respect the population in-
6 volved, the Secretary may provide to a State a waiv-
7 er of the requirement of paragraph (1) if the State
8 demonstrates to the satisfaction of the Secretary
9 that the population is receiving HIV-related health
10 services through the State medicaid program under
11 title XIX of the Social Security Act, the State chil-
12 dren’s health insurance program under title XXI of
13 such Act, or other Federal or State programs.”.

14 **SEC. 202. USE OF GRANTS.**

15 Section 2612 of the Public Health Service Act (42
16 U.S.C. 300ff-22) is amended—

17 (1) by striking “A State may use” and insert-
18 ing “(a) IN GENERAL.—A State may use”; and

19 (2) by adding at the end the following sub-
20 sections:

21 “(b) SUPPORT SERVICES; OUTREACH.—The pur-
22 poses for which a grant under this part may be used in-
23 clude delivering or enhancing the following:

24 “(1) Outpatient and ambulatory support serv-
25 ices under section 2611(a) (including case manage-

1 ment) to the extent that such services facilitate,
2 【enhance[?]】, support, or sustain the delivery, 【con-
3 tinuity】, or benefits of health services for individuals
4 and families with HIV disease.

5 “(2) Outreach activities that are intended to
6 identify 【individuals with HIV disease who know
7 their HIV status and are not receiving HIV-related
8 services】, and that are—

9 “(A) necessary to implement the strategy
10 under section 2617(b)(4)(B), including activi-
11 ties facilitating the access of such individuals to
12 HIV-related primary care services at entities
13 described in subsection (c)(1);

14 “(B) conducted in a manner consistent
15 with the requirement under section
16 2617(b)(6)(G) and 2651(b)(2); and

17 “(C) supplement, and do not supplant,
18 such activities that are carried out with
19 amounts appropriated under section 317.

20 “(c) EARLY INTERVENTION SERVICES.—

21 “(1) IN GENERAL.—The purposes for which a
22 grant under this part may be used include providing
23 to individuals with HIV disease early intervention
24 services described in section 2651(b)(2), with follow-
25 up referral provided for the purpose of facilitating

1 the access of individuals receiving the services to
2 HIV-related health services. The entities through
3 which such services may be provided under the grant
4 include public health departments, emergency rooms,
5 substance abuse and mental health treatment pro-
6 grams, detoxification centers, detention facilities,
7 clinics regarding sexually transmitted diseases,
8 homeless shelters, HIV disease counseling and test-
9 ing sites, health care points of entry specified by
10 States or eligible areas, federally qualified health
11 centers, and entities described in section 2652(a)
12 that constitute a point of access to services by main-
13 taining referral relationships.

14 “(2) CONDITIONS.—With respect to an entity
15 that proposes to provide early intervention services
16 under paragraph (1), such paragraph applies only if
17 the entity demonstrates to the satisfaction of the
18 State involved that—

19 “(A) Federal, State, or local funds are oth-
20 erwise inadequate for the early intervention
21 services the entity proposes to provide; and

22 “(B) the entity will expend funds pursuant
23 to such paragraph to supplement and not sup-
24 plant other funds available to the entity for the

1 provision of early intervention services for the
2 fiscal year involved.

3 “(d) QUALITY MANAGEMENT.—

4 “(1) REQUIREMENT.—Each State that receives
5 a grant under this part shall provide for the estab-
6 lishment of a quality management program to assess
7 the extent to which HIV health services provided to
8 patients under the grant are consistent with the
9 most recent Public Health Service guidelines for the
10 treatment of HIV disease and related opportunistic
11 infection, and as applicable, to develop strategies for
12 ensuring that such services are consistent with the
13 guidelines for improvement in the access to and
14 quality of HIV health services.

15 “(2) USE OF FUNDS.—From amounts received
16 under a grant awarded under this part for a fiscal
17 year, the State may (in addition to amounts to
18 which section 2618(b)(5) applies) use for activities
19 associated with the quality management program re-
20 quired in paragraph (1) not more than the lesser
21 of—

22 “(A) 5 percent of amounts received under
23 the grant; or

24 “(B) \$3,000,000.”.

1 **SEC. 203. GRANTS TO ESTABLISH HIV CARE CONSORTIA.**

2 Section 2613 of the Public Health Service Act (42
3 U.S.C. 300ff-23) is amended—

4 (1) in subsection (b)(1)—

5 (A) in subparagraph (A), by inserting be-
6 fore the semicolon the following: “, particularly
7 those experiencing disparities in access and
8 services and those who reside in historically un-
9 derserved communities”; and

10 (B) in subparagraph (B), by inserting
11 after “by such consortium” the following: “is
12 consistent with the comprehensive plan under
13 2617(b)(4) and”;

14 (2) in subsection (c)(1)—

15 (A) in subparagraph (D), by striking
16 “and” after the semicolon at the end;

17 (B) in subparagraph (E), by striking the
18 period and inserting “; and”; and

19 (C) by adding at the end the following sub-
20 paragraph:

21 “(F) demonstrates that adequate planning
22 occurred to address disparities in access and
23 services and historically underserved commu-
24 nities.”; and

25 (3) in subsection (c)(2)—

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

3 (B) in subparagraph (C), by striking the
4 period and inserting “; and”; and

5 (C) by inserting after subparagraph (C)
6 the following subparagraph:

7 “(D) the types of entities described in sec-
8 tion 2602(b)(2).”.

9 **SEC. 204. PROVISION OF TREATMENTS.**

10 (a) IN GENERAL.—Section 2616(c) of the Public
11 Health Service Act (42 U.S.C. 300ff–26(c)) is amended—

12 (1) in paragraph (4), by striking “and” after
13 the semicolon at the end;

14 (2) in paragraph (5), by striking the period and
15 inserting “; and”; and

16 (3) by inserting after paragraph (5) the fol-
17 lowing:

18 “(6) encourage, support, and enhance adher-
19 ence to and compliance with treatment regimens, in-
20 cluding related medical monitoring.

21 “Of the amount reserved by a State for a fiscal year for
22 use under this section, the State may not use more than
23 5 percent to carry out services under paragraph (6), ex-
24 cept that the percentage applicable with respect to such
25 paragraph is 10 percent if the State demonstrates to the

1 Secretary that such additional services are essential and
2 in no way diminish access to the therapeutics described
3 in subsection (a).”.

4 (b) HEALTH INSURANCE AND PLANS.—Section 2616
5 of the Public Health Service Act (42 U.S.C. 300ff–26) is
6 amended by adding at the end the following subsection:

7 “(e) USE OF HEALTH INSURANCE AND PLANS.—

8 “(1) IN GENERAL.—In carrying out subsection
9 (a), a State may expend a grant under this part to
10 provide the therapeutics described in such subsection
11 by paying on behalf of individuals with HIV disease
12 the costs of purchasing or maintaining health insur-
13 ance or plans whose coverage includes a full range
14 of such therapeutics and appropriate primary care
15 services.

16 “(2) LIMITATION.—The authority established in
17 paragraph (1) applies only to the extent that, for the
18 fiscal year involved, the costs of the health insurance
19 or plans to be purchased or maintained under such
20 paragraph do not exceed the costs of otherwise pro-
21 viding therapeutics described in subsection (a).”.

22 **SEC. 205. STATE APPLICATION.**

23 (a) DETERMINATION OF SIZE AND NEEDS OF POPU-
24 LATION; COMPREHENSIVE PLAN.—Section 2617(b) of the

1 Public Health Service Act (42 U.S.C. 300ff-27(b)) is
2 amended—

3 (1) by redesignating paragraphs (2) through
4 (4) as paragraphs (4) through (6), respectively;

5 (2) by inserting after paragraph (1) the fol-
6 lowing paragraphs:

7 “(2) a determination of the size and demo-
8 graphics of the population of individuals with HIV
9 disease in the State;

10 “(3) a determination of the needs of such popu-
11 lation, with particular attention to—

12 “(A) individuals with HIV disease who
13 know their HIV status and are not receiving
14 HIV-related services; and

15 “(B) disparities in access and services
16 among affected subpopulations and historically
17 underserved communities;”; and

18 (3) in paragraph (4) (as so redesignated)—

19 (A) by striking “comprehensive plan for
20 the organization” and inserting “comprehensive
21 plan that describes the organization”;

22 (B) by striking “, including—” and insert-
23 ing “, and that—”;

1 (C) by redesignating subparagraphs (A)
2 through (C) as subparagraphs (D) through (F),
3 respectively;

4 (D) by inserting before subparagraph (C)
5 the following subparagraphs:

6 “(A) establishes priorities for the allocation
7 of funds within the State based on—

