Public Law 106–345
106th Congress

An Act

To amend the Public Health Service Act to revise and extend programs established under the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, and for other purposes.

Oct. 20, 2000
[S. 2311]

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

Ryan White CARE Act Amendments of 2000.
42 USC 201 note.

SECTION 1. SHORT TITLE.

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

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

Subtitle A—HIV Health Services Planning Councils

SEC. 101. MEMBERSHIP OF COUNCILS.

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

(1) in paragraph (1), by striking "demographics of the epidemic in the eligible area involved," and inserting "demographics of the population of individuals with HIV disease in the eligible area involved,"; and

(2) in paragraph (2)—

(A) in subparagraph (C), by inserting before the semicolon the following: ", including providers of housing and homeless services";

(B) in subparagraph (G), by striking "or AIDS";

(C) in subparagraph (K), by striking "and" at the end;

(D) in subparagraph (L), by striking the period and inserting the following: ", including but not limited to providers of HIV prevention services; and"; and

(E) by adding at the end the following subparagraph:

"(M) representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV disease as of the date on which the individuals were so released.".

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

"(C) COMPOSITION OF COUNCIL.—The following applies regarding the membership of a planning council under paragraph (1):

"(i) Not less than 33 percent of the council shall be individuals who are receiving HIV-related services pursuant to a grant under section 2601(a), are not officers, employees, or consultants to any entity that receives amounts from such a grant, and do not represent any such entity, and reflect the demographics of the population of individuals with HIV disease as determined under paragraph (4)(A). For purposes of the preceding sentence, an individual shall be considered to be receiving such services if the individual is a parent of, or a caregiver for, a minor child who is receiving such services.

"(ii) With respect to membership on the planning council, clause (i) may not be construed as having any effect on entities that receive funds from grants under any of parts B through F but do not receive funds from grants under section 2601(a), on officers or employees of such entities, or on individuals who represent such entities.".

SEC. 102. DUTIES OF COUNCILS.

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

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

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

"(A) determine the size and demographics of the population of individuals with HIV disease;

"(B) determine the needs of such population, with particular attention to—

"(i) individuals with HIV disease who know their HIV status and are not receiving HIV-related services; and

"(ii) disparities in access and services among affected subpopulations and historically underserved communities;";

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

"(i) size and demographics of the population of individuals with HIV disease (as determined under subparagraph (A)) and the needs of such population (as determined under subparagraph (B));

"(ii) demonstrated (or probable) cost effectiveness and outcome effectiveness of proposed strategies and

interventions, to the extent that data are reasonably available;

"(iii) priorities of the communities with HIV disease for whom the services are intended;

"(iv) coordination in the provision of services to such individuals with programs for HIV prevention and for the prevention and treatment of substance abuse, including programs that provide comprehensive treatment for such abuse;

"(v) availability of other governmental and nongovernmental resources, including the State medicaid plan under title XIX of the Social Security Act and the State Children's Health Insurance Program under title XXI of such Act to cover health care costs of eligible individuals and families with HIV disease; and

"(vi) capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities;";

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

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

"(i) includes a strategy for identifying individuals who know their HIV status and are not receiving such services and for informing the individuals of and enabling the individuals to utilize the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and historically underserved communities, and including discrete goals, a timetable, and an appropriate allocation of funds;

"(ii) includes a strategy to coordinate the provision of such services with programs for HIV prevention (including outreach and early intervention) and for the prevention and treatment of substance abuse (including programs that provide comprehensive treatment services for such abuse); and

"(iii) is compatible with any State or local plan for the provision of services to individuals with HIV disease;";

(5) in subparagraph (F) (as so redesignated), by striking "and" at the end;

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

(A) by striking "public meetings," and inserting "public meetings (in accordance with paragraph (7)),"; and

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

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

"(H) coordinate with Federal grantees that provide HIV-related services within the eligible area.".

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

"(d) PROCESS FOR ESTABLISHING ALLOCATION PRIORITIES.—Promptly after the date of the submission of the report required in section 501(b) of the Ryan White CARE Act Amendments of 2000 (relating to the relationship between epidemiological measures

and health care for certain individuals with HIV disease), the Secretary, in consultation with planning councils and entities that receive amounts from grants under section 2601(a) or 2611, shall develop epidemiologic measures—

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

"(2) for carrying out the duties under subsection (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:

"(e) TRAINING GUIDANCE AND MATERIALS.—The Secretary shall provide to each chief elected official receiving a grant under section 2601(a) guidelines and materials for training members of the planning council under paragraph (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)". 42 USC 300ff–13.

SEC. 103. OPEN MEETINGS; OTHER ADDITIONAL PROVISIONS.

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

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

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

"(7) PUBLIC DELIBERATIONS.—With respect to a planning council under paragraph (1), the following applies:

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

"(B) In accordance with criteria established by the Secretary:

"(i) The meetings of the council shall be open to the public and shall be held only after adequate notice to the public. Public notice.

"(ii) The records, reports, transcripts, minutes, agenda, or other documents which were made available to or prepared for or by the council shall be available for public inspection and copying at a single location. Records. Reports.

"(iii) Detailed minutes of each meeting of the council shall be kept. The accuracy of all minutes shall be certified to by the chair of the council.

"(iv) This subparagraph does not apply to any disclosure of information of a personal nature that would constitute a clearly unwarranted invasion of personal privacy, including any disclosure of medical information or personnel matters.".

Subtitle B—Type and Distribution of Grants

SEC. 111. FORMULA GRANTS.

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

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

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

(A) in subparagraph (C)(i), by inserting before the semicolon the following: ", except that (subject to subparagraph (D)), for grants made pursuant to this paragraph for fiscal year 2005 and subsequent fiscal years, the cases counted for each 12-month period beginning on or after July 1, 2004, shall be cases of HIV disease (as reported to and confirmed by such Director) rather than cases of acquired immune deficiency syndrome"; and

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

(i) in the first sentence, by inserting before the period the following: ", and shall be reported to the congressional committees of jurisdiction"; and

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

(2) DETERMINATION OF SECRETARY REGARDING DATA ON HIV CASES.—Section 2603(a)(3) of the Public Health Service Act (42 U.S.C. 300ff–13(a)(3)) is amended—

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

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

"(D) DETERMINATION OF SECRETARY REGARDING DATA ON HIV CASES.—

Deadline.

"(i) IN GENERAL.—Not later than July 1, 2004, the Secretary shall determine whether there is data on cases of HIV disease from all eligible areas (reported to and confirmed by the Director of the Centers for Disease Control and Prevention) sufficiently accurate and reliable for use for purposes of subparagraph (C)(i). In making such a determination, the Secretary shall take into consideration the findings of the study under section 501(b) of the Ryan White CARE Act Amendments of 2000 (relating to the relationship between epidemiological measures and health care for certain individuals with HIV disease).

"(ii) EFFECT OF ADVERSE DETERMINATION.—If under clause (i) the Secretary determines that data on cases of HIV disease is not sufficiently accurate and reliable for use for purposes of subparagraph (C)(i), then notwithstanding such subparagraph, for any fiscal year prior to fiscal year 2007 the references in such subparagraph to cases of HIV disease do not have any legal effect.

"(iii) GRANTS AND TECHNICAL ASSISTANCE REGARDING COUNTING OF HIV CASES.—Of the amounts appropriated under section 318B for a fiscal year, the Secretary shall reserve amounts to make grants and provide technical assistance to States and eligible areas with respect to obtaining data on cases of HIV disease to ensure that data on such cases is available from

all States and eligible areas as soon as is practicable but not later than the beginning of fiscal year 2007.".

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

"(4) INCREASES IN GRANT.—

"(A) IN GENERAL.—For each fiscal year in a protection period for an eligible area, the Secretary shall increase the amount of the grant made pursuant to paragraph (2) for the area to ensure that—

"(i) for the first fiscal year in the protection period, the grant is not less than 98 percent of the amount of the grant made for the eligible area pursuant to such paragraph for the base year for the protection period;

"(ii) for any second fiscal year in such period, the grant is not less than 95 percent of the amount of such base year grant;

"(iii) for any third fiscal year in such period, the grant is not less than 92 percent of the amount of the base year grant;

"(iv) for any fourth fiscal year in such period, the grant is not less than 89 percent of the amount of the base year grant; and

"(v) for any fifth or subsequent fiscal year in such period, if, pursuant to paragraph (3)(D)(ii), the references in paragraph (3)(C)(i) to HIV disease do not have any legal effect, the grant is not less than 85 percent of the amount of the base year grant.

