

U.S. Senator from the State of West Virginia since January 3, 1959;

Whereas he has dutifully and faithfully served the Senate six years as Senate Majority Leader (1977-80, 1987-88) and six years as the Senate Minority Leader (1981-1986);

Whereas his dedicated service as a U.S. Senator has contributed to the effectiveness and betterment of this institution;

Whereas he is one of only three U.S. Senators in American history who has been elected to seven 6-year terms in the Senate;

Whereas he has held more Senate leadership positions than any other Senator in history: Now, therefore, be it

Resolved, That the U.S. Senate congratulates the Honorable Robert C. Byrd, the senior Senator from West Virginia, for becoming the first U.S. Senator in history to cast 14,000 votes.

SEC. 2. The Secretary of the Senate shall transmit a copy of this resolution to Senator Robert C. Byrd.

Mr. DASCHLE addressed the Chair.

The PRESIDING OFFICER. The Democratic leader.

Mr. DASCHLE. Senators are welcome to cosponsor the resolution throughout the day.

RYAN WHITE CARE REAUTHORIZATION ACT

The Senate continued with the consideration of the bill.

AMENDMENT NO. 1854

Mr. LEVIN. Mr. President, I voted against the Helms amendment.

I am, of course, concerned about and opposed to use of funds authorized to be appropriated under this bill to promote any sexual activity, whether homosexual or heterosexual. I will support the proposal of the manager of the bill, the chairman of the Labor and Human Resources Committee, Senator NANCY KASSEBAUM which will have the effect of prohibiting the use of Federal funds for any such activity.

The amendment offered by Senator KASSEBAUM more accurately addresses the need to make clear the Senate's opposition to the use of Federal funds to promote sexual activity—heterosexual or homosexual—without endangering the purposes of the legislation.

The amendment I support and I expect will pass simply states:

None of the funds authorized under this title shall be used to fund AIDS programs, or to develop materials designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual. Funds authorized under this title may be used to provide medical treatment and support services for individuals with HIV.

AMENDMENT NO. 1857

The PRESIDING OFFICER. Under the previous order, the Senate now resumes consideration of amendment No. 1857, offered by the Senator from North Carolina, on which there is 10 minutes designated for debate equally divided. Who yields time?

Mrs. KASSEBAUM addressed the Chair.

The PRESIDING OFFICER. The Senator from Kansas.

Mrs. KASSEBAUM. Parliamentary inquiry, we are on amendment No. 1857; is that correct?

The PRESIDING OFFICER. The Senator is correct.

Mrs. KASSEBAUM. Mr. President, this is a funding equity measure. If I may comment for a moment as one who opposes this amendment. What it would do would be to prohibit discretionary spending for AIDS and HIV activities in excess of discretionary spending for cancer activities.

Mr. President, I yield to the Democratic leader.

Mr. DASCHLE. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mrs. KASSEBAUM. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mrs. KASSEBAUM. Mr. President, if I may just say this. I believe we have 10 minutes equally divided.

The PRESIDING OFFICER. The Senator is correct.

The Senate will please come to order.

Mrs. KASSEBAUM. It is my understanding that there are 10 minutes, equally divided, under the agreement.

I suggest that amendment No. 1857 would prohibit discretionary spending for AIDS and HIV activities in excess of discretionary spending for cancer activities. No one would deny the importance of moneys for cancer activities. However, I will be offering an alternative amendment, No. 1860, in the sequence later.

I oppose amendment No. 1857 that is being offered, because it compares only discretionary spending amounts and does not take into account entitlement spending under programs, such as Medicare and Medicaid. The inclusion of entitlement spending dramatically shifts the equation. Relatively few AIDS and HIV activities are financed through entitlement programs, while substantial entitlement spending is directed toward cancer. I think this is an important difference and one that I would hope everyone will take into consideration.

I will yield the floor and reserve the remainder of my time.

The PRESIDING OFFICER. Who yields time?

Mr. HELMS. Mr. President, I thought that we had an understanding that we would just go to a vote. How much time do I have?

The PRESIDING OFFICER. The Senator from North Carolina has 5 minutes.

Mr. HELMS. Mr. President, I hope Senators will look at this amendment very carefully. The pending amendment would ensure that any and all Federal funds authorized and appropriated for HIV/AIDS would not exceed that which is appropriated for cancer. These are not my figures. These came from the Congressional Research Service report to the Congress dated March 9, 1995. Copies of this will be on the

table for any Senator who wants to study it.

The leading cause of death in America today is heart disease, followed closely by cancer. HIV/AIDS ranks eighth in the number of deaths caused. It is of interest, Mr. President, that HIV/AIDS receives \$2.7 billion per year in Federal funding, which exceeds Federal funding for any other disease—heart disease or cancer.

Heart disease, which kills more than 720,000 Americans each year, receives \$805 million in Federal funds. Cancer, which kills 515,000 Americans, receives \$2.3 billion. Mr. President, more people are dying from heart disease, cancer, stroke, lung disease, accidents, pneumonia, and diabetes than die from AIDS. Yet, AIDS receives more of the taxpayers' money.

Something is amiss and needs to be corrected. This amendment will do it.

Today, on the average, the Federal Government spends about \$91,000 per AIDS death, and only about \$5,000 per cancer death. So, in a nutshell, the pending amendment will bring a measure of equity and fairness to the existing priorities in the area of HIV/AIDS funding. As long as cancer kills 18 times as many people as AIDS, and AIDS receives more Federal funding, it is time that Congress establishes some new, equitable, and fair priorities.

That concludes my remarks. If I have any more time remaining, I yield it back.

Mrs. KASSEBAUM. Mr. President, I would just like to say that we must take into account both discretionary and mandatory spending. When you do that, HIV/AIDS receives \$5.4 billion, cancer receives \$15 billion, and heart disease receives \$34 billion.