8 “(i) size and demographics of the pop-
9 ulation of individuals with HIV disease (as
10 determined under paragraph (2)) and the
11 needs of such population (as determined
12 under paragraph (3));

13 “(ii) availability of other governmental
14 and non-governmental resources, including
15 the State medicaid plan under title XIX of
16 the Social Security Act and the State Chil-
17 dren’s Health Insurance Program under
18 title XXI of such Act to cover health care
19 costs of eligible individuals and families
20 with HIV disease;

21 “(iii) capacity development needs re-
22 sulting from disparities in the availability
23 of HIV-related services in historically un-
24 derserved communities and rural commu-
25 nities; and

1 “(iv) the efficiency of the administra-
2 tive mechanism of the State for rapidly al-
3 locating funds to the areas of greatest need
4 within the State;

5 “(B) includes a strategy for identifying in-
6 dividuals who know their HIV status and are
7 not receiving such services and for informing
8 the individuals of and enabling the individuals
9 to utilize the services, giving particular atten-
10 tion to eliminating disparities in access and
11 services among affected subpopulations and his-
12 torically underserved communities, and includ-
13 ing discrete goals, a timetable, and an appro-
14 priate allocation of funds;

15 “(C) includes a strategy to coordinate the
16 provision of such services with programs for
17 HIV prevention (including outreach and early
18 intervention) and for the prevention and treat-
19 ment of substance abuse (including programs
20 that provide comprehensive treatment services
21 for such abuse);”;

22 (E) in subparagraph (D) (as redesignated
23 by subparagraph (C) of this paragraph), by in-
24 serting “describes” before “the services and ac-
25 tivities”;

1 (F) in subparagraph (E) (as so redesign-
2 nated), by inserting “provides” before “a de-
3 scription”; and

4 (G) in subparagraph (F) (as so redesign-
5 nated), by inserting “provides” before “a de-
6 scription”.

7 (b) PUBLIC PARTICIPATION.—Section 2617(b) of the
8 Public Health Service Act, as amended by subsection (a)
9 of this section, is amended—

10 (1) in paragraph (5), by striking “HIV” and in-
11 serting “HIV disease”; and

12 (2) in paragraph (6), by amending subpara-
13 graph (A) to read as follows:

14 “(A) the public health agency that is ad-
15 ministering the grant for the State engages in
16 a public advisory planning process, including
17 public hearings, that includes the participants
18 under paragraph (5), and the types of entities
19 described in section 2602(b)(2), in developing
20 the comprehensive plan under paragraph (4)
21 and commenting on the implementation of such
22 plan;”.

23 (c) HEALTH CARE RELATIONSHIPS.—Section
24 2617(b) of the Public Health Service Act, as amended by

1 subsection (a) of this section, is amended in paragraph
2 (6)—

3 (1) in subparagraph (E), by striking “and” at
4 the end;

5 (2) in subparagraph (F), by striking the period
6 and inserting “; and”; and

7 (3) by adding at the end the following subpara-
8 graph:

9 “(G) entities within areas in which activi-
10 ties under the grant are carried out will main-
11 tain appropriate relationships with entities in
12 the area served that constitute key points of ac-
13 cess to the health care system for individuals
14 with HIV disease (including emergency rooms,
15 substance abuse treatment programs, detoxi-
16 fication centers, adult and juvenile detention fa-
17 cilities, sexually transmitted disease clinics,
18 HIV counseling and testing sites, mental health
19 programs, and homeless shelters), and other en-
20 tities under section 2612(c) and 2652(a), for
21 the purpose of facilitating early intervention for
22 individuals newly diagnosed with HIV disease
23 and individuals knowledgeable of their HIV sta-
24 tus but not in care.”.

1 **SEC. 206. DISTRIBUTION OF FUNDS.**

2 (a) **MINIMUM ALLOTMENT.**—Section 2618 of the
3 Public Health Service Act (42 U.S.C. 300ff–28) is
4 amended—

5 (1) by redesignating subsections (b) through (e)
6 as subsections (a) through (d), respectively; and

7 (2) in subsection (a) (as so redesignated), in
8 paragraph (1)(A)(i)—

9 (A) in subclause (I), by striking
10 “\$100,000” and inserting “\$200,000”; and

11 (B) in subclause (II), by striking
12 “\$250,000” and inserting “\$500,000”.

13 (b) **AMOUNT OF GRANT; ESTIMATE OF LIVING**
14 **CASES.**—Section 2618(a) of the Public Health Service Act
15 (as redesignated by subsection (a)(1) of this section) is
16 amended in paragraph (2)—

17 (1) in subparagraph (D)(i), by inserting before
18 the semicolon the following: “, except that (subject
19 to subparagraph (E)), for grants made pursuant to
20 this paragraph for fiscal year 2005 and subsequent
21 fiscal years, the cases counted for each 12-month pe-
22 riod beginning on or after July 1, 2004, shall be
23 cases of HIV disease (as reported to and confirmed
24 by such Director) rather than cases of acquired im-
25 mune deficiency syndrome”;

1 (2) by redesignating subparagraphs (E)
2 through (H) as subparagraphs (F) through (I), re-
3 spectively; and

4 (3) by inserting after subparagraph (D) the fol-
5 lowing subparagraph:

6 “(E) DETERMINATION OF SECRETARY RE-
7 GARDING DATA ON HIV CASES.—If under
8 2603(a)(3)(D)(i) the Secretary determines that
9 data on cases of HIV disease are not suffi-
10 ciently accurate and reliable, then notwith-
11 standing subparagraph (D) of this paragraph,
12 for any fiscal year prior to fiscal year 2007 the
13 references in such subparagraph to cases of
14 HIV disease do not have any legal effect.”.

15 (c) INCREASES IN FORMULA AMOUNT.—Section
16 2618(a) of the Public Health Service Act (as redesignated
17 by subsection (a)(1) of this section) is amended—

18 (1) in paragraph (1)(A)(ii), by inserting before
19 the semicolon the following: “and then, as applica-
20 ble, increased under paragraph (2)(H)”;

21 (2) in paragraph (2)—

22 (A) in subparagraph (A)(i), by striking
23 “subparagraph (H)” and inserting “subpara-
24 graphs (H) and (I)”;

1 (B) in subparagraph (H) (as redesignated
2 by subsection (b)(2) of this section), by amend-
3 ing the subparagraph to read as follows:

4 “(H) LIMITATION.—

5 “(i) IN GENERAL.—The Secretary
6 shall ensure that the amount of a grant
7 awarded to a State or territory under sec-
8 tion 2611 for a fiscal year is not less
9 than—

10 “(I) with respect to fiscal year
11 2001, 99 percent;

12 “(II) with respect to fiscal year
13 2002, 98 percent;

14 “(III) with respect to fiscal year
15 2003, 97 percent;

16 “(IV) with respect to fiscal year
17 2004, 96 percent; and

18 “(V) with respect to fiscal year
19 2005, 95 percent,

20 of the amount such State or territory re-
21 ceived for fiscal year 2000 under such sec-
22 tion. In administering this subparagraph,
23 the Secretary shall, with respect to States
24 or territories that will under such section
25 receive grants in amounts that exceed the

1 amounts that such States received under
2 such section for fiscal year 2000, propor-
3 tionally reduce such amounts to ensure
4 compliance with this subparagraph. In
5 making such reductions, the Secretary
6 shall ensure that no such State receives
7 less than that State received for fiscal year
8 2000.

9 “(ii) Ratable Reduction.—If the
10 amount appropriated under section 2677
11 for a fiscal year and available for grants
12 under section 2611 is less than the amount
13 appropriated and available under such sec-
14 tion for fiscal year 2000, the limitation
15 contained in clause (i) shall be reduced by
16 a percentage equal to the percentage of the
17 reduction in such amounts appropriated
18 and available.”.

19 (d) TERRITORIES.—Section 2618(a) of the Public
20 Health Service Act (as redesignated by subsection (a)(1)
21 of this section) is amended in paragraph (1)(B) by insert-
22 ing “the greater of \$50,000 or” after “shall be”.

23 (e) SEPARATE TREATMENT DRUG GRANTS.—Section
24 2618(a) of the Public Health Service Act (as redesignated
25 by subsection (a)(1) of this section and amended by sub-

1 section (b)(2) of this section) is amended in paragraph
2 (2)(I)—

3 (1) by redesignating clauses (i) and (ii) as sub-
4 clauses (I) and (II), respectively;

5 (2) by striking “(I) APPROPRIATIONS” and all
6 that follows through “With respect to” and inserting
7 the following:

8 “(I) APPROPRIATIONS FOR TREATMENT
9 DRUG PROGRAM.—

10 “(i) FORMULA GRANTS.—With respect
11 to”;

12 (3) in subclause (I) of clause (i) (as designated
13 by paragraphs (1) and (2)), by inserting before the
14 semicolon the following: “, less the percentage re-
15 served under clause (ii)(V)”;

16 (4) by adding at the end the following clause:

17 “(ii) SUPPLEMENTAL TREATMENT
18 DRUG GRANTS.—

19 “(I) IN GENERAL.—From
20 amounts made available under sub-
21 clause (V), the Secretary shall make
22 supplemental grants to States de-
23 scribed in subclause (II) to enable
24 such States to increase access to
25 therapeutics described in section

1 2616(a), as provided by the State
2 under section 2616(c)(2).