"(B) SPECIAL RULE.—If for fiscal year 2005, pursuant to paragraph (3)(D)(ii), data on cases of HIV disease are used for purposes of paragraph (3)(C)(i), the Secretary shall increase the amount of a grant made pursuant to paragraph (2) for an eligible area to ensure that the grant is not less than 98 percent of the amount of the grant made for the area in fiscal year 2004.

"(C) BASE YEAR; PROTECTION PERIOD.—With respect to grants made pursuant to paragraph (2) for an eligible area:

"(i) The base year for a protection period is the fiscal year preceding the trigger grant-reduction year.

"(ii) The first trigger grant-reduction year is the first fiscal year (after fiscal year 2000) for which the grant for the area is less than the grant for the area for the preceding fiscal year.

"(iii) A protection period begins with the trigger grant-reduction year and continues until the beginning of the first fiscal year for which the amount of the grant determined pursuant to paragraph (2) for the area equals or exceeds the amount of the grant determined under subparagraph (A).

"(iv) Any subsequent trigger grant-reduction year is the first fiscal year, after the end of the preceding protection period, for which the amount of the grant is less than the amount of the grant for the preceding fiscal year.".

SEC. 112. SUPPLEMENTAL GRANTS.

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

(1) in the heading for the paragraph, by striking "DEFINITION" and inserting "AMOUNT OF GRANT";

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

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

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

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

(A) in clause (ii), by striking "and" at the end;

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

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

"(iv) the current prevalence of HIV disease;

"(v) an increasing need for HIV-related services, including relative rates of increase in the number of cases of HIV disease; and

"(vi) unmet need for such services, as determined under section 2602(b)(4).";

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

(A) by striking "subparagraph (A)" each place such term appears and inserting "subparagraph (B)";

(B) in the second sentence, by striking "2 years after the date of enactment of this paragraph" and inserting "18 months after the date of the enactment of the Ryan White CARE Act Amendments of 2000"; and

(C) by inserting after the second sentence the following sentence: "Such a mechanism shall be modified to reflect the findings of the study under section 501(b) of the Ryan White CARE Act Amendments of 2000 (relating to the relationship between epidemiological measures and health care for certain individuals with HIV disease).."; and

(6) in subparagraph (D) (as so redesignated), by striking "subparagraph (B)" and inserting "subparagraph (C)".

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

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

(1) by striking paragraph (4);

(2) by redesignating paragraph (5) as paragraph (4); and

(3) in paragraph (4) (as so redesignated), in subparagraph (B), by striking "grants" and inserting "grant".

Subtitle C—Other Provisions

SEC. 121. USE OF AMOUNTS.

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

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

(2) in subparagraph (A)—

(A) by striking "outpatient" and all that follows through "substance abuse treatment and" and inserting the following: "Outpatient and ambulatory health services, including substance abuse treatment,"; and

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

(3) in subparagraph (B), by striking "(B) inpatient case management" and inserting "(C) Inpatient case management";

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

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

(5) by adding at the end the following:

"(D) Outreach activities that are intended to identify individuals with HIV disease who know their HIV status and are not receiving HIV-related services, and that are—

"(i) necessary to implement the strategy under section 2602(b)(4)(D), including activities facilitating the access of such individuals to HIV-related primary care services at entities described in paragraph (3)(A);

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

"(iii) supplement, and do not supplant, such activities that are carried out with amounts appropriated under section 317.".

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

(1) by redesignating paragraph (3) as paragraph (4); and

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

"(3) EARLY INTERVENTION SERVICES.—

"(A) IN GENERAL.—The purposes for which a grant under section 2601 may be used include providing to individuals with HIV disease early intervention services described in section 2651(b)(2), with follow-up referral provided for the purpose of facilitating the access of individuals receiving the services to HIV-related health services. The entities through which such services may be provided under the grant include public health departments, emergency rooms, substance abuse and mental health treatment programs, detoxification centers, detention facilities, clinics regarding sexually transmitted diseases, homeless shelters, HIV disease counseling and testing sites, health care points of entry specified by eligible areas, federally qualified health centers, and entities described in section 2652(a) that constitute a point of access to services by maintaining referral relationships.

"(B) CONDITIONS.—With respect to an entity that proposes to provide early intervention services under subparagraph (A), such subparagraph applies only if the entity

demonstrates to the satisfaction of the chief elected official for the eligible area involved that—

"(i) Federal, State, or local funds are otherwise inadequate for the early intervention services the entity proposes to provide; and

"(ii) the entity will expend funds pursuant to such subparagraph to supplement and not supplant other funds available to the entity for the provision of early intervention services for the fiscal year involved.".

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

"(4) PRIORITY FOR WOMEN, INFANTS AND CHILDREN.—

"(A) IN GENERAL.—For the purpose of providing health and support services to infants, children, youth, and women with HIV disease, including treatment measures to prevent the perinatal transmission of HIV, the chief elected official of an eligible area, in accordance with the established priorities of the planning council, shall for each of such populations in the eligible area use, from the grants made for the area under section 2601(a) for a fiscal year, not less than the percentage constituted by the ratio of the population involved (infants, children, youth, or women in such area) with acquired immune deficiency syndrome to the general population in such area of individuals with such syndrome.

"(B) WAIVER.—With respect to the population involved, the Secretary may provide to the chief elected official of an eligible area a waiver of the requirement of subparagraph (A) if such official demonstrates to the satisfaction of the Secretary that the population is receiving HIV-related health services through the State medicaid program under title XIX of the Social Security Act, the State children's health insurance program under title XXI of such Act, or other Federal or State programs.".

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

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

(2) by inserting after subsection (b) the following:

"(c) QUALITY MANAGEMENT.—

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

"(2) USE OF FUNDS.—From amounts received under a grant awarded under this part for a fiscal year, the chief elected official of an eligible area may (in addition to amounts to which subsection (f)(1) applies) use for activities associated

with the quality management program required in paragraph (1) not more than the lesser of—

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

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

SEC. 122. APPLICATION.

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

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

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

"(3) that entities within the eligible area that receive funds under a grant under this part will maintain appropriate relationships with entities in the eligible area served that constitute key points of access to the health care system for individuals with HIV disease (including emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV counseling and testing sites, mental health programs, and homeless shelters), and other entities under section 2604(b)(3) and 2652(a), for the purpose of facilitating early intervention for individuals newly diagnosed with HIV disease and individuals knowledgeable of their HIV status but not in care;

"(4) that the chief elected official of the eligible area will satisfy all requirements under section 2604(c);".

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

(1) in paragraph (1)—

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

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

(2) in paragraph (7) (as redesignated by subsection (a)(1) of this section), by striking "and" at the end;

(3) in paragraph (8) (as so redesignated), by striking the period and inserting "; and"; and

(4) by adding at the end the following paragraph:

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

TITLE II—CARE GRANT PROGRAM

Subtitle A—General Grant Provisions

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

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

"(b) PRIORITY FOR WOMEN, INFANTS AND CHILDREN.—

"(1) IN GENERAL.—For the purpose of providing health and support services to infants, children, youth, and women with HIV disease, including treatment measures to prevent the

perinatal transmission of HIV, a State shall for each of such populations use, of the funds allocated under this part to the State for a fiscal year, not less than the percentage constituted by the ratio of the population involved (infants, children, youth, or women in the State) with acquired immune deficiency syndrome to the general population in the State of individuals with such syndrome.

"(2) WAIVER.—With respect to the population involved, the Secretary may provide to a State a waiver of the requirement of paragraph (1) if the State demonstrates to the satisfaction of the Secretary that the population is receiving HIV-related health services through the State medicaid program under title XIX of the Social Security Act, the State children's health insurance program under title XXI of such Act, or other Federal or State programs.".

SEC. 202. USE OF GRANTS.

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

(1) by striking "A State may use" and inserting "(a) IN GENERAL.—A State may use"; and

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

"(b) SUPPORT SERVICES; OUTREACH.—The purposes for which a grant under this part may be used include delivering or enhancing the following:

"(1) Outpatient and ambulatory support services under section 2611(a) (including case management) to the extent that such services facilitate, enhance, support, or sustain the delivery, continuity, or benefits of health services for individuals and families with HIV disease.