I believe it is very important for us to take into consideration both the discretionary and the mandatory spending. I think that when we assess total Federal spending, it gives a more accurate picture. The funds for support services, for patients with cancer and heart disease come largely through mandatory spending. This fact is not represented by the chart shown by the Senator from North Carolina.

I yield whatever time is left to the Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I hope the membership will pay attention to what the Senator from Kansas has stated. Basically, when you compare apples and apples and oranges and oranges, you have that kind of result, where you have substantial additional spending in the areas of cancer and heart disease.

The Senator from North Carolina has taken a very selected area in terms of the spending and tried to use that as the comparison. I think that all of us understand that we should not be trying to rob one particular kind of research or treatment. All of us are interested in the treatment of cancer and HIV. The proposal we have before us, I believe, deals with that.

Mr. HELMS. Mr. President, I reclaim my time to defend my position.

The PRESIDING OFFICER. The Senator has that right.

Mr. HELMS. The Senator referred to apples and apples. But he is talking about apples and oranges. The administration's numbers prove the disparity. They knock down the argument that the distinguished Senator from Kansas offered and that the distinguished Senator from Massachusetts supports.

Even using their skewed approach which combines discretionary and mandatory spending, the numbers prove there is still a disparity. Heart disease receives \$38 billion in Federal funds. The number of people suffering from heart ailments is 20 million. The funds per patient—Federal funds, mind you—are \$1,900. That is per heart patient.

Cancer is \$17.5 billion of Federal funds. The number of people who have cancer in America is 8 million. The funds per cancer patient is \$2,187.

Look at HIV/AIDS, if you want to talk about fairness: \$7 billion. The number of people who have it is 1.4 million. And the Federal funds per patient is \$5,000. If you want fairness, the \$5,000 is not it.

Mr. President, this amendment will insure any and all Federal funds authorized and appropriated for HIV/AIDS will not exceed Federal funds authorized and appropriated for cancer.

The leading cause of death in America today is heart disease, followed closely by cancer. HIV/AIDS ranks ninth in the number of deaths caused. It is of interest, Mr. President, that HIV/AIDS receives \$2.7 billion per year in Federal funding, which exceeds Federal funding with any other disease. Heart disease, which kills more than 720,000 Americans each year, receives \$805 million in Federal funds. Cancer, which kills 515,000 Americans, receives \$2.3 billion.

Mr. President, more people are dying from heart disease, cancer, stroke, lung disease, accidents, pneumonia, diabetes, and suicide than die from AIDS; yet AIDS receives more of the American taxpayers' money. Something is amiss and needs to be corrected.

Today, on average, the Federal Government spends about \$91,000 on every person who dies of AIDS, and only about \$5,000 on every person who dies of cancer. I suggest most Americans agree that this discrepancy is simply neither fair nor equitable.

Mr. President, in a nutshell, the pending amendment will be a measure of equity to the existing priorities in the area of HIV/AIDS funding. As long as cancer kills 18 times as many people as AIDS, and AIDS receives more Federal funding, it is time that Congress established some new equitable priorities.

Mr. President, I ask unanimous consent that a letter to me by the President of the Family Research Council be printed in the RECORD.

There being no objection, the letter was ordered to be printed in the RECORD, as follows:

FAMILY RESEARCH COUNCIL,
Washington, DC, July 27, 1995.

Hon. JESSE HELMS,
Dirksen Senate Office Building,
Washington, DC.

DEAR SENATOR HELMS: On behalf of the 250,000 families which are presented by the Family Research Council, I commend your efforts to reform the Ryan White Care Act [S. 641].

I am proud to endorse your amendments and encourage the rest of the Senate to join you in redirecting federal AIDS spending toward more effective approaches.

One of the biggest problems with the Ryan White Act is its lack of accountability. Under the Health Resources Administration, 146 large grants are disbursed to state and local programs and further divided up into countless subgrants. Unlike most federal funds which are accounted for, these subgrants use the money without reporting where or to whom the money has been allocated.

In addition to a lack of financial accountability, millions of dollars for AIDS victims is being spent to normalize and promote the homosexual lifestyle. Many of these efforts are being directed toward school children. The Gay Men's Health Crisis, a recipient of Ryan White funds, produced graphically illustrated brochures which were given to students in New York City. The brochures are replete with shocking vulgarity and urge kids to wear condoms and latex gloves while engaging in perverse sexual activity. They recommend singular and group masturbation.

Congress should reconsider AIDS education which now emphasizes condoms and has been shown in countless studies to be ineffective. Programs seeking funding renewal should be required to show evidence that they have reduced HIV transmission. Current formulas for funding should be reexamined. For example, money ought to go where it is needed most, which is, increasingly, to under-served minority communities.

Congress should take advantage of this opportunity to examine the allocations of federal AIDS dollars. Instead of bowing to the demands of homosexual activists, Congress should reexamine the use of Ryan White funds and take steps to overhaul AIDS spending.

AIDS is a tragedy that has been politicized for too long. The American people, as well as the victims of this terrible disease, deserve better.

Thank you for your hard work and your commitment to making individual responsibility the touchstone of public policy.

Sincerely,

GARY L. BAUER,
President.

Mr. HELMS. I reserve the balance of my time in case there is more argument, because I can go on and on about this.

The PRESIDING OFFICER. Who yields time?

Mrs. KASSEBAUM. I yield back any remaining time I may have.

Mr. HELMS. Mr. President, I wish to reiterate that in case any Senator wants to examine the arithmetic, here it is. I will say again that the administration's figures prove the disparity that I have been talking about.

I yield the remainder of my time.

The PRESIDING OFFICER. All time has expired.

The question is on agreeing to the amendment, No. 1857, offered by the Senator from North Carolina.

The yeas and nays have been ordered. The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. LOTT. I announce that the Senator from Utah [Mr. BENNETT] is necessarily absent.

The PRESIDING OFFICER (Mr. CAMPBELL). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 15, nays 84, as follows:

[Rollcall Vote No. 336 Leg.]