3 “(II) ELIGIBLE STATES.—For
4 purposes of subclause (I), a State de-
5 scribed in this subclause is a State
6 that, in accordance with criteria es-
7 tablished by the Secretary, dem-
8 onstrates a severe need for a grant
9 under such subclause. In developing
10 such criteria, the Secretary shall con-
11 sider eligibility standards, formulary
12 composition, and the number of eligi-
13 ble individuals at or below 200 per-
14 cent of the official poverty line to
15 whom the State is unable to provide
16 therapeutics described in section
17 2616(a).

18 “(III) STATE REQUIREMENTS.—
19 The Secretary may not make a grant
20 to a State under this clause unless the
21 State agrees that—

22 “(aa) the State will make
23 available (directly or through do-
24 nations from public or private en-
25 tities) non-Federal contributions

1 toward the activities to carried
2 out under the grant in an
3 amount equal to \$1 for each \$4
4 of Federal funds provided in the
5 grant; and

6 “(bb) the State will not im-
7 pose eligibility requirements for
8 services or scope of benefits limi-
9 tations under *[section 2616(a)]
10 that are more restrictive than
11 such requirements in effect as of
12 January 1, 2000.

13 “(IV) USE AND COORDINA-
14 TION.—Amounts made available
15 under a grant under this clause
16 shall only be used by the State to
17 provide HIV/AIDS-related medi-
18 cations. The State shall coordi-
19 nate the use of such amounts
20 with the amounts otherwise pro-
21 vided under section 2616(a) in
22 order to maximize drug coverage.

23 “(V) FUNDING.—For the pur-
24 pose of making grants under this
25 clause, the Secretary shall each fiscal

1 year reserve 3 percent of the amount
2 referred to in clause (i) with respect
3 to section 2616, subject to subclause
4 (VI).

5 “(VI) LIMITATION.—In reserving
6 amounts under subclause (V) and
7 making grants under this clause for a
8 fiscal year, the Secretary shall ensure
9 for each State that the total of the
10 grant under section 2611 for the
11 State for the fiscal year and the grant
12 under clause (i) for the State for the
13 fiscal year is not less than such total
14 for the State for the preceding fiscal
15 year.”.

16 (f) TECHNICAL AMENDMENT.—Section 2618(a) of
17 the Public Health Service Act (as redesignated by sub-
18 section (a)(1) of this section) is amended in paragraph
19 (3)(B) by striking “and the Republic of the Marshall Is-
20 lands” and inserting “the Republic of the Marshall Is-
21 lands, the Federated States of Micronesia, and the Repub-
22 lic of Palau, and only for purposes of paragraph (1) the
23 Commonwealth of Puerto Rico”.

1 **SEC. 207. 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
4 amended—

5 (1) by striking section 2621; and

6 (2) by inserting after section 2619 the following
7 section:

8 **“SEC. 2620. SUPPLEMENTAL GRANTS.**

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

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

19 “(1) be eligible to receive a grant under this
20 subpart;

21 “(2) demonstrate the existence in the State of
22 an emerging community as defined in subsection
23 (d)(1); and

24 “(3) submit the information described in sub-
25 section (c).

1 “(c) REPORTING REQUIREMENTS.—A State that de-
2 sires a grant under this section shall, as part of the State
3 application submitted under section 2617, submit a de-
4 tailed description of the manner in which the State will
5 use amounts received under the grant and of the severity
6 of need. Such description shall include—

7 “(1) a report concerning the dissemination of
8 supplemental funds under this section and the plan
9 for the utilization of such funds in the emerging
10 community;

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

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

19 “(4) a demonstration of the ability of the State
20 to utilize such supplemental financial resources in a
21 manner that is immediately responsive and cost ef-
22 fective;

23 “(5) a demonstration that the resources will be
24 allocated in accordance with the local demographic
25 incidence of AIDS including appropriate allocations

1 for services for infants, children, women, and fami-
2 lies with HIV disease;

3 “(6) a demonstration of the inclusiveness of the
4 planning process, with particular emphasis on af-
5 fected communities and individuals with HIV dis-
6 ease; and

7 “(7) a demonstration of the manner in which
8 the proposed services are consistent with local needs
9 assessments and the statewide coordinated state-
10 ment of need.

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

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

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

22 “(e) FUNDING.—

23 “(1) IN GENERAL.—Subject to paragraph (2),
24 with respect to each fiscal year beginning with fiscal

1 year 2001, the Secretary, to carry out this section,
2 shall utilize—

3 “(A) the greater of—

4 “(i) 25 percent of the amount appro-
5 priated under 2677 to carry out part B,
6 excluding the amount appropriated under
7 section 2618(a)(2)(I), for such fiscal year
8 that is in excess of the amount appro-
9 priated to carry out such part in fiscal
10 year preceding the fiscal year involved; or

11 “(ii) \$5,000,000;

12 to provide funds to States for use in emerging
13 communities with at least 1000, but less than
14 2000, cases of AIDS as reported to and con-
15 firmed by the Director of the Centers for Dis-
16 ease Control and Prevention for the five year
17 period preceding the year for which the grant is
18 being awarded; and

19 “(B) the greater of—

20 “(i) 25 percent of the amount appro-
21 priated under 2677 to carry out part B,
22 excluding the amount appropriated under
23 section 2618(a)(2)(I), for such fiscal year
24 that is in excess of the amount appro-

1 priated to carry out such part in fiscal
2 year preceding the fiscal year involved; or
3 “(ii) \$5,000,000;
4 to provide funds to States for use in emerging
5 communities with at least 500, but less than
6 1000, cases of AIDS reported to and confirmed
7 by the Director of the Centers for Disease Con-
8 trol and Prevention for the five year period pre-
9 ceding the year for which the grant is being
10 awarded.

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

20 “(3) MINIMUM AMOUNT IN FUTURE YEARS.—
21 Beginning with the first fiscal year in which
22 amounts provided for emerging communities under
23 paragraph (1)(A) equals \$5,000,000 and under
24 paragraph (1)(B) equals \$5,000,000, the Secretary
25 shall ensure that amounts made available under this

1 section for the types of emerging communities de-
2 scribed in each such paragraph in subsequent fiscal
3 years is at least \$5,000,000.

4 “(4) DISTRIBUTION.—Grants under this section
5 for emerging communities shall be formula grants.
6 There shall be two categories of such formula
7 grants, as follows:

8 “(A) One category of such grants shall be
9 for emerging communities for which the cumu-
10 lative total of cases for purposes of subsection
11 (d)(2) is 999 or fewer cases. The grant made
12 to such an emerging community for a fiscal
13 year shall be the product of—

14 “(i) an amount equal to 50 percent of
15 the amount available pursuant to this
16 paragraph for the fiscal year involved; and

17 “(ii) a percentage equal to the ratio
18 constituted by the number of cases for
19 such emerging community for the fiscal
20 year over the aggregate number of such
21 cases for such year for all emerging com-
22 munities to which this subparagraph ap-
23 plies.

24 “(B) The other category of formula grants
25 shall be for emerging communities for which the

1 cumulative total of cases for purposes of sub-
2 section (d)(2) is 1000 or more cases. The grant
3 made to such an emerging community for a fis-
4 cal year shall be the product of—

5 “(i) an amount equal to 50 percent of
6 the amount available pursuant to this
7 paragraph for the fiscal year involved; and

8 “(ii) a percentage equal to the ratio
9 constituted by the number of cases for
10 such community for the fiscal year over the
11 aggregate number of such cases for the fis-
12 cal year for all emerging communities to
13 which this subparagraph applies.”.

14 **Subtitle B—Provisions Concerning**
15 **Pregnancy and Perinatal Trans-**
16 **mission of HIV**

17 **SEC. 211. REPEALS.**

18 Subpart II of part B of title XXVI of the Public
19 Health Service Act (42 U.S.C. 300ff–33 et seq.) is
20 amended—

21 (1) in section 2626, by striking each of sub-
22 sections (d) through (f);

23 (2) by striking sections 2627 and 2628; and

24 (3) by redesignating section 2629 as section
25 2627.