"(2) Outreach activities that are intended to identify individuals with HIV disease who know their HIV status and are not receiving HIV-related services, and that are—

"(A) necessary to implement the strategy under section 2617(b)(4)(B), including activities facilitating the access of such individuals to HIV-related primary care services at entities described in subsection (c)(1);

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

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

"(c) EARLY INTERVENTION SERVICES.—

"(1) IN GENERAL.—The purposes for which a grant under this part may be used include providing to individuals with HIV disease early intervention services described in section 2651(b)(2), with follow-up referral provided for the purpose of facilitating the access of individuals receiving the services to HIV-related health services. The entities through which such services may be provided under the grant include public health departments, emergency rooms, substance abuse and mental health treatment programs, detoxification centers, detention facilities, clinics regarding sexually transmitted diseases, homeless shelters, HIV disease counseling and testing sites, health care points of entry specified by States or eligible areas, federally qualified health centers, and entities described in section

2652(a) that constitute a point of access to services by maintaining referral relationships.

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

"(A) Federal, State, or local funds are otherwise inadequate for the early intervention services the entity proposes to provide; and

"(B) the entity will expend funds pursuant to such paragraph to supplement and not supplant other funds available to the entity for the provision of early intervention services for the fiscal year involved.

"(d) QUALITY MANAGEMENT.—

"(1) REQUIREMENT.—Each State that receives a grant under this part shall provide for the establishment of a quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infection, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.

"(2) USE OF FUNDS.—From amounts received under a grant awarded under this part for a fiscal year, the State may (in addition to amounts to which section 2618(b)(5) applies) use for activities associated with the quality management program required in paragraph (1) not more than the lesser of—

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

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

SEC. 203. GRANTS TO ESTABLISH HIV CARE CONSORTIA.

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

(1) in subsection (b)(1)—

(A) in subparagraph (A), by inserting before the semicolon the following: ", particularly those experiencing disparities in access and services and those who reside in historically underserved communities"; and

(B) in subparagraph (B), by inserting after "by such consortium" the following: "is consistent with the comprehensive plan under section 2617(b)(4) and";

(2) in subsection (c)(1)—

(A) in subparagraph (D), by striking "and" after the semicolon at the end;

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

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

"(F) demonstrates that adequate planning occurred to address disparities in access and services and historically underserved communities."; and

(3) in subsection (c)(2)—

(A) in subparagraph (B), by striking "and" after the semicolon;

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

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

"(D) the types of entities described in section 2602(b)(2).".

SEC. 204. PROVISION OF TREATMENTS.

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

(1) in paragraph (4), by striking "and" after the semicolon at the end;

(2) in paragraph (5), by striking the period and inserting "; and"; and

(3) by inserting after paragraph (5) the following:

"(6) encourage, support, and enhance adherence to and compliance with treatment regimens, including related medical monitoring.

Of the amount reserved by a State for a fiscal year for use under this section, the State may not use more than 5 percent to carry out services under paragraph (6), except that the percentage applicable with respect to such paragraph is 10 percent if the State demonstrates to the Secretary that such additional services are essential and in no way diminish access to the therapeutics described in subsection (a).".

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

"(e) USE OF HEALTH INSURANCE AND PLANS.—

"(1) IN GENERAL.—In carrying out subsection (a), a State may expend a grant under this part to provide the therapeutics described in such subsection by paying on behalf of individuals with HIV disease the costs of purchasing or maintaining health insurance or plans whose coverage includes a full range of such therapeutics and appropriate primary care services.

"(2) LIMITATION.—The authority established in paragraph (1) applies only to the extent that, for the fiscal year involved, the costs of the health insurance or plans to be purchased or maintained under such paragraph do not exceed the costs of otherwise providing therapeutics described in subsection (a).".

SEC. 205. STATE APPLICATION.

(a) DETERMINATION OF SIZE AND NEEDS OF POPULATION; COMPREHENSIVE PLAN.—Section 2617(b) of the Public Health Service Act (42 U.S.C. 300ff–27(b)) is amended—

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

(2) by inserting after paragraph (1) the following paragraphs:

"(2) a determination of the size and demographics of the population of individuals with HIV disease in the State;

"(3) a determination of the needs of such population, with particular attention to—

"(A) individuals with HIV disease who know their HIV status and are not receiving HIV-related services; and

"(B) disparities in access and services among affected subpopulations and historically underserved communities;"; and

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

(A) by striking "comprehensive plan for the organization" and inserting "comprehensive plan that describes the organization";

(B) by striking ", including—" and inserting ", and that—";

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

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

"(A) establishes priorities for the allocation of funds within the State based on—

"(i) size and demographics of the population of individuals with HIV disease (as determined under paragraph (2)) and the needs of such population (as determined under paragraph (3));

"(ii) availability of other governmental and nongovernmental resources, including the State medicaid plan under title XIX of the Social Security Act and the State Children's Health Insurance Program under title XXI of such Act to cover health care costs of eligible individuals and families with HIV disease;

"(iii) capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities and rural communities; and

"(iv) the efficiency of the administrative mechanism of the State for rapidly allocating funds to the areas of greatest need within the State;

"(B) includes a strategy for identifying individuals who know their HIV status and are not receiving such services and for informing the individuals of and enabling the individuals to utilize the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and historically underserved communities, and including discrete goals, a timetable, and an appropriate allocation of funds;

"(C) includes a strategy to coordinate the provision of such services with programs for HIV prevention (including outreach and early intervention) and for the prevention and treatment of substance abuse (including programs that provide comprehensive treatment services for such abuse);";

(E) in subparagraph (D) (as redesignated by subparagraph (C) of this paragraph), by inserting "describes" before "the services and activities";

(F) in subparagraph (E) (as so redesignated), by inserting "provides" before "a description"; and

(G) in subparagraph (F) (as so redesignated), by inserting "provides" before "a description".

(b) PUBLIC PARTICIPATION.—Section 2617(b) of the Public Health Service Act, as amended by subsection (a) of this section, is amended— 42 USC 300ff–27.

(1) in paragraph (5), by striking "HIV" and inserting "HIV disease"; and

(2) in paragraph (6), by amending subparagraph (A) to read as follows:

"(A) the public health agency that is administering the grant for the State engages in a public advisory planning process, including public hearings, that includes the participants under paragraph (5), and the types of entities described in section 2602(b)(2), in developing the comprehensive plan under paragraph (4) and commenting on the implementation of such plan;".

(c) HEALTH CARE RELATIONSHIPS.—Section 2617(b) of the Public Health Service Act, as amended by subsection (a) of this section, is amended in paragraph (6)—

42 USC 300ff–27.

(1) in subparagraph (E), by striking "and" at the end;

(2) in subparagraph (F), by striking the period and inserting "; and"; and

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

"(G) entities within areas in which activities under the grant are carried out will maintain appropriate relationships with entities in the area served that constitute key points of access to the health care system for individuals with HIV disease (including emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV counseling and testing sites, mental health programs, and homeless shelters), and other entities under section 2612(c) and 2652(a), for the purpose of facilitating early intervention for individuals newly diagnosed with HIV disease and individuals knowledgeable of their HIV status but not in care.".

SEC. 206. DISTRIBUTION OF FUNDS.

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

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

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

(A) in subclause (I), by striking "$100,000" and inserting "$200,000"; and

(B) in subclause (II), by striking "$250,000" and inserting "$500,000".

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

(1) in subparagraph (D)(i), by inserting before the semicolon the following: ", except that (subject to subparagraph (E)), for grants made pursuant to this paragraph or section 2620 for fiscal year 2005 and subsequent fiscal years, the cases counted for each 12-month period beginning on or after July 1, 2004, shall be cases of HIV disease (as reported to and confirmed by such Director) rather than cases of acquired immune deficiency syndrome";

(2) by redesignating subparagraphs (E) through (H) as subparagraphs (F) through (I), respectively; and

(3) by inserting after subparagraph (D) the following subparagraph:

"(E) DETERMINATION OF SECRETARY REGARDING DATA ON HIV CASES.—If under section 2603(a)(3)(D)(i) the Secretary determines that data on cases of HIV disease are

not sufficiently accurate and reliable, then notwithstanding subparagraph (D) of this paragraph, for any fiscal year prior to fiscal year 2007 the references in such subparagraph to cases of HIV disease do not have any legal effect.".