YEAS—15

Bond	Hollings	Nickles
Cochran	Inhofe	Shelby
Faircloth	Kyl	Smith
Grams	Lott	Thomas
Helms	McConnell	Thurmond

NAYS—84

Abraham	Exon	Lieberman
Akaka	Feingold	Lugar
Ashcroft	Feinstein	Mack
Baucus	Ford	McCain
Biden	Frist	Mikulski
Bingaman	Glenn	Moseley-Braun
Boxer	Gorton	Moynihan
Bradley	Graham	Murkowski
Breaux	Gramm	Murray
Brown	Grassley	Nunn
Bryan	Gregg	Packwood
Bumpers	Harkin	Pell
Burns	Hatch	Pressler
Byrd	Hatfield	Pryor
Campbell	Heflin	Reid
Chafee	Hutchison	Robb
Coats	Inouye	Rockefeller
Cohen	Jeffords	Roth
Conrad	Johnston	Santorum
Coverdell	Kassebaum	Sarbanes
Craig	Kempthorne	Simon
D'Amato	Kennedy	Simpson
Daschle	Kerrey	Snowe
DeWine	Kerry	Specter
Dodd	Kohl	Stevens
Dole	Lautenberg	Thompson
Domenici	Leahy	Warner
Dorgan	Levin	Wellstone

NOT VOTING—1

Bennett

So the amendment (No. 1857) was rejected.

Mrs. KASSEBAUM. Mr. President, I move to reconsider the vote.

Mr. KENNEDY. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mrs. KASSEBAUM. Mr. President, I suggest there are three more votes that we will have. There will be two amendments that I will offer and then final passage. I will speak briefly on the two amendments that I have offered. I do not know if the Senator from North Carolina would like to respond.

AMENDMENTS NOS. 1858 AND 1860

The PRESIDING OFFICER. The question occurs on amendment 1858.

Mr. KENNEDY. Mr. President, could we have order in the Chamber?

The PRESIDING OFFICER. The Senate will be in order.

Mrs. KASSEBAUM. My amendment, No. 1858, is an alternative to the one that was put forward earlier by the Senator from North Carolina and approved by the Senate. My amendment prohibits funds under the act from being used to directly promote or encourage intravenous drug use or sexual activity, both homosexual or heterosexual. It assures that funds are used

for treatment and support services only, not for prevention activities.

This amendment is targeted to making sure that CARE Act funds are used for what they were designed for. Specifically that is for the treatment and support services for patients and families afflicted with AIDS.

I would like to also address my second amendment, No. 1860, which addresses the issues of funding equity. My amendment is an alternative to one that was put forth by the Senator from North Carolina, that was just rejected. This amendment provides that Federal spending for AIDS and HIV activities may not exceed spending for cancer activities, taking into account both discretionary and entitlement spending.

These are the two amendments that we will be considering; first 1858 and then 1860.

I will be happy to reserve the remainder of my time but I am prepared to yield it back.

The PRESIDING OFFICER. Who yields time?

Mr. HELMS. Mr. President, Senators at least should be aware of which amendment we are voting on now.

Will the Chair state that, and will Senator KASSEBAUM describe that amendment? Because she talked about two amendments and I do not want Senators to be confused.

Mrs. KASSEBAUM. The first amendment is 1858, which would prohibit funds from being used to promote or encourage intravenous drug use or sexual activity, both homosexual or heterosexual.

Mr. HELMS. Right.

I thank the Senator and I thank the Chair.

Mr. President, the Kassebaum amendment that will be voted on next will gut, and is intended to gut, the Helms amendment that just passed the Senate by 54 to 45. The intent of the Kassebaum amendment is to take any teeth out of the amendment that the Senate has already approved.

With all due respect to Senator KASSEBAUM, and I do respect her, her amendment is vague. It deletes the definition of activities that promote homosexuality. That is exactly what the homosexual activists want to happen to this amendment.

I say no, and I hope the Senate will say no to this gutting amendment by the distinguished Senator from Kansas.

Mr. President, the promotion, the advocacy of homosexuality does nothing to help the innocent victims of AIDS, like Ryan White, whose name is being exploited in this legislation.

Every Senator who voted for the Helms amendment No. 1854, should vote against the Kassebaum amendment which is next to be voted on.

I reserve the remainder of my time. I will be glad to yield it back.

Mrs. KASSEBAUM. Mr. President, I yield back any remaining time, and I ask unanimous consent that the votes be 10-minute votes.

The PRESIDING OFFICER. Without objection, it is so ordered.

Is all time yielded back?

Mr. HELMS. I yield back the remainder of my time.

VOTE ON AMENDMENT NO. 1858

The PRESIDING OFFICER. The question is on agreeing to the amendment of the Senator from Kansas. On this question, the yeas and nays have been ordered, and the clerk will call the roll.

The legislative clerk called the roll.

Mr. LOTT. I announce that the Senator from Utah [Mr. BENNETT] is necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber who desire to vote?

The result was announced—yeas 76, nays 23, as follows:

[Rollcall Vote No. 337 Leg.]

YEAS—76

Abraham	Feingold	Mack
Akaka	Feinstein	McCain
Baucus	Ford	Mikulski
Biden	Frist	Moseley-Braun
Bingaman	Glenn	Moynihan
Bond	Gorton	Murkowski
Boxer	Graham	Murray
Bradley	Gregg	Nunn
Breaux	Harkin	Packwood
Bryan	Hatch	Pell
Bumpers	Hatfield	Pryor
Burns	Hutchison	Reid
Byrd	Inouye	Robb
Campbell	Jeffords	Rockefeller
Chafee	Johnston	Roth
Cohen	Kassebaum	Santorum
Conrad	Kempthorne	Sarbanes
Craig	Kennedy	Simon
D'Amato	Kerrey	Simpson
Daschle	Kerry	Kohl
DeWine	Kohl	Snowe
Dodd	Lautenberg	Specter
Dole	Leahy	Thomas
Domenici	Levin	Warner
Dorgan	Lieberman	Wellstone
Exon	Lugar	

NAYS—23

Ashcroft	Grassley	Nickles
Brown	Heflin	Pressler
Coats	Helms	Shelby
Cochran	Hollings	Smith
Coverdell	Inhofe	Stevens
Faircloth	Kyl	Thompson
Gramm	Lott	Thurmond
Grams	McConnell	

NOT VOTING—1

Bennett

So the amendment (No. 1858) was agreed to.