1 **SEC. 212. GRANTS.**

2 (a) IN GENERAL.—Section 2625(c) of the Public
3 Health Service Act (42 U.S.C. 300ff–33) is amended—

4 (1) in paragraph (1), by inserting at the end
5 the following subparagraph:

6 “(F) Making available to pregnant women
7 with HIV disease, and to the infants of women
8 with such disease, treatment services for such
9 disease in accordance with applicable rec-
10 ommendations of the Secretary.”;

11 (2) by amending paragraph (2) to read as fol-
12 lows:

13 “(2) FUNDING.—

14 “(A) AUTHORIZATION OF APPROPRIA-
15 TIONS.—For the purpose of carrying out this
16 subsection, there are authorized to be appro-
17 priated \$30,000,000 for each of the fiscal years
18 2001 through 2005. Amounts made available
19 under section 2677 for carrying out this part
20 are not available for carrying out this section
21 unless otherwise authorized.

22 “(B) ALLOCATIONS FOR CERTAIN
23 STATES.—

24 “(i) IN GENERAL.—Of the amounts
25 appropriated under subparagraph (A) for a
26 fiscal year in excess of \$10,000,000—

1 “(I) the Secretary shall reserve
2 the applicable percentage under clause
3 (iv) for making grants under para-
4 graph (1) both to States described in
5 clause (ii) and States described in
6 clause (iii); and

7 “(II) the Secretary shall reserve
8 the remaining amounts for other
9 States, taking into consideration the
10 factors described in subparagraph
11 (C)(iii), except that this subclause
12 does not apply to any State that for
13 the fiscal year involved is receiving
14 amounts pursuant to subclause (I).

15 “(ii) REQUIRED TESTING OF
16 NEWBORNS.—For purposes of clause (i)(I),
17 the States described in this clause are
18 States that under law (including under
19 regulations or the discretion of State offi-
20 cials) have—

21 “(I) a requirement that all new-
22 born infants born in the State be test-
23 ed for HIV disease and that the bio-
24 logical mother of each such infant,
25 and the legal guardian of the infant

1 (if other than the biological mother),
2 be informed of the results of the test-
3 ing; or

4 “(II) a requirement that newborn
5 infants born in the State be tested for
6 HIV disease in circumstances in
7 which the attending obstetrician for
8 the birth does not know the HIV sta-
9 tus of the mother of the infant, and
10 that the biological mother of each
11 such infant, and the legal guardian of
12 the infant (if other than the biological
13 mother), be informed of the results of
14 the testing.

15 “(iii) MOST SIGNIFICANT REDUCTION
16 IN CASES OF PERINATAL TRANSMISSION.—
17 For purposes of clause (i)(I), the States
18 described in this clause are the following
19 (exclusive of States receiving amounts
20 under clause (i)(II)), as applicable:

21 “(I) For fiscal years 2001 and
22 2002, the two States that, relative to
23 other States, have the most significant
24 reduction in the rate of new cases of
25 the perinatal transmission of HIV (as

1 indicated by the number of such cases
2 reported to the Director of the Cen-
3 ters for Disease Control and Preven-
4 tion for the most recent periods for
5 which the data are available).

6 “(II) For fiscal years 2003 and
7 2004, the three States that have the
8 most significant such reduction.

9 “(III) For fiscal year 2005, the
10 four States that have the most signifi-
11 cant such reduction.

12 “(iv) APPLICABLE PERCENTAGE.—
13 For purposes of clause (i), the applicable
14 amount for a fiscal year is as follows:

15 “(I) For fiscal year 2001, 33 per-
16 cent.

17 “(II) For fiscal year 2002, 50
18 percent.

19 “(III) For fiscal year 2003, 67
20 percent.

21 “(IV) For fiscal year 2004, 75
22 percent.

23 “(V) For fiscal year 2005, 75
24 percent.

1 “(C) CERTAIN PROVISIONS.—With respect
2 to grants under paragraph (1) that are made
3 with amounts reserved under subparagraph (B)
4 of this paragraph:

5 “(i) Such a grant may not be made in
6 an amount exceeding \$4,000,000.

7 “(ii) If pursuant to clause (i) or pur-
8 suant to an insufficient number of quali-
9 fying applications for such grants (or
10 both), the full amount reserved under sub-
11 paragraph (B) for a fiscal year is not obli-
12 gated, the requirement under such sub-
13 paragraph to reserve amounts ceases to
14 apply.

15 “(iii) In the case of a State that
16 meets the conditions to receive amounts re-
17 served under subparagraph (B)(i)(II), the
18 Secretary shall in making grants consider
19 the following factors:

20 “(I) The extent of the reduction
21 in the rate of new cases of the
22 perinatal transmission of HIV.

23 “(II) The extent of the reduction
24 in the rate of new cases of perinatal

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1 cases of acquired immune deficiency
2 syndrome.

3 “(III) The overall incidence of
4 cases of infection with HIV among
5 women of childbearing age.

6 “(IV) The overall incidence of
7 cases of acquired immune deficiency
8 syndrome among women of child-
9 bearing age.

10 “(V) [The higher acceptance rate
11 of HIV testing of pregnant women.]

12 “(VI) The extent to which women
13 and children with HIV disease are re-
14 ceiving HIV-related health services.

15 “(VII) The extent to which HIV-
16 exposed children are receiving health
17 services appropriate to such expo-
18 sure.”.

19 (3) by adding at the end the following para-
20 graph:

21 “(4) MAINTENANCE OF EFFORT.—A condition
22 for the receipt of a grant under paragraph (1) is
23 that the State involved agree that the grant will be
24 used to supplement and not supplant other funds

1 available to the State to carry out the purposes of
2 the grant.”.

3 (b) SPECIAL FUNDING RULE FOR FISCAL YEAR
4 2001.—

5 (1) IN GENERAL.—If for fiscal year 2001 the
6 amount appropriated under paragraph (2)(A) of sec-
7 tion 2625(c) of the Public Health Service Act is less
8 than \$14,000,000—

9 (A) the Secretary of Health and Human
10 Services shall, for the purpose of making grants
11 under paragraph (1) of such section, reserve
12 from the amount specified in paragraph (2) of
13 this subsection an amount equal to the dif-
14 ference between \$14,000,000 and the amount
15 appropriated under paragraph (2)(A) of such
16 section for such fiscal year (notwithstanding
17 any other provision of this Act or the amend-
18 ments made by this Act);

19 (B) the amount so reserved shall, for pur-
20 poses of paragraph (2)(B)(i) of such section, be
21 considered to have been appropriated under
22 paragraph (2)(A) of such section; and

23 (C) the percentage specified in paragraph
24 (2)(B)(iv)(I) of such section is deemed to be 50
25 percent.

1 (2) ALLOCATION FROM INCREASES IN FUNDING
2 FOR PART B.—For purposes of paragraph (1), the
3 amount specified in this paragraph is the amount by
4 which the amount appropriated under section 2677
5 of the Public Health Service Act for fiscal year 2001
6 and available for grants under section 2611 of such
7 Act is an increase over the amount so appropriated
8 and available for fiscal year 2000.

9 **SEC. 213. STUDY BY INSTITUTE OF MEDICINE.**

10 Subpart II of part B of title XXVI of the Public
11 Health Service Act, as amended by section 211(3), is
12 amended by adding at the end the following section:

13 **“SEC. 2628. RECOMMENDATIONS FOR REDUCING INCI-**
14 **DENCE OF PERINATAL TRANSMISSION.**

15 “(a) STUDY BY INSTITUTE OF MEDICINE.—

16 “(1) IN GENERAL.—The Secretary shall request
17 the Institute of Medicine to enter into an agreement
18 with the Secretary under which such Institute con-
19 ducts a study to provide the following:

20 “(A) For the most recent fiscal year for
21 which the information is available, a determina-
22 tion of the number of newborn infants with
23 HIV born in the United States with respect to
24 whom the attending obstetrician for the birth
25 did not know the HIV status of the mother.

1 “(B) A determination for each State of
2 any barriers, including legal barriers, that pre-
3 vent or discourage an obstetrician from making
4 it a routine practice to offer pregnant women
5 an HIV test and a routine practice to test new-
6 born infants for HIV disease in circumstances
7 in which the obstetrician does not know the
8 HIV status of the mother of the infant.

9 “(C) Recommendations for each State for
10 reducing the incidence of cases of the perinatal
11 transmission of HIV, including recommenda-
12 tions on removing the barriers identified under
13 subparagraph (B).

14 If such Institute declines to conduct the study, the
15 Secretary shall enter into an agreement with another
16 appropriate public or nonprofit private entity to con-
17 duct the study.