(c) INCREASES IN FORMULA AMOUNT.—Section 2618(a) of the Public Health Service Act (as redesignated by subsection (a)(1) of this section) is amended— 42 USC 300ff–28.

(1) in paragraph (1)(A)(ii), by inserting before the semicolon the following: "and then, as applicable, increased under paragraph (2)(H)"; and

(2) in paragraph (2)—

(A) in subparagraph (A)(i), by striking "subparagraph (H)" and inserting "subparagraphs (H) and (I)"; and

(B) in subparagraph (H) (as redesignated by subsection (b)(2) of this section), by amending the subparagraph to read as follows:

"(H) LIMITATION.—

"(i) IN GENERAL.—The Secretary shall ensure that the amount of a grant awarded to a State or territory under section 2611 or subparagraph (I)(i) for a fiscal year is not less than—

"(I) with respect to fiscal year 2001, 99 percent;

"(II) with respect to fiscal year 2002, 98 percent;

"(III) with respect to fiscal year 2003, 97 percent;

"(IV) with respect to fiscal year 2004, 96 percent; and

"(V) with respect to fiscal year 2005, 95 percent,

of the amount such State or territory received for fiscal year 2000 under section 2611 or subparagraph (I)(i), respectively (notwithstanding such subparagraph). In administering this subparagraph, the Secretary shall, with respect to States or territories that will under such section receive grants in amounts that exceed the amounts that such States received under such section or subparagraph for fiscal year 2000, proportionally reduce such amounts to ensure compliance with this subparagraph. In making such reductions, the Secretary shall ensure that no such State receives less than that State received for fiscal year 2000.

"(ii) RATABLE REDUCTION.—If the amount appropriated under section 2677 for a fiscal year and available for grants under section 2611 or subparagraph (I)(i) is less than the amount appropriated and available for fiscal year 2000 under section 2611 or subparagraph (I)(i), respectively, the limitation contained in clause (i) for the grants involved shall be reduced by a percentage equal to the percentage of the reduction in such amounts appropriated and available.".

(d) TERRITORIES.—Section 2618(a) of the Public Health Service Act (as redesignated by subsection (a)(1) of this section) is amended in paragraph (1)(B) by inserting "the greater of $50,000 or" after "shall be".

(e) SEPARATE TREATMENT DRUG GRANTS.—Section 2618(a) of the Public Health Service Act (as redesignated by subsection (a)(1)

of this section and amended by subsection (b)(2) of this section) is amended in paragraph (2)(I)—

(1) by redesignating clauses (i) and (ii) as subclauses (I) and (II), respectively;

(2) by striking "(I) APPROPRIATIONS" and all that follows through "With respect to" and inserting the following:

"(I) APPROPRIATIONS FOR TREATMENT DRUG PROGRAM.—

"(i) FORMULA GRANTS.—With respect to";

(3) in subclause (I) of clause (i) (as designated by paragraphs (1) and (2)), by inserting before the semicolon the following: ", less the percentage reserved under clause (ii)(V)"; and

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

"(ii) SUPPLEMENTAL TREATMENT DRUG GRANTS.—

"(I) IN GENERAL.—From amounts made available under subclause (V), the Secretary shall make supplemental grants to States described in subclause (II) to enable such States to increase access to therapeutics described in section 2616(a), as provided by the State under section 2616(c)(2).

"(II) ELIGIBLE STATES.—For purposes of subclause (I), a State described in this subclause is a State that, in accordance with criteria established by the Secretary, demonstrates a severe need for a grant under such subclause. In developing such criteria, the Secretary shall consider eligibility standards, formulary composition, and the number of eligible individuals at or below 200 percent of the official poverty line to whom the State is unable to provide therapeutics described in section 2616(a).

"(III) STATE REQUIREMENTS.—The Secretary may not make a grant to a State under this clause unless the State agrees that—

"(aa) the State will make available (directly or through donations from public or private entities) non-Federal contributions toward the activities to be carried out under the grant in an amount equal to $1 for each $4 of Federal funds provided in the grant; and

Effective date.

"(bb) the State will not impose eligibility requirements for services or scope of benefits limitations under section 2616(a) that are more restrictive than such requirements in effect as of January 1, 2000.

"(IV) USE AND COORDINATION.—Amounts made available under a grant under this clause shall only be used by the State to provide HIV/AIDS-related medications. The State shall coordinate the use of such amounts with the amounts otherwise provided under section 2616(a) in order to maximize drug coverage.

"(V) FUNDING.—For the purpose of making grants under this clause, the Secretary shall each fiscal year reserve 3 percent of the amount referred

to in clause (i) with respect to section 2616, subject to subclause (VI).

"(VI) LIMITATION.—In reserving amounts under subclause (V) and making grants under this clause for a fiscal year, the Secretary shall ensure for each State that the total of the grant under section 2611 for the State for the fiscal year and the grant under clause (i) for the State for the fiscal year is not less than such total for the State for the preceding fiscal year.".

(f) TECHNICAL AMENDMENT.—Section 2618(a) of the Public Health Service Act (as redesignated by subsection (a)(1) of this section) is amended in paragraph (3)(B) by striking "and the Republic of the Marshall Islands" and inserting "the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau, and only for purposes of paragraph (1) the Commonwealth of Puerto Rico". 42 USC 300ff–28.

SEC. 207. SUPPLEMENTAL GRANTS FOR CERTAIN STATES.

Subpart I of part B of title XXVI of the Public Health Service Act (42 U.S.C. 300ff–11 et seq.) is amended— 42 USC 300ff–31.

(1) by striking section 2621; and

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

"SEC. 2620. SUPPLEMENTAL GRANTS. 42 USC 300ff–30.

"(a) IN GENERAL.—The Secretary shall award supplemental grants to States determined to be eligible under subsection (b) to enable such States to provide comprehensive services of the type described in section 2612(a) to supplement the services otherwise provided by the State under a grant under this subpart in emerging communities within the State that are not eligible to receive grants under part A.

"(b) ELIGIBILITY.—To be eligible to receive a supplemental grant under subsection (a), a State shall—

"(1) be eligible to receive a grant under this subpart;

"(2) demonstrate the existence in the State of an emerging community as defined in subsection (d)(1); and

"(3) submit the information described in subsection (c).

"(c) REPORTING REQUIREMENTS.—A State that desires a grant under this section shall, as part of the State application submitted under section 2617, submit a detailed description of the manner in which the State will use amounts received under the grant and of the severity of need. Such description shall include—

"(1) a report concerning the dissemination of supplemental funds under this section and the plan for the utilization of such funds in the emerging community; Reports.

"(2) a demonstration of the existing commitment of local resources, both financial and in-kind;

"(3) a demonstration that the State will maintain HIV-related activities at a level that is equal to not less than the level of such activities in the State for the 1-year period preceding the fiscal year for which the State is applying to receive a grant under this part;

"(4) a demonstration of the ability of the State to utilize such supplemental financial resources in a manner that is immediately responsive and cost effective;

"(5) a demonstration that the resources will be allocated in accordance with the local demographic incidence of AIDS

including appropriate allocations for services for infants, children, women, and families with HIV disease;

"(6) a demonstration of the inclusiveness of the planning process, with particular emphasis on affected communities and individuals with HIV disease; and

"(7) a demonstration of the manner in which the proposed services are consistent with local needs assessments and the statewide coordinated statement of need.

"(d) DEFINITION OF EMERGING COMMUNITY.—In this section, the term 'emerging community' means a metropolitan area—

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

"(2) for which there has been reported to the Director of the Centers for Disease Control and Prevention a cumulative total of between 500 and 1,999 cases of acquired immune deficiency syndrome for the most recent period of 5 calendar years for which such data are available (except that, for fiscal year 2005 and subsequent fiscal years, cases of HIV disease shall be counted rather than cases of acquired immune deficiency syndrome if cases of HIV disease are being counted for purposes of section 2618(a)(2)(D)(i)).