Mr. KENNEDY. Mr. President, I move to reconsider the vote.

Mrs. KASSEBAUM. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mrs. KASSEBAUM. Mr. President, in light of the preceding vote on the funding equity issue, I am very appreciative of the Senator from North Carolina who said he would not object to our voice voting No. 1860, which is an amendment of mine which provides that Federal spending for AIDS and HIV activities may not exceed spending for cancer activities, taking into account both discretionary and entitlement spending, and I ask for the approval of that amendment.

Mr. KENNEDY. I ask unanimous consent that the order for the rollcall be vitiated, Mr. President.

The PRESIDING OFFICER. Without objection, it is so ordered.

VOTE ON AMENDMENT NO. 1860

The PRESIDING OFFICER. Is there further debate on the amendment?

Mr. KENNEDY. I yield back the time.

The PRESIDING OFFICER. The question is on agreeing to amendment No. 1860 offered by the Senator from Kansas.

The amendment (No. 1860) was agreed to.

Mr. KENNEDY. Mr. President, I move to reconsider the vote.

Mrs. KASSEBAUM. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. LAUTENBERG. Mr. President, before the Senate passes the Ryan White CARE Act reauthorization bill, my colleague Senator BRADLEY and I would like to engage in a colloquy with the ranking member of the Labor and Human Resources Committee.

Mr. BRADLEY. The bill before us, S. 641, contains a new formula for distributing title I and title II funds. As a result of this formula change, New Jersey's title I cities will receive over \$50,000 less next year than they would have under the original formula. In the year 2000, New Jersey's title I cities will receive almost half a million dollars less than they would have under the original formula. At the same time, the revised formula results in several other States receiving significant increases in the total amount of Ryan White funding they receive. For example, Minnesota will more than double its title I and title II funding under the revised formula, Nevada's funding will increase by 116 percent, and Vermont's will increase by 141 percent.

Mr. LAUTENBERG. Mr. President, I recognize that States such as Minnesota and Nevada have more residents with AIDS now than they did when this bill was originally passed. But at the same time that the AIDS epidemic has been spreading across the country, it has continued to worsen in New Jersey. Between 1993 and 1994, the total number of AIDS cases reported in New Jersey increased by 53 percent. New Jersey currently has the fifth-highest number of AIDS cases in the United States, and the third-highest number of pediatric AIDS cases. Cutting New Jersey's funding so deeply at a time when the epidemic is growing so rapidly in the State is not fair to the thousand of New Jersey residents who are HIV-positive.

Mr. BRADLEY. Therefore, Senator LAUTENBERG and I would like to ask our two colleagues if they would work hard in conference to obtain a formula which would decrease the reductions in funding to New Jersey.

Mr. KENNEDY. I will do everything I can to urge the conferees to revise the formula to reduce the reductions in funding to New Jersey.

Mr. LAUTENBERG. Senator BRADLEY and I would like to thank the chairperson and ranking member. Since we have received assurances that

they will strive to decrease the amount of funding reductions which New Jersey will receive as a result of the formula revisions, I ask unanimous consent that I be added as a cosponsor of S. 641.

Mr. BRADLEY. I appreciate my colleagues' assurances. Even with these assurances, I still expect that this bill will hurt the State of New Jersey. However, I recognize that at some point compromises must be made or else the future of the entire Ryan White Program may be at risk. Therefore, having received these assurances, I plan to support this bill.

The PRESIDING OFFICER. The majority leader is recognized.

Mr. DOLE. Let me indicate to my colleagues that after this vote, we will have a period for the transaction of morning business to extend about 45 minutes. At the expiration of morning business, we hope to have—maybe not—an agreement, but we will go to the gift ban proposal at about, hopefully, 1:30.

Mr. CHAFEE. Mr. President, I would like to ask the leader one quick question. They are going to dedicate the war memorial at 3 o'clock. What is the leader's plans for that?

Mr. DOLE. We will not recess but we will protect Senators. I know there are about 11 Senators who wish to attend that ceremony, and we will not have votes during that time.

Mr. BUMBERS addressed the Chair.

The PRESIDING OFFICER. The Senator from Arkansas, Mr. BUMBERS, is recognized.

CHANGE OF VOTE

Mr. BUMBERS. On rollcall No. 334, I mistakenly voted "yes" on what I believed was a motion to table. I ask unanimous consent that I be recorded as "no." It will not change the outcome of the vote.

The PRESIDING OFFICER. Without objection, it is so ordered.

(The foregoing tally has been changed to reflect the above order.)

The PRESIDING OFFICER. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed for a third reading and was read the third time.

The PRESIDING OFFICER. The bill having been read the third time, the question is, Shall the bill pass? On this question, the yeas and nays have been ordered. The clerk will call the roll.

The assistant legislative clerk called the roll.

The result was announced—yeas 97, nays 3, as follows:

[Rollcall Vote No. 338 Leg.]