18 “(2) REPORT.—The Secretary shall ensure
19 that, not later than 18 months after the effective
20 date of this section, the study required in paragraph
21 (1) is completed and a report describing the findings
22 made in the study is submitted to the appropriate
23 committees of the Congress, the Secretary, and the
24 chief public health official of each of the States.

1 “(b) PROGRESS TOWARD RECOMMENDATIONS.—In
2 fiscal year 2004, the Secretary shall collect information
3 from the States describing the actions taken by the States
4 toward meeting the recommendations specified for the
5 States under subsection (a)(1)(C).

6 “(c) SUBMISSION OF REPORTS TO CONGRESS.—The
7 Secretary shall submit to the appropriate committees of
8 the Congress *[reports describing the information col-
9 lected under subsection (b)].”.

10 **Subtitle C—Certain Partner**
11 **Notification Programs**

12 **SEC. 221. GRANTS FOR COMPLIANT PARTNER NOTIFICA-**
13 **TION PROGRAMS.**

14 Part B of title XXVI of the Public Health Service
15 Act (42 U.S.C. 300ff–21 et seq.) is amended by adding
16 at the end the following subpart:

17 **“Subpart III—Certain Partner Notification Programs**
18 **“SEC. 2631. GRANTS FOR PARTNER NOTIFICATION PRO-**
19 **GRAMS.**

20 “(a) IN GENERAL.—In the case of States whose laws
21 or regulations are in accordance with subsection (b), the
22 Secretary, subject to subsection (c)(2), may make grants
23 to the States for carrying out programs to provide partner
24 counseling and referral services.

1 “(b) DESCRIPTION OF COMPLIANT STATE PRO-
2 GRAMS.—For purposes of subsection (a), the laws or regu-
3 lations of a State are in accordance with this subsection
4 if under such laws or regulations (including programs car-
5 ried out pursuant to the discretion of State officials) the
6 following policies are in effect:

7 “(1) The State requires that the public health
8 officer of the State carry out a program of partner
9 notification to inform partners of individuals with
10 HIV disease that the partners may have been ex-
11 posed to the disease.

12 “(2)(A) In the case of a health entity that pro-
13 vides for the performance on an individual of a test
14 for HIV disease, or that treats the individual for the
15 disease, the State requires, subject to subparagraph
16 (B), that the entity confidentially report the positive
17 test results to the State public health officer in a
18 manner recommended and approved by the Director
19 of the Centers for Disease Control and Prevention,
20 together with such additional information as may be
21 necessary for carrying out such program.

22 “(B) The State may provide that the require-
23 ment of subparagraph (A) does not apply to the
24 testing of an individual for HIV disease if the indi-
25 vidual underwent the testing through a program de-

1 signed to perform the test and provide the results to
2 the individual without the individual disclosing his or
3 her identity to the program. This subparagraph may
4 not be construed as affecting the requirement of
5 subparagraph (A) with respect to a health entity
6 that treats an individual for HIV disease.

7 “(3) The program under paragraph (1) is car-
8 ried out in accordance with the following:

9 “(A) Partners are provided with an appro-
10 priate opportunity to learn that the partners
11 have been exposed to HIV disease, subject to
12 subparagraph (B).

13 “(B) The State does not inform partners
14 of the identity of the infected individuals in-
15 volved.

16 “(C) Counseling and testing for HIV dis-
17 ease are made available to the partners and to
18 infected individuals, and such counseling in-
19 cludes information on modes of transmission for
20 the disease, including information on prenatal
21 and perinatal transmission and preventing
22 transmission.

23 “(D) Counseling of infected individuals
24 and their partners includes the provision of in-
25 formation regarding therapeutic measures for

1 preventing and treating the deterioration of the
2 immune system and conditions arising from the
3 disease, and the provision of other prevention-
4 related information.

5 “(E) Referrals for appropriate services are
6 provided to partners and infected individuals,
7 including referrals for support services and
8 legal aid.

9 “(F) Notifications under subparagraph (A)
10 are provided in person, unless doing so is an
11 unreasonable burden on the State.

12 “(G) There is no criminal or civil penalty
13 on, or civil liability for, an infected individual if
14 the individual chooses not to identify the part-
15 ners of the individual, or the individual does not
16 otherwise cooperate with such program.

17 “(H) The failure of the State to notify
18 partners is not a basis for the civil liability of
19 any health entity who under the program re-
20 ported to the State the identity of the infected
21 individual involved.

22 “(I) The State provides that the provisions
23 of the program may not be construed as prohib-
24 iting the State from providing a notification

1 under subparagraph (A) without the consent of
2 the infected individual involved.

3 “(4) The State annually reports to the Director
4 of the Centers for Disease Control and Prevention
5 the number of individuals from whom the names of
6 partners have been sought under the program under
7 paragraph (1), the number of such individuals who
8 provided the names of partners, and the number of
9 partners so named who were notified under the pro-
10 gram.

11 “(5) The State cooperates with such Director in
12 carrying out a national program of partner notifica-
13 tion, including the sharing of information between
14 the public health officers of the States.

15 “(c) REPORTING SYSTEM FOR CASES OF HIV DIS-
16 EASE; PREFERENCE IN MAKING GRANTS.—In making
17 grants under subsection (a), the Secretary shall give pref-
18 erence to States whose reporting systems for cases of HIV
19 disease produce data on such cases that is sufficiently ac-
20 curate and reliable for use for purposes of section
21 2618(a)(2)(D)(i).

22 “(d) AUTHORIZATION OF APPROPRIATIONS.—For the
23 purpose of carrying out this section, there are authorized
24 to be appropriated \$30,000,000 for fiscal year 2001, and

1 such sums as may be necessary for each of the fiscal years
2 2002 through 2005.”.

3 **TITLE III—EARLY**
4 **INTERVENTION SERVICES**
5 **Subtitle A—Formula Grants for**
6 **States**

7 **SEC. 301. REPEAL OF PROGRAM.**

8 (a) REPEAL.—Subpart I of part C of title XXVI of
9 the Public Health Service Act (42 U.S.C. 300ff–41 et
10 seq.) is repealed.

11 (b) CONFORMING AMENDMENTS.—Part C of title
12 XXVI of the Public Health Service Act (42 U.S.C. 300ff–
13 41 et seq.), as amended by subsection (a) of this section,
14 is amended—

15 (1) by redesignating subparts II and III as sub-
16 parts I and II, respectively;

17 (2) in section 2661(a), by striking “unless—”
18 and all that follows through “(2) in the case of” and
19 inserting “unless, in the case of”; and

20 (3) in section 2664—

21 (A) in subsection (e)(5), by striking
22 “2642(b) or”;

23 (B) in subsection (f)(2), by striking
24 “2642(b) or”; and

25 (C) by striking subsection (h).

1 **Subtitle B—Categorical Grants**

2 **SEC. 311. PREFERENCES IN MAKING GRANTS.**

3 Section 2653 of the Public Health Service Act (42
4 U.S.C. 300ff-53) is amended by adding at the end the
5 following subsection:

6 “(d) CERTAIN AREAS.—Of the applicants who qualify
7 for preference under this section—

8 “(1) the Secretary shall give preference to ap-
9 plicants that will expend the grant under section
10 2651 to provide early intervention under such sec-
11 tion in rural areas; and

12 “(2) the Secretary shall give special consider-
13 ation to areas that are underserved with respect to
14 such services.”.

15 **SEC. 312. PLANNING AND DEVELOPMENT GRANTS.**

16 (a) IN GENERAL.—Section 2654(c)(1) of the Public
17 Health Service Act (42 U.S.C. 300ff-54(c)(1)) is amended
18 by striking “planning grants” and all that follows and in-
19 serting the following: “planning grants to public and non-
20 profit private entities for purposes of—

21 “(A) enabling such entities to provide HIV
22 early intervention services; and

23 “(B) assisting the entities in expanding
24 their capacity to provide HIV-related health
25 services, including early intervention services, in

1 low-income communities and affected sub-
2 populations that are underserved with respect
3 to such services (subject to the condition that a
4 grant pursuant to this subparagraph may not
5 be expended to purchase or improve land, or to
6 purchase, construct, or permanently improve,
7 other than minor remodeling, any building or
8 other facility).”.

9 (b) AMOUNT; DURATION.—Section 2654(c) of the
10 Public Health Service Act (42 U.S.C. 300ff–54(c)) is fur-
11 ther amended—

12 (1) by redesignating paragraph (4) as para-
13 graph (5); and

14 (2) by inserting after paragraph (3) the fol-
15 lowing:

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

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

20 “(B) CAPACITY DEVELOPMENT.—

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

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

4 (c) INCREASE IN LIMITATION.—Section 2654(c)(5)
5 of the Public Health Service Act (42 U.S.C. 300ff-
6 54(c)(5)), as redesignated by subsection (b), is amended
7 by striking “1 percent” and inserting “5 percent”.