"(e) FUNDING.—

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

"(A) the greater of—

"(i) 25 percent of the amount appropriated under section 2677 to carry out part B, excluding the amount appropriated under section 2618(a)(2)(I), for such fiscal year that is in excess of the amount appropriated to carry out such part in the fiscal year preceding the fiscal year involved; or

"(ii) $5,000,000,

to provide funds to States for use in emerging communities with at least 1,000, but less than 2,000, cases of AIDS as reported to and confirmed by the Director of the Centers for Disease Control and Prevention for the five year period preceding the year for which the grant is being awarded; and

"(B) the greater of—

"(i) 25 percent of the amount appropriated under section 2677 to carry out part B, excluding the amount appropriated under section 2618(a)(2)(I), for such fiscal year that is in excess of the amount appropriated to carry out such part in the fiscal year preceding the fiscal year involved; or

"(ii) $5,000,000,

to provide funds to States for use in emerging communities with at least 500, but less than 1,000, cases of AIDS reported to and confirmed by the Director of the Centers for Disease Control and Prevention for the five year period preceding the year for which the grant is being awarded.

Effective date.

"(2) TRIGGER OF FUNDING.—This section shall be effective only for fiscal years beginning in the first fiscal year in which the amount appropriated under section 2677 to carry out part B, excluding the amount appropriated under section 2618(a)(2)(I), exceeds by at least $20,000,000 the amount appropriated under section 2677 to carry out part B in fiscal year

2000, excluding the amount appropriated under section 2618(a)(2)(I).

"(3) MINIMUM AMOUNT IN FUTURE YEARS.—Beginning with the first fiscal year in which amounts provided for emerging communities under paragraph (1)(A) equals $5,000,000 and under paragraph (1)(B) equals $5,000,000, the Secretary shall ensure that amounts made available under this section for the types of emerging communities described in each such paragraph in subsequent fiscal years is at least $5,000,000.

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

"(A) One category of such grants shall be for emerging communities for which the cumulative total of cases for purposes of subsection (d)(2) is 999 or fewer cases. The grant made to such an emerging community for a fiscal year shall be the product of—

"(i) an amount equal to 50 percent of the amount available pursuant to this subsection for the fiscal year involved; and

"(ii) a percentage equal to the ratio constituted by the number of cases for such emerging community for the fiscal year over the aggregate number of such cases for such year for all emerging communities to which this subparagraph applies.

"(B) The other category of formula grants shall be for emerging communities for which the cumulative total of cases for purposes of subsection (d)(2) is 1,000 or more cases. The grant made to such an emerging community for a fiscal year shall be the product of—

"(i) an amount equal to 50 percent of the amount available pursuant to this subsection for the fiscal year involved; and

"(ii) a percentage equal to the ratio constituted by the number of cases for such community for the fiscal year over the aggregate number of such cases for the fiscal year for all emerging communities to which this subparagraph applies.".

Subtitle B—Provisions Concerning Pregnancy and Perinatal Transmission of HIV

SEC. 211. REPEALS.

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

(1) in section 2626, by striking each of subsections (d) through (f); 42 USC 300ff–34.

(2) by striking sections 2627 and 2628; and 42 USC 300ff–35, 300ff–36.

(3) by redesignating section 2629 as section 2627. 42 USC 300ff–37.

SEC. 212. GRANTS.

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

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

"(F) Making available to pregnant women with HIV disease, and to the infants of women with such disease, treatment services for such disease in accordance with applicable recommendations of the Secretary.";

(2) by amending paragraph (2) to read as follows:

"(2) FUNDING.—

"(A) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subsection, there are authorized to be appropriated $30,000,000 for each of the fiscal years 2001 through 2005. Amounts made available under section 2677 for carrying out this part are not available for carrying out this section unless otherwise authorized.

"(B) ALLOCATIONS FOR CERTAIN STATES.—

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

"(I) the Secretary shall reserve the applicable percentage under clause (iv) for making grants under paragraph (1) both to States described in clause (ii) and States described in clause (iii); and

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

"(ii) REQUIRED TESTING OF NEWBORNS.—For purposes of clause (i)(I), the States described in this clause are States that under law (including under regulations or the discretion of State officials) have—

"(I) a requirement that all newborn infants born in the State be tested for HIV disease and that the biological mother of each such infant, and the legal guardian of the infant (if other than the biological mother), be informed of the results of the testing; or

"(II) a requirement that newborn infants born in the State be tested for HIV disease in circumstances in which the attending obstetrician for the birth does not know the HIV status of the mother of the infant, and that the biological mother of each such infant, and the legal guardian of the infant (if other than the biological mother), be informed of the results of the testing.

"(iii) MOST SIGNIFICANT REDUCTION IN CASES OF PERINATAL TRANSMISSION.—For purposes of clause (i)(I), the States described in this clause are the following (exclusive of States described in clause (ii)), as applicable:

"(I) For fiscal years 2001 and 2002, the two States that, relative to other States, have the most significant reduction in the rate of new cases of the perinatal transmission of HIV (as indicated by the number of such cases reported to the Director of the Centers for Disease Control and

Prevention for the most recent periods for which the data are available).

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

"(III) For fiscal year 2005, the four States that have the most significant such reduction.

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

"(I) For fiscal year 2001, 33 percent.

"(II) For fiscal year 2002, 50 percent.

"(III) For fiscal year 2003, 67 percent.

"(IV) For fiscal year 2004, 75 percent.

"(V) For fiscal year 2005, 75 percent.

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

"(i) Such a grant may not be made in an amount exceeding $4,000,000.

"(ii) If pursuant to clause (i) or pursuant to an insufficient number of qualifying applications for such grants (or both), the full amount reserved under subparagraph (B) for a fiscal year is not obligated, the requirement under such subparagraph to reserve amounts ceases to apply.

"(iii) In the case of a State that meets the conditions to receive amounts reserved under subparagraph (B)(i)(II), the Secretary shall in making grants consider the following factors:

"(I) The extent of the reduction in the rate of new cases of the perinatal transmission of HIV.

"(II) The extent of the reduction in the rate of new cases of perinatal cases of acquired immune deficiency syndrome.

"(III) The overall incidence of cases of infection with HIV among women of childbearing age.

"(IV) The overall incidence of cases of acquired immune deficiency syndrome among women of childbearing age.

"(V) The higher acceptance rate of HIV testing of pregnant women.

"(VI) The extent to which women and children with HIV disease are receiving HIV-related health services.

"(VII) The extent to which HIV-exposed children are receiving health services appropriate to such exposure."; and

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

"(4) MAINTENANCE OF EFFORT.—A condition for the receipt of a grant under paragraph (1) is that the State involved agree that the grant will be used to supplement and not supplant other funds available to the State to carry out the purposes of the grant.".

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

(1) IN GENERAL.—If for fiscal year 2001 the amount appropriated under paragraph (2)(A) of section 2625(c) of the Public Health Service Act is less than $14,000,000—

(A) the Secretary of Health and Human Services shall, for the purpose of making grants under paragraph (1) of such section, reserve from the amount specified in paragraph (2) of this subsection an amount equal to the difference between $14,000,000 and the amount appropriated under paragraph (2)(A) of such section for such fiscal year (notwithstanding any other provision of this Act or the amendments made by this Act);

(B) the amount so reserved shall, for purposes of paragraph (2)(B)(i) of such section, be considered to have been appropriated under paragraph (2)(A) of such section; and

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

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

SEC. 213. STUDY BY INSTITUTE OF MEDICINE.

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

42 USC 300ff–37a.

"SEC. 2628. RECOMMENDATIONS FOR REDUCING INCIDENCE OF PERINATAL TRANSMISSION.

"(a) STUDY BY INSTITUTE OF MEDICINE.—

"(1) IN GENERAL.—The Secretary shall request the Institute of Medicine to enter into an agreement with the Secretary under which such Institute conducts a study to provide the following:

"(A) For the most recent fiscal year for which the information is available, a determination of the number of newborn infants with HIV born in the United States with respect to whom the attending obstetrician for the birth did not know the HIV status of the mother.

"(B) A determination for each State of any barriers, including legal barriers, that prevent or discourage an obstetrician from making it a routine practice to offer pregnant women an HIV test and a routine practice to test newborn infants for HIV disease in circumstances in which the obstetrician does not know the HIV status of the mother of the infant.

"(C) Recommendations for each State for reducing the incidence of cases of the perinatal transmission of HIV, including recommendations on removing the barriers identified under subparagraph (B).