YEAS—97

Abraham	Breaux	Cohen
Akaka	Brown	Conrad
Ashcroft	Bryan	Coverdell
Baucus	Bumpers	Craig
Bennett	Burns	D'Amato
Biden	Byrd	Daschle
Bingaman	Campbell	DeWine
Bond	Chafee	Dodd
Boxer	Coats	Dole
Bradley	Cochran	Domenici

Dorgan	Johnston	Packwood
Exon	Kassebaum	Pell
Faircloth	Kempthorne	Pressler
Feingold	Kennedy	Pryor
Feinstein	Kerrey	Reid
Ford	Kerry	Robb
Frist	Kohl	Rockefeller
Glenn	Lautenberg	Roth
Gorton	Leahy	Santorum
Graham	Levin	Sarbanes
Gramm	Lieberman	Shelby
Grassley	Lott	Simon
Gregg	Lugar	Simpson
Harkin	Mack	Snowe
Hatch	McCain	Specter
Hatfield	McConnell	Stevens
Heflin	Mikulski	Thomas
Hollings	Moseley-Braun	Thompson
Hutchison	Moynihan	Thurmond
Inhofe	Murkowski	Warner
Inouye	Murray	Wellstone
Jeffords	Nickles	
	Nunn	

NAYS—3

Helms	Kyl	Smith
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So the bill (S. 641), as amended, was passed, as follows:

S. 641

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Ryan White CARE Reauthorization Act of 1995".

SEC. 2. REFERENCES.

Whenever in this Act an amendment is expressed in terms of an amendment to a section or other provision, the reference shall be considered to be made to a section or other provision of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-11 et seq.).

SEC. 3. GENERAL AMENDMENTS.

(a) ESTABLISHMENT OF GRANT PROGRAM.—Section 2601 (42 U.S.C. 300ff-11) is amended—

(1) in subsection (a)—

(A) by striking "March 31 of the most recent fiscal year" and inserting "March 31, 1995, and December 31 of the most recent calendar year thereafter"; and

(B) by striking "fiscal year—" and all that follows through the period and inserting "fiscal year, there has been reported to and confirmed by, for the 5-year period prior to the fiscal year for which the grant is being made, the Director of the Centers for Disease Control and Prevention a cumulative total of more than 2,000 cases of acquired immune deficiency syndrome."; and

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

"(c) POPULATION OF ELIGIBLE AREAS.—The Secretary may not make a grant to an eligible area under subsection (a) after the date of enactment of this subsection unless the area has a population of at least 500,000 individuals, except that this subsection shall not apply to areas that are eligible as of March 31, 1994. For purposes of eligibility under this title, the boundaries of each metropolitan area shall be those in effect in fiscal year 1994.

"(d) CONTINUED FUNDING.—A metropolitan area that has received a grant under this section for the fiscal year in which this subsection is enacted, shall be eligible to receive such a grant in subsequent fiscal years."

(b) EMERGENCY RELIEF FOR AREAS WITH SUBSTANTIAL NEED FOR SERVICES.—

(1) HIV HEALTH SERVICES PLANNING COUNCIL.—Subsection (b) of section 2602 (42 U.S.C. 300ff-12(b)) is amended—

(A) in paragraph (1)—

(i) by striking "include" and all that follows through the end thereof, and inserting "reflect in its composition the demographics of the epidemic in the eligible area involved, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations."; and

(ii) by adding at the end thereof the following new sentences: "Nominations for membership on the council shall be identified through an open process and candidates shall be selected based on locally delineated and publicized criteria. Such criteria shall include a conflict-of-interest standard for each nominee.";

(B) in paragraph (2), by adding at the end thereof the following new subparagraph:

"(C) CHAIRPERSON.—A planning council may not be chaired solely by an employee of the grantee.";

(C) in paragraph (3)—

(i) in subparagraph (A), by striking "area;" and inserting "area based on the—

"(i) documented needs of the HIV-infected population;

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

"(iii) priorities of the HIV-infected communities for whom the services are intended; and

"(iv) availability of other governmental and nongovernmental resources;"

(ii) by striking "and" at the end of subparagraph (B);

(iii) by striking the period at the end of subparagraph (C) and inserting ", and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs;"; and

(iv) by adding at the end thereof the following new subparagraphs:

"(D) participate in the development of the Statewide coordinated statement of need initiated by the State health department;

"(E) establish operating procedures which include specific policies for resolving disputes, responding to grievances, and minimizing and managing conflict-of-interests; and

"(F) establish methods for obtaining input on community needs and priorities which may include public meetings, conducting focus groups, and convening ad-hoc panels.";

(D) by redesignating paragraphs (2) and (3) as paragraphs (3) and (4), respectively; and

(E) by inserting after paragraph (1), the following new paragraph:

"(2) REPRESENTATION.—The HIV health services planning council shall include representatives of—

"(A) health care providers, including federally qualified health centers;

"(B) community-based organizations serving affected populations and AIDS service organizations;

"(C) social service providers;

"(D) mental health and substance abuse providers;

"(E) local public health agencies;

"(F) hospital planning agencies or health care planning agencies;

"(G) affected communities, including people with HIV disease or AIDS and historically underserved groups and subpopulations;

"(H) nonelected community leaders;

"(I) State government (including the State Medicaid agency and the agency administering the program under part B);

"(J) grantees under subpart II of part C;

"(K) grantees under section 2671, or, if none are operating in the area, representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area; and

"(L) grantees under other Federal HIV programs."

(2) DISTRIBUTION OF GRANTS.—Section 2603 (42 U.S.C. 300ff-13) is amended—

(A) in subsection (a)(2), by striking "Not later than—" and all that follows through

"the Secretary shall" and inserting the following: "Not later than 60 days after an appropriation becomes available to carry out this part for each of the fiscal years 1996 through 2000, the Secretary shall"; and

(B) in subsection (b)
(i) in paragraph (1)—
(I) by striking "and" at the end of subparagraph (D);
(II) by striking the period at the end of subparagraph (E) and inserting a semicolon; and

(III) by adding at the end thereof the following new subparagraphs:

"(F) demonstrates the inclusiveness of the planning council membership, with particular emphasis on affected communities and individuals with HIV disease; and

"(G) demonstrates the manner in which the proposed services are consistent with the local needs assessment and the Statewide coordinated statement of need."; and

(ii) by redesignating paragraphs (2), (3), and (4) as paragraphs (3), (4), and (5), respectively; and

(iii) by inserting after paragraph (1), the following new paragraph:

"(2) PRIORITY.—

"(A) SEVERE NEED.—In determining severe need in accordance with paragraph (1)(B), the Secretary shall give priority consideration in awarding grants under this section to any qualified applicant that demonstrates an ability to spend funds efficiently and demonstrates a more severe need based on prevalence of—

"(i) sexually transmitted diseases, substance abuse, tuberculosis, severe mental illness, or other diseases determined relevant by the Secretary, which significantly affect the impact of HIV disease in affected individuals and communities;

"(ii) AIDS in individuals, and subpopulations, previously unknown in the eligible metropolitan area; or

"(iii) homelessness.