8 **SEC. 313. AUTHORIZATION OF APPROPRIATIONS.**

9 Section 2655 of the Public Health Service Act (42
10 U.S.C. 300ff-55) is amended by striking “in each of” and
11 all that follows and inserting “for each of the fiscal years
12 2001 through 2005.”.

13 **Subtitle C—General Provisions**

14 **SEC. 321. PROVISION OF CERTAIN COUNSELING SERVICES.**

15 Section 2662(c)(3) of the Public Health Service Act
16 (42 U.S.C. 300ff-62(c)(3)) is amended—

17 (1) in the matter preceding subparagraph (A),
18 by striking “counseling on—” and inserting “coun-
19 seling—”;

20 (2) in each of subparagraphs (A), (B), and (D),
21 by inserting “on” after the subparagraph designa-
22 tion; and

23 (3) in subparagraph (C)—

24 (A) by striking “(C) the benefits” and in-
25 serting “(C)(i) that explains the benefits”; and

1 (B) by inserting after clause (i) (as des-
2 ignated by subparagraph (A) of this paragraph)
3 the following clause:

4 “(ii) that emphasizes it is the duty of in-
5 fected individuals to disclose their infected sta-
6 tus to their sexual partners and their partners
7 in the sharing of hypodermic needles; that pro-
8 vides advice to infected individuals on the man-
9 ner in which such disclosures can be made; and
10 that emphasizes that it is the continuing duty
11 of the individuals to avoid any behaviors that
12 will expose others to HIV.”.

13 **SEC. 322. ADDITIONAL REQUIRED AGREEMENTS.**

14 Section 2664(g) of the Public Health Service Act (42
15 U.S.C. 300ff-64(g)) is amended—

16 (1) in paragraph (3)—

17 (A) by striking “7.5 percent” and inserting
18 “10 percent”; and

19 (B) by striking “and” after the semicolon
20 at the end;

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

23 (3) by adding at the end the following para-
24 graph:

1 “(5) the applicant will provide for the establish-
2 ment of a quality management program—

3 “(A) to assess the extent to which medical
4 services funded under this title that are pro-
5 vided to patients are consistent with the most
6 recent Public Health Service guidelines for the
7 treatment of HIV disease and related opportun-
8 istic infections, and as applicable, to develop
9 strategies for ensuring that such services are
10 consistent with the guidelines; and

11 “(B) to ensure that improvements in the
12 access to and quality of HIV health services are
13 addressed.”.

14 **TITLE IV—OTHER PROGRAMS**
15 **AND ACTIVITIES**

16 **Subtitle A—Certain Programs for**
17 **Research, Demonstrations, or**
18 **Training**

19 **SEC. 401. GRANTS FOR COORDINATED SERVICES AND AC-**
20 **CESS TO RESEARCH FOR WOMEN, INFANTS,**
21 **CHILDREN, AND YOUTH.**

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

1 (1) in paragraph (1), by striking subparagraphs
2 (C) and (D) and inserting the following:

3 “(C) The applicant will demonstrate link-
4 ages to research and how access to such re-
5 search is being offered to patients.”; and

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

7 (b) INFORMATION AND EDUCATION.—Section
8 2671(d) (42 U.S.C. 300ff–71(d)) is amended by adding
9 at the end the following:

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

13 (c) QUALITY MANAGEMENT; ADMINISTRATIVE EX-
14 PENSES CEILING.—Section 2671(f) (42 U.S.C. 300ff–
15 71(f)) is amended—

16 (1) by striking the subsection heading and des-
17 ignation and inserting the following:

18 “(f) ADMINISTRATION.—

19 “(1) APPLICATION.—”; and

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

21 “(2) QUALITY MANAGEMENT PROGRAM.—A
22 grantee under this section shall implement a quality
23 management program to assess the extent to which
24 HIV health services provided to patients under the
25 grant are consistent with the most recent Public

1 Health Service guidelines for the treatment of HIV
2 disease and related opportunistic infection, and as
3 applicable, to develop strategies for ensuring that
4 such services are consistent with the guidelines [for
5 improvement in the access to and quality of HIV
6 health services].”.

7 (d) COORDINATION.—Section 2671(g) (42 U.S.C.
8 300ff–71(g)) is amended by adding at the end the fol-
9 lowing: “The Secretary acting through the Director of
10 NIH, shall examine the distribution and availability of on-
11 going and appropriate HIV/AIDS-related research
12 projects to existing sites under this section for purposes
13 of enhancing and expanding voluntary access to HIV-re-
14 lated research, especially within communities that are not
15 reasonably served by such projects. Not later than 12
16 months after the date of enactment of the Ryan White
17 CARE Act Amendments of 2000, the Secretary shall pre-
18 pare and submit to the appropriate committees of Con-
19 gress a report that describes the findings made by the Di-
20 rector and the manner in which the conclusions based on
21 those findings can be addressed.”.

22 (e) ADMINISTRATIVE EXPENSES.—Section 2671 of
23 the Public Health Service Act (42 U.S.C. 300ff–71) is
24 amended—

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

3 (2) by inserting after subsection (h) the fol-
4 lowing subsection:

5 “(i) LIMITATION ON ADMINISTRATIVE EXPENSES.—

6 “(1) DETERMINATION BY SECRETARY.—Not
7 later than 12 months after the date of enactment of
8 the Ryan White Care Act Amendments of 2000, the
9 Secretary, in consultation with grantees under this
10 part, shall conduct a review of the administrative,
11 program support, and direct service-related activities
12 that are carried out under this part to ensure that
13 eligible individuals have access to quality, HIV-re-
14 lated health and support services and research op-
15 portunities under this part, and to support the pro-
16 vision of such services.

17 “(2) REQUIREMENTS.—

18 “(A) IN GENERAL.—Not later than 180
19 days after the expiration of the 12-month pe-
20 riod referred to in paragraph (1) the Secretary,
21 in consultation with grantees under this part,
22 shall determine the relationship between the
23 costs of the activities referred to in paragraph
24 (1) and the access of eligible individuals to the

1 services and research opportunities described in
2 such paragraph.

3 “(B) LIMITATION.—After a final deter-
4 mination under subparagraph (A), the Sec-
5 retary may not make a grant under this part
6 unless the grantee complies with such require-
7 ments as may be included in such determina-
8 tion.”.

9 (f) AUTHORIZATION OF APPROPRIATIONS.—Section
10 2671 of the Public Health Service Act (42 U.S.C. 300ff-
11 71) is amended in subsection (j) (as redesignated by sub-
12 section (e)(1) of this section) by striking “fiscal years
13 1996 through 2000” and inserting “fiscal years 2001
14 through 2005”.

15 **SEC. 402. AIDS EDUCATION AND TRAINING CENTERS.**

16 (a) SCHOOLS; CENTERS.—

17 (1) IN GENERAL.—Section 2692(a)(1) of the
18 Public Health Service Act (42 U.S.C. 300ff-
19 111(a)(1)) is amended—

20 (A) in subparagraph (A)—

21 (i) by striking “training” and insert-
22 ing “to train”;

23 (ii) by striking “and including” and
24 inserting “, including”; and

1 (iii) by inserting before the semicolon
2 the following: “, and including (as applica-
3 ble to the type of health professional in-
4 volved), prenatal and other gynecological
5 care for women with HIV disease”;

6 (B) in subparagraph (B), by striking
7 “and” after the semicolon at the end;

8 (C) in subparagraph (C), by striking the
9 period and inserting “; and”; and

10 (D) by adding at the end the following:

11 “(D) to develop protocols for the medical
12 care of women with HIV disease, including pre-
13 natal and other gynecological care for such
14 women.”.

15 (2) DISSEMINATION OF TREATMENT GUIDE-
16 LINES; MEDICAL CONSULTATION ACTIVITIES.—Not
17 later than 90 days after the date of the enactment
18 of this Act, the Secretary of Health and Human
19 Services shall issue and begin implementation of a
20 strategy for the dissemination of HIV treatment in-
21 formation to health care providers and patients.

22 (b) DENTAL SCHOOLS.—Section 2692(b) of the Pub-
23 lic Health Service Act (42 U.S.C. 300ff–111(b)) is
24 amended—

1 (1) by amending paragraph (1) to read as fol-
2 lows:

3 “(1) IN GENERAL.—

4 “(A) GRANTS.—The Secretary may make
5 grants to dental schools and programs de-
6 scribed in subparagraph (B) to assist such
7 schools and programs with respect to oral
8 health care to patients with HIV disease.