If such Institute declines to conduct the study, the Secretary shall enter into an agreement with another appropriate public or nonprofit private entity to conduct the study.

Deadline.

"(2) REPORT.—The Secretary shall ensure that, not later than 18 months after the effective date of this section, the study required in paragraph (1) is completed and a report

describing the findings made in the study is submitted to the appropriate committees of the Congress, the Secretary, and the chief public health official of each of the States.

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

"(c) SUBMISSION OF REPORTS TO CONGRESS.—The Secretary shall submit to the appropriate committees of the Congress reports describing the information collected under subsection (b).".

Subtitle C—Certain Partner Notification Programs

SEC. 221. GRANTS FOR COMPLIANT PARTNER NOTIFICATION PROGRAMS.

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

"Subpart III—Certain Partner Notification Programs

"SEC. 2631. GRANTS FOR PARTNER NOTIFICATION PROGRAMS. 42 USC 300ff–38.

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

"(b) DESCRIPTION OF COMPLIANT STATE PROGRAMS.—For purposes of subsection (a), the laws or regulations of a State are in accordance with this subsection if under such laws or regulations (including programs carried out pursuant to the discretion of State officials) the following policies are in effect:

"(1) The State requires that the public health officer of the State carry out a program of partner notification to inform partners of individuals with HIV disease that the partners may have been exposed to the disease.

"(2)(A) In the case of a health entity that provides for the performance on an individual of a test for HIV disease, or that treats the individual for the disease, the State requires, subject to subparagraph (B), that the entity confidentially report the positive test results to the State public health officer in a manner recommended and approved by the Director of the Centers for Disease Control and Prevention, together with such additional information as may be necessary for carrying out such program.

"(B) The State may provide that the requirement of subparagraph (A) does not apply to the testing of an individual for HIV disease if the individual underwent the testing through a program designed to perform the test and provide the results to the individual without the individual disclosing his or her identity to the program. This subparagraph may not be construed as affecting the requirement of subparagraph (A) with respect to a health entity that treats an individual for HIV disease.

"(3) The program under paragraph (1) is carried out in accordance with the following:

"(A) Partners are provided with an appropriate opportunity to learn that the partners have been exposed to HIV disease, subject to subparagraph (B).

"(B) The State does not inform partners of the identity of the infected individuals involved.

"(C) Counseling and testing for HIV disease are made available to the partners and to infected individuals, and such counseling includes information on modes of transmission for the disease, including information on prenatal and perinatal transmission and preventing transmission.

"(D) Counseling of infected individuals and their partners includes the provision of information regarding therapeutic measures for preventing and treating the deterioration of the immune system and conditions arising from the disease, and the provision of other prevention-related information.

"(E) Referrals for appropriate services are provided to partners and infected individuals, including referrals for support services and legal aid.

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

"(G) There is no criminal or civil penalty on, or civil liability for, an infected individual if the individual chooses not to identify the partners of the individual, or the individual does not otherwise cooperate with such program.

"(H) The failure of the State to notify partners is not a basis for the civil liability of any health entity who under the program reported to the State the identity of the infected individual involved.

"(I) The State provides that the provisions of the program may not be construed as prohibiting the State from providing a notification under subparagraph (A) without the consent of the infected individual involved.

"(4) The State annually reports to the Director of the Centers for Disease Control and Prevention the number of individuals from whom the names of partners have been sought under the program under paragraph (1), the number of such individuals who provided the names of partners, and the number of partners so named who were notified under the program.

"(5) The State cooperates with such Director in carrying out a national program of partner notification, including the sharing of information between the public health officers of the States.

"(c) REPORTING SYSTEM FOR CASES OF HIV DISEASE; PREFERENCE IN MAKING GRANTS.—In making grants under subsection (a), the Secretary shall give preference to States whose reporting systems for cases of HIV disease produce data on such cases that is sufficiently accurate and reliable for use for purposes of section 2618(a)(2)(D)(i).

"(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $30,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 through 2005.".

TITLE III—EARLY INTERVENTION SERVICES

Subtitle A—Formula Grants for States

SEC. 301. REPEAL OF PROGRAM.

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

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

(1) by redesignating subparts II and III as subparts I and II, respectively;

(2) in section 2661(a), by striking "unless—" and all that follows through "(2) in the case of" and inserting "unless, in the case of"; and 42 USC 300ff–61.

(3) in section 2664— 42 USC 300ff–64.

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

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

(C) by striking subsection (h).

Subtitle B—Categorical Grants

SEC. 311. PREFERENCES IN MAKING GRANTS.

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

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

"(1) the Secretary shall give preference to applicants that will expend the grant under section 2651 to provide early intervention under such section in rural areas; and

"(2) the Secretary shall give special consideration to areas that are underserved with respect to such services.".

SEC. 312. PLANNING AND DEVELOPMENT GRANTS.

(a) IN GENERAL.—Section 2654(c)(1) of the Public Health Service Act (42 U.S.C. 300ff–54(c)(1)) is amended by striking "planning grants" and all that follows and inserting the following: "planning grants to public and nonprofit private entities for purposes of—

"(A) enabling such entities to provide HIV early intervention services; and

"(B) assisting the entities in expanding their capacity to provide HIV-related health services, including early intervention services, in low-income communities and affected subpopulations that are underserved with respect to such services (subject to the condition that a grant pursuant to this subparagraph may not be expended to purchase or improve land, or to purchase, construct, or permanently improve, other than minor remodeling, any building or other facility).".

(b) AMOUNT; DURATION.—Section 2654(c) of the Public Health Service Act (42 U.S.C. 300ff–54(c)) is further amended—

(1) by redesignating paragraph (4) as paragraph (5); and

(2) by inserting after paragraph (3) the following:

"(4) AMOUNT AND DURATION OF GRANTS.—

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

"(B) CAPACITY DEVELOPMENT.—

"(i) AMOUNT.—A grant under paragraph (1)(B) may be made in an amount not to exceed $150,000.

"(ii) DURATION.—The total duration of a grant under paragraph (1)(B), including any renewal, may not exceed 3 years.".

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

SEC. 313. AUTHORIZATION OF APPROPRIATIONS.

Section 2655 of the Public Health Service Act (42 U.S.C. 300ff–55) is amended by striking "in each of" and all that follows and inserting "for each of the fiscal years 2001 through 2005.".

Subtitle C—General Provisions

SEC. 321. PROVISION OF CERTAIN COUNSELING SERVICES.

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

(1) in the matter preceding subparagraph (A), by striking "counseling on—" and inserting "counseling—";

(2) in each of subparagraphs (A), (B), and (D), by inserting "on" after the subparagraph designation; and

(3) in subparagraph (C)—

(A) by striking "(C) the benefits" and inserting "(C)(i) that explains the benefits"; and

(B) by inserting after clause (i) (as designated by subparagraph (A) of this paragraph) the following clause:

"(ii) that emphasizes it is the duty of infected individuals to disclose their infected status to their sexual partners and their partners in the sharing of hypodermic needles; that provides advice to infected individuals on the manner in which such disclosures can be made; and that emphasizes that it is the continuing duty of the individuals to avoid any behaviors that will expose others to HIV.".

SEC. 322. ADDITIONAL REQUIRED AGREEMENTS.

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

(1) in paragraph (3)—

(A) by striking "7.5 percent" and inserting "10 percent"; and

(B) by striking "and" after the semicolon at the end;

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

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

"(5) the applicant will provide for the establishment of a quality management program—

"(A) to assess the extent to which medical services funded under this title that are provided to patients are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related

opportunistic infections, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines; and

"(B) to ensure that improvements in the access to and quality of HIV health services are addressed.".

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.

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

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

"(C) The applicant will demonstrate linkages to research and how access to such research is being offered to patients."; and

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

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

"(4) The applicant will provide individuals with information and education on opportunities to participate in HIV/AIDS-related clinical research.".

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

(1) by striking the subsection heading and designation and inserting the following:

"(f) ADMINISTRATION.—

"(1) APPLICATION.—"; and

(2) by adding at the end the following:

"(2) QUALITY MANAGEMENT PROGRAM.—A grantee under this section shall implement a quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infection, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.".