"(B) PREVALENCE.—In determining prevalence of diseases under subparagraph (A), the Secretary shall use data on the prevalence of the illnesses described in such subparagraph in HIV-infected individuals unless such data is not available nationally. Where such data is not nationally available, the Secretary may use the prevalence (with respect to such illnesses) in the general population."

(3) DISTRIBUTION OF FUNDS.—

(A) IN GENERAL.—Section 2603(a)(2) (42 U.S.C. 300ff-13(a)(2)) (as amended by paragraph (2)) is further amended—

(i) by inserting "in accordance with paragraph (3)" before the period; and

(ii) by adding at the end thereof the following new sentence: "The Secretary shall reserve an additional percentage of the amount appropriated under section 2677 for a fiscal year for grants under part A to make grants to eligible areas under section 2601(a) in accordance with paragraph (4)."

(B) INCREASE IN GRANT.—Section 2603(a) (42 U.S.C. 300ff-13(a)) is amended by adding at the end thereof the following new paragraph:

"(4) INCREASE IN GRANT.—With respect to an eligible area under section 2601(a), the Secretary shall increase the amount of a grant under paragraph (2) for a fiscal year to ensure that such eligible area receives not less than—

"(A) with respect to fiscal year 1996, 98 percent;

"(B) with respect to fiscal year 1997, 97 percent;

"(C) with respect to fiscal year 1998, 95.5 percent;

"(D) with respect to fiscal year 1999, 94 percent; and

"(E) with respect to fiscal year 2000, 92.5 percent;

of the amount allocated for fiscal year 1995 to such entity under this subsection."

(4) USE OF AMOUNTS.—Section 2604 (42 U.S.C. 300ff-14) is amended—

(A) in subsection (b)(1)(A)—
(i) by inserting "substance abuse treatment and mental health treatment," after "case management"; and

(ii) by inserting "which shall include treatment education and prophylactic treatment for opportunistic infections," after "treatment services,";

(B) in subsection (b)(2)(A)—

(i) by inserting "or private for-profit entities if such entities are the only available provider of quality HIV care in the area," after "nonprofit private entities,"; and

(ii) by striking "and homeless health centers" and inserting "homeless health centers, substance abuse treatment programs, and mental health programs"; and

(C) in subsection (e)—

(i) in the subsection heading, by striking "AND PLANNING";

(ii) by striking "The chief" and inserting: "(1) IN GENERAL.—The chief";

(iii) by striking "accounting, reporting, and program oversight functions";

(iv) by adding at the end thereof the following new sentence: "An entity (including subcontractors) receiving an allocation from the grant awarded to the chief executive officer under this part shall not use in excess of 12.5 percent of amounts received under such allocation for administration."; and

(v) by adding at the end thereof the following new paragraphs:
"(2) ADMINISTRATIVE ACTIVITIES.—For the purposes of paragraph (1), amounts may be used for administrative activities that include—

"(A) routine grant administration and monitoring activities, including the development of applications for part A funds, the receipt and disbursement of program funds, the development and establishment of reimbursement and accounting systems, the preparation of routine programmatic and financial reports, and compliance with grant conditions and audit requirements; and

"(B) all activities associated with the grantee's contract award procedures, including the development of requests for proposals, contract proposal review activities, negotiation and awarding of contracts, monitoring of contracts through telephone consultation, written documentation or onsite visits, reporting on contracts, and funding reallocation activities."

"(3) SUBCONTRACTOR ADMINISTRATIVE COSTS.—For the purposes of this subsection, subcontractor administrative activities include—

"(A) usual and recognized overhead, including established indirect rates for agencies;

"(B) management oversight of specific programs funded under this title; and

"(C) other types of program support such as quality assurance, quality control, and related activities."

(5) APPLICATION.—Section 2605 (42 U.S.C. 300ff-15) is amended—

(A) in subsection (a)—

(i) in the matter preceding paragraph (1), by inserting "in accordance with subsection (c) regarding a single application and grant award," after "application";

(ii) in paragraph (1)(B), by striking "1-year period" and all that follows through "eligible area" and inserting "preceding fiscal year";

(iii) in paragraph (4), by striking "and" at the end thereof;

(iv) in paragraph (5), by striking the period at the end thereof and inserting "; and"; and

(v) by adding at the end thereof the following new paragraph:

"(6) that the applicant has participated, or will agree to participate, in the Statewide coordinated statement of need process where it has been initiated by the State, and ensure that the services provided under the comprehensive plan are consistent with the Statewide coordinated statement of need.";

(B) in subsection (b)—

(i) in the subsection heading, by striking "ADDITIONAL";

(ii) in the matter preceding paragraph (1), by striking "additional application" and inserting "application, in accordance with subsection (c) regarding a single application and grant award";

(iii) in paragraph (3), by striking "and" at the end thereof; and

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

(C) by redesignating subsections (c) and (d) as subsections (d) and (e), respectively; and

(D) by inserting after subsection (b), the following new subsection:

"(c) SINGLE APPLICATION AND GRANT AWARD.—

"(1) APPLICATION.—The Secretary may phase in the use of a single application that meets the requirements of subsections (a) and (b) of section 2603 with respect to an eligible area that desires to receive grants under section 2603 for a fiscal year.

"(2) GRANT AWARD.—The Secretary may phase in the awarding of a single grant to an eligible area that submits an approved application under paragraph (1) for a fiscal year."