9 “(B) ELIGIBLE APPLICANTS.—For pur-
10 poses of this subsection, the dental schools and
11 programs referred to in this subparagraph are
12 dental schools and programs that were de-
13 scribed in section 777(b)(4)(B) as such section
14 was in effect on the day before the date of the
15 enactment of the Health Professions Education
16 Partnerships Act of 1998 (Public Law 105–
17 392) and in addition dental hygiene programs
18 that are accredited by the Commission on Den-
19 tal Accreditation.”;

20 (2) in paragraph (2), by striking
21 “777(b)(4)(B)” and inserting “the section referred
22 to in paragraph (1)(B)”;

23 (3) by inserting after paragraph (4) the fol-
24 lowing paragraph:

1 “(5) COMMUNITY-BASED CARE.—The Secretary
2 may make grants to dental schools and programs de-
3 scribed in paragraph (1)(B) that partner with com-
4 munity-based dentists to provide oral health care to
5 patients with HIV disease in unserved areas. Such
6 partnerships shall permit the training of dental stu-
7 dents and residents and the participation of commu-
8 nity dentists as adjunct faculty.”.

9 (c) AUTHORIZATION OF APPROPRIATIONS.—

10 (1) SCHOOLS; CENTERS.—Section 2692(c)(1) of
11 the Public Health Service Act (42 U.S.C. 300ff-
12 111(c)(1)) is amended by striking “fiscal years 1996
13 through 2000” and inserting “fiscal years 2001
14 through 2005”.

15 (2) DENTAL SCHOOLS.—Section 2692(c)(2) of
16 the Public Health Service Act (42 U.S.C. 300ff-
17 111(c)(2)) is amended to read as follows:

18 “(2) DENTAL SCHOOLS.—

19 “(A) IN GENERAL.—For the purpose of
20 grants under paragraphs (1) through (4) of
21 subsection (b), there are authorized to be ap-
22 propriated such sums as may be necessary for
23 each of the fiscal years 2001 through 2005.

24 “(B) COMMUNITY-BASED CARE.—For the
25 purpose of grants under subsection (b)(5), there

1 are authorized to be appropriated such sums as
2 may be necessary for each of the fiscal years
3 2001 through 2005.”.

4 **Subtitle B—General Provisions in**
5 **Title XXVI**

6 **SEC. 411. EVALUATIONS AND REPORTS.**

7 Section 2674(c) of the Public Health Service Act (42
8 U.S.C. 300ff–74(c)) is amended by striking “1991
9 through 1995” and inserting “2001 through 2005”.

10 **SEC. 412. DATA COLLECTION THROUGH CENTERS FOR DIS-**
11 **EASE CONTROL AND PREVENTION.**

12 Part D of title XXVI of the Public Health Service
13 Act (42 U.S.C. 300ff–71 et seq.) is amended—

14 (1) by redesignating section 2675 as section
15 2675A; and

16 (2) by inserting after section 2674 the following
17 section:

18 **“SEC. 2675. DATA COLLECTION.**

19 “For the purpose of collecting and providing data for
20 program planning and evaluation activities under this
21 title, there are authorized to be appropriated to the Sec-
22 retary (acting through the Director of the Centers for Dis-
23 ease Control and Prevention) such sums as may be nec-
24 essary for each of the fiscal years 2001 through 2005.
25 Such authorization of appropriations is in addition to

1 other authorizations of appropriations that are available
2 for such purpose.”.

3 **SEC. 413. COORDINATION.**

4 Section 2675A of the Public Health Service Act, as
5 redesignated by section 412 of this Act, is amended—

6 (1) by amending subsection (a) to read as fol-
7 lows:

8 “(a) REQUIREMENT.—The Secretary shall ensure
9 that the Health Resources and Services Administration,
10 the Centers for Disease Control and Prevention, the Sub-
11 stance Abuse and Mental Health Services Administration,
12 and the Health Care Financing Administration coordinate
13 the planning, funding, and implementation of Federal
14 HIV programs to enhance the continuity of care and pre-
15 vention services for individuals with HIV disease or those
16 at risk of such disease. The Secretary shall consult with
17 other Federal agencies, including the Department of Vet-
18 erans Affairs, as needed and utilize planning information
19 submitted to such agencies by the States and entities eligi-
20 ble for support.”;

21 (2) by redesignating subsections (b) and (c) as
22 subsections (c) and (d), respectively;

23 (3) by inserting after subsection (b) the fol-
24 lowing subsection:

1 “(b) REPORT.—The Secretary shall biennially pre-
2 pare and submit to the appropriate committees of the Con-
3 gress a report concerning the coordination efforts at the
4 Federal, State, and local levels described in this section,
5 including a description of Federal barriers to HIV pro-
6 gram integration and a strategy for eliminating such bar-
7 riers and enhancing the continuity of care and prevention
8 services for individuals with HIV disease or those at risk
9 of such disease.”; and

10 (4) in each of subsections (c) and (d) (as redes-
11 ignated by paragraph (2) of this section), by insert-
12 ing “and prevention services” after “continuity of
13 care” each place such term appears.

14 **SEC. 414. PLAN REGARDING RELEASE OF PRISONERS WITH**
15 **HIV DISEASE.**

16 Section 2675A of the Public Health Service Act, as
17 amended by section 413(2) of this Act, is amended by add-
18 ing at the end the following subsection:

19 “(e) RECOMMENDATIONS REGARDING RELEASE OF
20 PRISONERS.—After consultation with the Attorney Gen-
21 eral and the Director of the Bureau of Prisons, with
22 States, with eligible areas under part A, and with entities
23 that receive amounts from grants under part A or B, the
24 Secretary, consistent with the coordination required in
25 subsection (a), shall develop a plan for the medical case

1 management of and the provision of support services to
2 individuals who were Federal or State prisoners and had
3 HIV disease as of the date on which the individuals were
4 released from the custody of the penal system. The Sec-
5 retary shall submit the plan to the Congress not later than
6 2 years after the date of the enactment of the Ryan White
7 CARE Act Amendments of 2000.”.

8 **SEC. 415. AUDITS.**

9 Part D of title XXVI of the Public Health Service
10 Act, as amended by section 412 of this Act, is amended
11 by inserting after section 2675A the following section:

12 **“SEC. 2675B. AUDITS.**

13 “For fiscal year 2002 and subsequent fiscal years,
14 the Secretary may reduce the amounts of grants under
15 this title to a State or political subdivision of a State for
16 a fiscal year if, with respect to such grants for the second
17 preceding fiscal year, the State or subdivision fails to pre-
18 pare audits in accordance with the procedures of section
19 7502 of title 31, United States Code. The Secretary shall
20 annually select representative samples of such audits, pre-
21 pare summaries of the selected audits, and submit the
22 summaries to the Congress.”.

1 **SEC. 416. ADMINISTRATIVE SIMPLIFICATION.**

2 Part D of title XXVI of the Public Health Service
3 Act, as amended by section 415 of this Act, is amended
4 by inserting after section 2675B the following section:

5 **“SEC. 2675C. ADMINISTRATIVE SIMPLIFICATION REGARD-**
6 **ING PARTS A AND B.**

7 “(a) COORDINATED DISBURSEMENT.—After con-
8 sultation with the States, with eligible areas under part
9 A, and with entities that receive amounts from grants
10 under part A or B, the Secretary shall develop a plan for
11 coordinating the disbursement of appropriations for
12 grants under part A with the disbursement of appropria-
13 tions for grants under part B in order to assist grantees
14 and other recipients of amounts from such grants in com-
15 plying with the requirements of such parts. The Secretary
16 shall submit the plan to the Congress not later than 18
17 months after the date of the enactment of the Ryan White
18 CARE Act Amendments of 2000. Not later than 2 years
19 after the date on which the plan is so submitted, the Sec-
20 retary shall complete the implementation of the plan, not-
21 withstanding any provision of this title that is inconsistent
22 with the plan.

23 “(b) BIENNIAL APPLICATIONS.—After consultation
24 with the States, with eligible areas under part A, and with
25 entities that receive amounts from grants under part A
26 or B, the Secretary shall make a determination of whether

1 the administration of parts A and B by the Secretary, and
2 the efficiency of grantees under such parts in complying
3 with the requirements of such parts, would be improved
4 by requiring that applications for grants under such parts
5 be submitted biennially rather than annually. The Sec-
6 retary shall submit such determination to the Congress
7 not later than 2 years after the date of the enactment of
8 the Ryan White CARE Act Amendments of 2000.

9 “(c) APPLICATION SIMPLIFICATION.—After consulta-
10 tion with the States, with eligible areas under part A, and
11 with entities that receive amounts from grants under part
12 A or B, the Secretary shall develop a plan for simplifying
13 the process for applications under parts A and B. The Sec-
14 retary shall submit the plan to the Congress not later than
15 18 months after the date of the enactment of the Ryan
16 White CARE Act Amendments of 2000. Not later than
17 2 years after the date on which the plan is so submitted,
18 the Secretary shall complete the implementation of the
19 plan, notwithstanding any provision of this title that is
20 inconsistent with the plan.”.