(d) COORDINATION.—Section 2671(g) (42 U.S.C. 300ff–71(g)) is amended by adding at the end the following: "The Secretary acting through the Director of NIH, shall examine the distribution and availability of ongoing and appropriate HIV/AIDS-related research projects to existing sites under this section for purposes of enhancing and expanding voluntary access to HIV-related research, especially within communities that are not reasonably served by such projects. Not later than 12 months after the date of the enactment of the Ryan White CARE Act Amendments of 2000, the Secretary shall prepare and submit to the appropriate committees of Congress a report that describes the findings made by

Deadline.
Reports.

the Director and the manner in which the conclusions based on those findings can be addressed.".

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

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

(2) by inserting after subsection (h) the following subsection:

Deadlines.

"(i) LIMITATION ON ADMINISTRATIVE EXPENSES.—

"(1) DETERMINATION BY SECRETARY.—Not later than 12 months after the date of the enactment of the Ryan White CARE Act Amendments of 2000, the Secretary, in consultation with grantees under this part, shall conduct a review of the administrative, program support, and direct service-related activities that are carried out under this part to ensure that eligible individuals have access to quality, HIV-related health and support services and research opportunities under this part, and to support the provision of such services.

"(2) REQUIREMENTS.—

"(A) IN GENERAL.—Not later than 180 days after the expiration of the 12-month period referred to in paragraph (1) the Secretary, in consultation with grantees under this part, shall determine the relationship between the costs of the activities referred to in paragraph (1) and the access of eligible individuals to the services and research opportunities described in such paragraph.

"(B) LIMITATION.—After a final determination under subparagraph (A), the Secretary may not make a grant under this part unless the grantee complies with such requirements as may be included in such determination.".

(f) AUTHORIZATION OF APPROPRIATIONS.—Section 2671 of the Public Health Service Act (42 U.S.C. 300ff–71) is amended in subsection (j) (as redesignated by subsection (e)(1) of this section) by striking "fiscal years 1996 through 2000" and inserting "fiscal years 2001 through 2005".

SEC. 402. AIDS EDUCATION AND TRAINING CENTERS.

(a) SCHOOLS; CENTERS.—

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

(A) in subparagraph (A)—

(i) by striking "training" and inserting "to train";

(ii) by striking "and including" and inserting ", including"; and

(iii) by inserting before the semicolon the following: ", and including (as applicable to the type of health professional involved), prenatal and other gynecological care for women with HIV disease";

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

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

(D) by adding at the end the following:

"(D) to develop protocols for the medical care of women with HIV disease, including prenatal and other gynecological care for such women.".

(2) DISSEMINATION OF TREATMENT GUIDELINES; MEDICAL CONSULTATION ACTIVITIES.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall issue and begin implementation of a strategy for the dissemination of HIV treatment information to health care providers and patients.

42 USC 300ff–111 note. Deadline.

(b) DENTAL SCHOOLS.—Section 2692(b) of the Public Health Service Act (42 U.S.C. 300ff–111(b)) is amended—

(1) by amending paragraph (1) to read as follows:

"(1) IN GENERAL.—

"(A) GRANTS.—The Secretary may make grants to dental schools and programs described in subparagraph (B) to assist such schools and programs with respect to oral health care to patients with HIV disease.

"(B) ELIGIBLE APPLICANTS.—For purposes of this subsection, the dental schools and programs referred to in this subparagraph are dental schools and programs that were described in section 777(b)(4)(B) as such section was in effect on the day before the date of the enactment of the Health Professions Education Partnerships Act of 1998 (Public Law 105–392) and in addition dental hygiene programs that are accredited by the Commission on Dental Accreditation.";

(2) in paragraph (2), by striking "777(b)(4)(B)" and inserting "the section referred to in paragraph (1)(B)"; and

(3) by inserting after paragraph (4) the following paragraph:

"(5) COMMUNITY-BASED CARE.—The Secretary may make grants to dental schools and programs described in paragraph (1)(B) that partner with community-based dentists to provide oral health care to patients with HIV disease in unserved areas. Such partnerships shall permit the training of dental students and residents and the participation of community dentists as adjunct faculty.".

(c) AUTHORIZATION OF APPROPRIATIONS.—

(1) SCHOOLS; CENTERS.—Section 2692(c)(1) of the Public Health Service Act (42 U.S.C. 300ff–111(c)(1)) is amended by striking "fiscal years 1996 through 2000" and inserting "fiscal years 2001 through 2005".

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

"(2) DENTAL SCHOOLS.—

"(A) IN GENERAL.—For the purpose of grants under paragraphs (1) through (4) of subsection (b), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.

"(B) COMMUNITY-BASED CARE.—For the purpose of grants under subsection (b)(5), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.".

Subtitle B—General Provisions in Title XXVI

SEC. 411. EVALUATIONS AND REPORTS.

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

SEC. 412. DATA COLLECTION THROUGH CENTERS FOR DISEASE CONTROL AND PREVENTION.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 318A the following section:

"DATA COLLECTION REGARDING PROGRAMS UNDER TITLE XXVI

42 USC 247c–2.

"SEC. 318B. For the purpose of collecting and providing data for program planning and evaluation activities under title XXVI, there are authorized to be appropriated to the Secretary (acting through the Director of the Centers for Disease Control and Prevention) such sums as may be necessary for each of the fiscal years 2001 through 2005. Such authorization of appropriations is in addition to other authorizations of appropriations that are available for such purpose.".

SEC. 413. COORDINATION.

Section 2675 of the Public Health Service Act (42 U.S.C. 300ff–75) is amended—

(1) by amending subsection (a) to read as follows:

"(a) REQUIREMENT.—The Secretary shall ensure that the Health Resources and Services Administration, the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, and the Health Care Financing Administration coordinate the planning, funding, and implementation of Federal HIV programs to enhance the continuity of care and prevention services for individuals with HIV disease or those at risk of such disease. The Secretary shall consult with other Federal agencies, including the Department of Veterans Affairs, as needed and utilize planning information submitted to such agencies by the States and entities eligible for support.";

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

(3) by inserting after subsection (b) the following subsection:

"(b) REPORT.—The Secretary shall biennially prepare and submit to the appropriate committees of the Congress a report concerning the coordination efforts at the Federal, State, and local levels described in this section, including a description of Federal barriers to HIV program integration and a strategy for eliminating such barriers and enhancing the continuity of care and prevention services for individuals with HIV disease or those at risk of such disease."; and

(4) in each of subsections (c) and (d) (as redesignated by paragraph (2) of this section), by inserting "and prevention services" after "continuity of care" each place such term appears.

SEC. 414. PLAN REGARDING RELEASE OF PRISONERS WITH HIV DISEASE.

Section 2675 of the Public Health Service Act, as amended by section 413(2) of this Act, is amended by adding at the end the following subsection: 42 USC 300ff–75.

"(e) RECOMMENDATIONS REGARDING RELEASE OF PRISONERS.—After consultation with the Attorney General and the Director of the Bureau of Prisons, with States, with eligible areas under part A, and with entities that receive amounts from grants under part A or B, the Secretary, consistent with the coordination required in subsection (a), shall develop a plan for the medical case management of and the provision of support services to individuals who were Federal or State prisoners and had HIV disease as of the date on which the individuals were released from the custody of the penal system. The Secretary shall submit the plan to the Congress not later than 2 years after the date of the enactment of the Ryan White CARE Act Amendments of 2000.". Deadline.

SEC. 415. AUDITS.

Part D of title XXVI of the Public Health Service Act (42 U.S.C. 300ff–71 et seq.) is amended by inserting after section 2675 the following section:

"SEC. 2675A. AUDITS. 42 USC 300ff–75a.

"For fiscal year 2002 and subsequent fiscal years, the Secretary may reduce the amounts of grants under this title to a State or political subdivision of a State for a fiscal year if, with respect to such grants for the second preceding fiscal year, the State or subdivision fails to prepare audits in accordance with the procedures of section 7502 of title 31, United States Code. The Secretary shall annually select representative samples of such audits, prepare summaries of the selected audits, and submit the summaries to the Congress.".

SEC. 416. ADMINISTRATIVE SIMPLIFICATION.

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

"SEC. 2675B. ADMINISTRATIVE SIMPLIFICATION REGARDING PARTS A AND B. 42 USC 300ff–75b.