(6) TECHNICAL ASSISTANCE.—Section 2606 (42 U.S.C. 300ff-16) is amended—

(A) by striking "may" and inserting "shall";

(B) by inserting after "technical assistance" the following: "including peer based assistance to assist newly eligible metropolitan areas in the establishment of HIV health services planning councils and,"; and

(C) by adding at the end thereof the following new sentences: "The Administrator may make planning grants available to metropolitan areas, in an amount not to exceed \$75,000 for any metropolitan area, projected to be eligible for funding under section 2601 in the following fiscal year. Such grant amounts shall be deducted from the first year formula award to eligible areas accepting such grants. Not to exceed 1 percent of the amount appropriated for a fiscal year under section 2677 for grants under part A may be used to carry out this section."

(b) CARE GRANT PROGRAM.—

(1) HIV CARE CONSORTIA.—Section 2613 (42 U.S.C. 300ff-23) is amended—

(A) in subsection (a)—

(i) in paragraph (1), by inserting "(or private for-profit providers or organizations if such entities are the only available providers of quality HIV care in the area)" after "nonprofit private,"; and

(ii) in paragraph (2)(A)—

(I) by inserting "substance abuse treatment, mental health treatment," after "nursing,"; and

(II) by inserting "prophylactic treatment for opportunistic infections, treatment education to take place in the context of health care delivery," after "monitoring,";

(B) in subsection (c)—

(i) in subparagraph (C) of paragraph (1), by inserting before "care" "and youth centered"; and

(ii) in paragraph (2)—

(I) in clause (ii) of subparagraph (A), by striking "served; and" and inserting "served";

(II) in subparagraph (B), by striking the period at the end; and

(III) by adding after subparagraph (B), the following new subparagraphs:

"(C) grantees under section 2671 and representatives of organizations with a history

of serving children, youth, women, and families with HIV and operating in the community to be served; and

“(D) representatives of community-based providers that are necessary to provide the full continuum of HIV-related health care services, which are available within the geographic area to be served.”; and

(C) in subsection (d), to read as follows:

“(d) DEFINITION.—As used in this part, the terms ‘family centered care’ and ‘youth centered care’ mean the system of services described in this section that is targeted specifically to the special needs of infants, children (including those orphaned by the AIDS epidemic), youth, women, and families. Family centered and youth centered care shall be based on a partnership among parents, extended family members, children and youth, professionals, and the community designed to ensure an integrated, coordinated, culturally sensitive, and community-based continuum of care.”.

(2) PROVISION OF TREATMENTS.—Section 2616 (42 U.S.C. 300ff-26) is amended by striking subsection (c) and inserting the following new subsections:

“(c) STANDARDS FOR TREATMENT PROGRAMS.—In carrying out this section, the Secretary shall—

“(1) review the current status of State drug reimbursement programs and assess barriers to the expended availability of prophylactic treatments for opportunistic infections (including active tuberculosis); and

“(2) establish, in consultation with States, providers, and affected communities, a recommended minimum formulary of pharmaceutical drug therapies approved by the Food and Drug Administration.

In carrying out paragraph (2), the Secretary shall identify those treatments in the recommended minimum formulary that are for the prevention of opportunistic infections (including the prevention of active tuberculosis).

“(d) STATE DUTIES.—

“(1) IN GENERAL.—In implementing subsection (a), States shall document the progress made in making treatments described in subsection (c)(2) available to individuals eligible for assistance under this section, and to develop plans to implement fully the recommended minimum formulary of pharmaceutical drug therapies approved by the Food and Drug Administration.

“(2) OTHER MECHANISMS FOR PROVIDING TREATMENTS.—In meeting the standards of the recommended minimum formulary developed under subsection (c), a State may identify other mechanisms such as consortia and public programs for providing such treatments to individuals with HIV.”.

(3) STATE APPLICATION.—Section 2617(b) (42 U.S.C. 300ff-27(b)) is amended—

(A) in paragraph (2)—

(i) in subparagraph (A), by striking “and” at the end thereof; and

(ii) by adding at the end thereof the following new subparagraph:

“(C) a description of how the allocation and utilization of resources are consistent with the Statewide coordinated statement of need (including traditionally underserved populations and subpopulations) developed in partnership with other grantees in the State that receive funding under this title.”;

(B) by redesignating paragraph (3) as paragraph (4);

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

“(3) the public health agency administering the grant for the State shall convene a meeting at least annually of individuals with HIV who utilize services under this part (including those individuals from traditionally underserved populations and subpopulations) and representatives of grantees funded under this title (including HIV health

services planning councils, early intervention programs, children, youth and family service projects, special projects of national significance, and HIV care consortia) and other providers (including federally qualified health centers) and public agency representatives within the State currently delivering HIV services to affected communities for the purpose of developing a Statewide coordinated statement of need; and”;

(D) by adding at the end thereof the following flush sentence:

“The State shall not be required to finance attendance at the meetings described in paragraph (3). A State may pay the travel-related expenses of individuals attending such meetings where appropriate and necessary to ensure adequate participation.”.

(4) PLANNING, EVALUATION AND ADMINISTRATION.—Section 2618(c) (42 U.S.C. 300ff-28(c)) is amended—

(A) in paragraphs (3) and (4), to read as follows:

“(3) PLANNING AND EVALUATIONS.—Subject to paragraph (5) and except as provided in paragraph (6), a State may not use more than 10 percent of amounts received under a grant awarded under this part for planning and evaluation activities.

“(4) ADMINISTRATION.—

“(A) IN GENERAL.—Subject to paragraph (5) and except as provided in paragraph (6), a State may not use more than 10 percent of amounts received under a grant awarded under this part for administration. An entity (including subcontractors) receiving an allocation from the grant awarded to the State under this part shall not use in excess of 12.5 percent of amounts received under such allocation for administration.

“(B) ADMINISTRATIVE ACTIVITIES.—For the purposes of subparagraph (A), amounts may be used for administrative activities that include routine grant administration and monitoring activities.