21 **SEC. 417. AUTHORIZATION OF APPROPRIATIONS FOR**
22 **PARTS A AND B.**

23 Section 2677 of the Public Health Service Act (42
24 U.S.C. 300ff–77) is amended to read as follows:

1 **“SEC. 2677. AUTHORIZATION OF APPROPRIATIONS.**

2 “(a) PART A.—For the purpose of carrying out part
3 A, there are authorized to be appropriated such sums as
4 may be necessary for each of the fiscal years 2001 through
5 2005.

6 “(b) PART B.—For the purpose of carrying out part
7 B, there are authorized to be appropriated such sums as
8 may be necessary for each of the fiscal years 2001 through
9 2005.”.

10 **TITLE V—GENERAL PROVISIONS**

11 **SEC. 501. STUDIES BY INSTITUTE OF MEDICINE.**

12 (a) STATE SURVEILLANCE SYSTEMS ON PREVA-
13 LENCE OF HIV.—The Secretary of Health and Human
14 Services (referred to in this section as the “Secretary”)
15 shall request the Institute of Medicine to enter into an
16 agreement with the Secretary under which such Institute
17 conducts a study to provide the following:

18 (1) A determination of whether the surveillance
19 system of each of the States regarding the human
20 immunodeficiency virus provides for the reporting of
21 cases of infection with the virus in a manner that is
22 sufficient to provide adequate and reliable informa-
23 tion on the number of such cases and the demo-
24 graphic characteristics of such cases, both for the
25 State in general and for specific geographic areas in
26 the State.

1 (2) A determination of whether such informa-
2 tion is sufficiently accurate for purposes of formula
3 grants under parts A and B of title XXVI of the
4 Public Health Service Act.

5 (3) With respect to any State whose surveil-
6 lance system does not provide adequate and reliable
7 information on cases of infection with the virus, rec-
8 ommendations regarding the manner in which the
9 State can improve the system.

10 (b) RELATIONSHIP BETWEEN EPIDEMIOLOGICAL
11 MEASURES AND HEALTH CARE FOR CERTAIN INDIVID-
12 UALS WITH HIV DISEASE.—

13 (1) IN GENERAL.—The Secretary shall request
14 the Institute of Medicine to enter into an agreement
15 with the Secretary under which such Institute con-
16 ducts a study concerning the appropriate epidemio-
17 logical measures and their relationship to the financ-
18 ing and delivery of primary care and health-related
19 support services for low-income, uninsured, and
20 under-insured individuals with HIV disease.

21 (2) ISSUES TO BE CONSIDERED.—The Sec-
22 retary shall ensure that the study under paragraph
23 (1) considers the following:

24 (A) The availability and utility of health
25 outcomes measures and data for HIV primary

1 care and support services and the extent to
2 which those measures and data could be used to
3 measure the quality of such funded services.

4 (B) The effectiveness and efficiency of
5 service delivery (including the quality of serv-
6 ices, health outcomes, and resource use) within
7 the context of a changing health care and
8 therapeutic environment, as well as the chang-
9 ing epidemiology of the epidemic, including de-
10 termining the actual costs, potential savings,
11 and overall financial impact of modifying the
12 program under title XIX of the Social Security
13 Act to establish eligibility for medical assistance
14 under such title on the basis of infection with
15 the human immunodeficiency virus rather than
16 providing such assistance only if the infection
17 has progressed to acquired immune deficiency
18 syndrome.

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

24 (D) Other factors determined to be rel-
25 evant to assessing an individual's or commu-

1 nity's ability to gain and sustain access to qual-
2 ity HIV services.

3 (c) OTHER ENTITIES.—If the Institute of Medicine
4 declines to conduct a study under this section, the Sec-
5 retary shall enter into an agreement with another appro-
6 priate public or nonprofit private entity to conduct the
7 study.

8 (d) REPORT.—The Secretary shall ensure that—

9 (1) not later than 3 years after the date of the
10 enactment of this Act, the study required in sub-
11 section (a) is completed and a report describing the
12 findings made in the study is submitted to the ap-
13 propriate committees of the Congress; and

14 (2) not later than 2 years after the date of the
15 enactment of this Act, the study required in sub-
16 section (b) is completed and a report describing the
17 findings made in the study is submitted to such
18 committees.

19 **SEC. 502. DEVELOPMENT OF RAPID HIV TEST.**

20 (a) EXPANSION, INTENSIFICATION, AND COORDINA-
21 TION OF RESEARCH AND OTHER ACTIVITIES.—

22 (1) IN GENERAL.—The Director of NIH shall
23 expand, intensify, and coordinate research and other
24 activities of the National Institutes of Health with
25 respect to the development of reliable and affordable

1 tests for HIV disease that can rapidly be adminis-
2 tered and whose results can rapidly be obtained (in
3 this section referred to a “rapid HIV test”).

4 (2) REPORT TO CONGRESS.—The Director of
5 NIH shall periodically submit to the appropriate
6 committees of Congress a report describing the re-
7 search and other activities conducted or supported
8 under paragraph (1).

9 (3) AUTHORIZATION OF APPROPRIATIONS.—For
10 the purpose of carrying out this subsection, there
11 are authorized to be appropriated such sums as may
12 be necessary for each of the fiscal years 2001
13 through 2005.

14 (b) PREMARKET REVIEW OF RAPID HIV TESTS.—

15 (1) IN GENERAL.—Not later than 90 days after
16 the date of the enactment of this Act, the Secretary,
17 in consultation with the Director of the Centers for
18 Disease Control and Prevention and the Commis-
19 sioner of Food and Drugs, shall submit to the ap-
20 propriate committees of the Congress a report de-
21 scribing the progress made towards, and barriers to,
22 the premarket review and commercial distribution of
23 rapid HIV tests. The report shall—

24 (A) assess the public health need for and
25 public health benefits of rapid HIV tests, in-

1 including the minimization of false positive re-
2 sults through the availability of multiple rapid
3 HIV tests;

4 (B) make recommendations regarding the
5 need for the expedited review of rapid HIV test
6 applications submitted to the Center for Bio-
7 logics Evaluation and Research and, if such rec-
8 ommendations are favorable, specify criteria
9 and procedures for such expedited review; and

10 (C) specify whether the barriers to the pre-
11 market review of rapid HIV tests include the
12 unnecessary application of requirements—

13 (i) necessary to ensure the efficacy of
14 devices for donor screening to rapid HIV
15 tests intended for use in other screening
16 situations; or

17 (ii) for identifying antibodies to HIV
18 subtypes of rare incidence in the United
19 States to rapid HIV tests intended for use
20 in screening situations other than donor
21 screening.

22 (c) GUIDELINES OF CENTERS FOR DISEASE CON-
23 TROL AND PREVENTION.—Promptly after commercial dis-
24 tribution of a rapid HIV test begins, the Secretary, acting
25 through the Director of the Centers for Disease Control

1 and Prevention, shall establish or update guidelines that
2 include recommendations for States, hospitals, and other
3 appropriate entities regarding the ready availability of
4 such tests for administration to pregnant women who are
5 in labor or in the late stage of pregnancy and whose HIV
6 status is not known to the attending obstetrician.

7 **SEC. 503. TECHNICAL CORRECTIONS.**

8 (a) PUBLIC HEALTH SERVICE ACT.—Title XXVI of
9 the Public Health Service Act (42 U.S.C. 300ff–11 et
10 seq.) is amended—

11 (1) in section 2605(d)—

12 (A) in paragraph (1), by striking “section
13 2608” and inserting “section 2677”; and

14 (B) in paragraph (4), by inserting “sec-
15 tion” before 2601(a)”; and

16 (2) in section 2673(a), in the matter preceding
17 paragraph (1), by striking “the Agency for Health
18 Care Policy and Research” and inserting “the Direc-
19 tor of the Agency for Healthcare Research and
20 Quality”.

21 (b) RELATED ACT.—The first paragraph (2) of sec-
22 tion 3(c) of the Ryan White Care Act Amendments of
23 1996 (Public Law 104–146; 110 Stat. 1354) is amended
24 in subparagraph (A)(iii) by striking “by inserting the fol-
25 lowing new paragraph:” and inserting “by inserting before

1 paragraph (2) (as so redesignated) the following new para-
2 graph”.

3 **TITLE VI—EFFECTIVE DATE**

4 **SEC. 601. EFFECTIVE DATE.**

5 This Act and the amendments made by this Act take
6 effect October 1, 2000, or upon the date of the enactment
7 of this Act, whichever occurs later.