"(a) COORDINATED DISBURSEMENT.—After consultation with the States, with eligible areas under part A, and with entities that receive amounts from grants under part A or B, the Secretary shall develop a plan for coordinating the disbursement of appropriations for grants under part A with the disbursement of appropriations for grants under part B in order to assist grantees and other recipients of amounts from such grants in complying with the requirements of such parts. The Secretary shall submit the plan to the Congress not later than 18 months after the date of the enactment of the Ryan White CARE Act Amendments of 2000. Not later than 2 years after the date on which the plan is so submitted, the Secretary shall complete the implementation of the plan, notwithstanding any provision of this title that is inconsistent with the plan. Deadline.

"(b) BIENNIAL APPLICATIONS.—After consultation with the States, with eligible areas under part A, and with entities that receive amounts from grants under part A or B, the Secretary

shall make a determination of whether the administration of parts A and B by the Secretary, and the efficiency of grantees under such parts in complying with the requirements of such parts, would be improved by requiring that applications for grants under such parts be submitted biennially rather than annually. The Secretary shall submit such determination to the Congress not later than 2 years after the date of the enactment of the Ryan White CARE Act Amendments of 2000.

Deadline.

"(c) APPLICATION SIMPLIFICATION.—After consultation with the States, with eligible areas under part A, and with entities that receive amounts from grants under part A or B, the Secretary shall develop a plan for simplifying the process for applications under parts A and B. The Secretary shall submit the plan to the Congress not later than 18 months after the date of the enactment of the Ryan White CARE Act Amendments of 2000. Not later than 2 years after the date on which the plan is so submitted, the Secretary shall complete the implementation of the plan, notwithstanding any provision of this title that is inconsistent with the plan.".

Deadline.

SEC. 417. AUTHORIZATION OF APPROPRIATIONS FOR PARTS A AND B.

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

"SEC. 2677. AUTHORIZATION OF APPROPRIATIONS.

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

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

TITLE V—GENERAL PROVISIONS

42 USC 300ff–11 note.

SEC. 501. STUDIES BY INSTITUTE OF MEDICINE.

(a) STATE SURVEILLANCE SYSTEMS ON PREVALENCE OF HIV.—The Secretary of Health and Human Services (referred to in this section as the "Secretary") shall request the Institute of Medicine to enter into an agreement with the Secretary under which such Institute conducts a study to provide the following:

(1) A determination of whether the surveillance system of each of the States regarding the human immunodeficiency virus provides for the reporting of cases of infection with the virus in a manner that is sufficient to provide adequate and reliable information on the number of such cases and the demographic characteristics of such cases, both for the State in general and for specific geographic areas in the State.

(2) A determination of whether such information is sufficiently accurate for purposes of formula grants under parts A and B of title XXVI of the Public Health Service Act.

(3) With respect to any State whose surveillance system does not provide adequate and reliable information on cases of infection with the virus, recommendations regarding the manner in which the State can improve the system.

(b) RELATIONSHIP BETWEEN EPIDEMIOLOGICAL MEASURES AND HEALTH CARE FOR CERTAIN INDIVIDUALS WITH HIV DISEASE.—

(1) IN GENERAL.—The Secretary shall request the Institute of Medicine to enter into an agreement with the Secretary under which such Institute conducts a study concerning the appropriate epidemiological measures and their relationship to the financing and delivery of primary care and health-related support services for low-income, uninsured, and under-insured individuals with HIV disease.

(2) ISSUES TO BE CONSIDERED.—The Secretary shall ensure that the study under paragraph (1) considers the following:

(A) The availability and utility of health outcomes measures and data for HIV primary care and support services and the extent to which those measures and data could be used to measure the quality of such funded services.

(B) The effectiveness and efficiency of service delivery (including the quality of services, health outcomes, and resource use) within the context of a changing health care and therapeutic environment, as well as the changing epidemiology of the epidemic, including determining the actual costs, potential savings, and overall financial impact of modifying the program under title XIX of the Social Security Act to establish eligibility for medical assistance under such title on the basis of infection with the human immunodeficiency virus rather than providing such assistance only if the infection has progressed to acquired immune deficiency syndrome.

(C) Existing and needed epidemiological data and other analytic tools for resource planning and allocation decisions, specifically for estimating severity of need of a community and the relationship to the allocations process.

(D) Other factors determined to be relevant to assessing an individual's or community's ability to gain and sustain access to quality HIV services.

(c) OTHER ENTITIES.—If the Institute of Medicine declines to conduct a study under this section, the Secretary shall enter into an agreement with another appropriate public or nonprofit private entity to conduct the study.

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

(1) not later than 3 years after the date of the enactment of this Act, the study required in subsection (a) is completed and a report describing the findings made in the study is submitted to the appropriate committees of the Congress; and

Deadline.

(2) not later than 2 years after the date of the enactment of this Act, the study required in subsection (b) is completed and a report describing the findings made in the study is submitted to such committees.

SEC. 502. DEVELOPMENT OF RAPID HIV TEST.

42 USC 300cc note.

(a) EXPANSION, INTENSIFICATION, AND COORDINATION OF RESEARCH AND OTHER ACTIVITIES.—

(1) IN GENERAL.—The Director of NIH shall expand, intensify, and coordinate research and other activities of the National Institutes of Health with respect to the development of reliable and affordable tests for HIV disease that can rapidly be administered and whose results can rapidly be obtained (in this section referred to as "rapid HIV test").

(2) REPORT TO CONGRESS.—The Director of NIH shall periodically submit to the appropriate committees of Congress a report describing the research and other activities conducted or supported under paragraph (1).

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

(b) PREMARKET REVIEW OF RAPID HIV TESTS.—

Deadline.

(1) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary, in consultation with the Director of the Centers for Disease Control and Prevention and the Commissioner of Food and Drugs, shall submit to the appropriate committees of the Congress a report describing the progress made towards, and barriers to, the premarket review and commercial distribution of rapid HIV tests. The report shall—

(A) assess the public health need for and public health benefits of rapid HIV tests, including the minimization of false positive results through the availability of multiple rapid HIV tests;

(B) make recommendations regarding the need for the expedited review of rapid HIV test applications submitted to the Center for Biologics Evaluation and Research and, if such recommendations are favorable, specify criteria and procedures for such expedited review; and

(C) specify whether the barriers to the premarket review of rapid HIV tests include the unnecessary application of requirements—

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

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

(c) GUIDELINES OF CENTERS FOR DISEASE CONTROL AND PREVENTION.—Promptly after commercial distribution of a rapid HIV test begins, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish or update guidelines that include recommendations for States, hospitals, and other appropriate entities regarding the ready availability of such tests for administration to pregnant women who are in labor or in the late stage of pregnancy and whose HIV status is not known to the attending obstetrician.

SEC. 503. TECHNICAL CORRECTIONS.

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

42 USC 300ff–15.

(1) in section 2605(d)—

(A) in paragraph (1), by striking "section 2608" and inserting "section 2677"; and

(B) in paragraph (4), by inserting "section" before "2601(a)"; and

42 USC 300ff–73.

(2) in section 2673(a), in the matter preceding paragraph (1), by striking "the Agency for Health Care Policy and

Research" and inserting "the Director of the Agency for Healthcare Research and Quality".

(b) RELATED ACT.—The first paragraph (2) of section 3(c) of the Ryan White CARE Act Amendments of 1996 (Public Law 104–146; 110 Stat. 1354) is amended in subparagraph (A)(iii) by striking "by inserting the following new paragraph:" and inserting "by inserting before paragraph (2) (as so redesignated) the following new paragraph". 42 USC 300ff–22.

TITLE VI—EFFECTIVE DATE

SEC. 601. EFFECTIVE DATE. 42 USC 300ff–12 note.

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

Approved October 20, 2000.

LEGISLATIVE HISTORY—S. 2311 (H.R. 4807):

HOUSE REPORTS: No. 106–788 accompanying H.R. 4807 (Comm. on Commerce).
SENATE REPORTS: No. 106–294 (Comm. on Health, Education, Labor, and Pensions).
CONGRESSIONAL RECORD, Vol. 146 (2000):
June 6, considered and passed Senate.
Oct. 5, considered and passed House, amended. Senate concurred in House amendments.
WEEKLY COMPILATION OF PRESIDENTIAL DOCUMENTS, Vol. 36 (2000):
Oct. 20, Presidential statement.