“(C) SUBCONTRACTOR ADMINISTRATIVE COSTS.—For the purposes of this paragraph, subcontractor administrative activities include—

“(i) usual and recognized overhead, including established indirect rates for agencies;

“(ii) management oversight of specific programs funded under this title; and

“(iii) other types of program support such as quality assurance, quality control, and related activities.”;

(B) by redesignating paragraph (5) as paragraph (7); and

(C) by inserting after paragraph (4), the following new paragraphs:

“(5) LIMITATION ON USE OF FUNDS.—Except as provided in paragraph (6), a State may not use more than a total of 15 percent of amounts received under a grant awarded under this part for the purposes described in paragraphs (3) and (4).

“(6) EXCEPTION.—With respect to a State that receives the minimum allotment under subsection (a)(1) for a fiscal year, such State, from the amounts received under a grant awarded under this part for such fiscal year for the activities described in paragraphs (3) and (4), may, notwithstanding paragraphs (3), (4), and (5), use not more than that amount required to support one full-time-equivalent employee.”.

(5) TECHNICAL ASSISTANCE.—Section 2619 (42 U.S.C. 300ff-29) is amended—

(A) by striking “may” and inserting “shall”; and

(B) by inserting before the period the following: “, including technical assistance for the development and implementation of Statewide coordinated statements of need”.

(6) GRIEVANCE PROCEDURES AND COORDINATION.—Part B of title XXVI (42 U.S.C. 300ff-21) is amended by adding at the end thereof the following new sections:

“SEC. 2621. GRIEVANCE PROCEDURES.

“Not later than 90 days after the date of enactment of this section, the Administration, in consultation with affected parties, shall establish grievance procedures, specific to each part of this title, to address allegations of egregious violations of each such part. Such procedures shall include an appropriate enforcement mechanism.

“SEC. 2622. COORDINATION.

“The Secretary shall ensure that the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and the Substance Abuse and Mental Health Services Administration coordinate the planning and implementation of Federal HIV programs in order to facilitate the local development of a complete continuum of HIV-related services for individuals with HIV disease and those at risk of such disease. The Secretary shall periodically prepare and submit to the relevant committees of Congress a report concerning such coordination efforts at the Federal, State, and local levels as well as the existence of Federal barriers to HIV program integration.”.

(c) EARLY INTERVENTION SERVICES.—

(1) ESTABLISHMENT OF PROGRAM.—Section 2651(b) (42 U.S.C. 300ff-51(b)) is amended—

(A) in paragraph (1), by striking “grant agrees to” and all that follows through the period and inserting: “grant agrees to—

“(A) expend the grant for the purposes of providing, on an out-patient basis, each of the early intervention services specified in paragraph (2) with respect to HIV disease; and

“(B) expend not less than 50 percent of the amount received under the grant to provide a continuum of primary care services, including, as appropriate, dental care services, to individuals confirmed to be living with HIV.”; and

(B) in paragraph (4)—

(i) by striking “The Secretary” and inserting “(A) IN GENERAL.—The Secretary”;

(ii) by inserting “, or private for-profit entities if such entities are the only available provider of quality HIV care in the area,” after “nonprofit private entities”;

(iii) by realigning the margin of subparagraph (A) so as to align with the margin of paragraph (3)(A); and

(iv) by adding at the end thereof the following new subparagraph:

“(B) OTHER REQUIREMENTS.—Grantees described in—

“(i) paragraphs (1), (2), (5), and (6) of section 2652(a) shall use not less than 50 percent of the amount of such a grant to provide the services described in subparagraphs (A), (B), (D), and (E) of section 2651(b)(2) directly and on-site or at sites where other primary care services are rendered; and

“(ii) paragraphs (3) and (4) of section 2652(a) shall ensure the availability of early intervention services through a system of linkages to community-based primary care providers, and to establish mechanisms for the referrals described in section 2651(b)(2)(C), and for follow-up concerning such referrals.”.

(2) MINIMUM QUALIFICATIONS.—Section 2652(b)(1)(B) (42 U.S.C. 300ff-52(b)(1)(B)) is amended by inserting “, or a private for-profit entity if such entity is the only available provider of quality HIV care in the area,” after “nonprofit private entity”;

(3) MISCELLANEOUS PROVISIONS.—Section 2654 (42 U.S.C. 300ff-54) is amended by adding at the end thereof the following new subsection:

“(c) PLANNING AND DEVELOPMENT GRANTS.—

“(1) IN GENERAL.—The Secretary may provide planning grants, in an amount not to

exceed \$50,000 for each such grant, to public and nonprofit private entities that are not direct providers of primary care services for the purpose of enabling such providers to provide HIV primary care services.

“(2) REQUIREMENT.—The Secretary may only award a grant to an entity under paragraph (1) if the Secretary determines that the entity will use such grant to assist the entity in qualifying for a grant under section 2651.

“(3) PREFERENCE.—In awarding grants under paragraph (1), the Secretary shall give preference to entities that would provide HIV primary care services in rural or underserved communities.

“(4) LIMITATION.—Not to exceed 1 percent of the amount appropriated for a fiscal year under section 2655 may be used to carry out this section.”.

(4) AUTHORIZATION OF APPROPRIATIONS.—Section 2655 (42 U.S.C. 300ff-55) is amended by striking “\$75,000,000” and all that follows through the end of the section, and inserting “such sums as may be necessary in each of the fiscal years 1996, 1997, 1998, 1999, and 2000.”.

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

(A) in paragraph (2), by striking “and” at the end thereof;

(B) in paragraph (3)—
(i) by striking “5 percent” and inserting “10 percent including planning, evaluation and technical assistance”; and

(ii) by striking the period and inserting “; and”;

(C) by adding at the end thereof the following new paragraph:

“(4) the applicant will submit evidence that the proposed program is consistent with the Statewide coordinated statement of need and agree to participate in the ongoing revision of such statement of need.”.

(d) GRANTS.—

(1) IN GENERAL.—Section 2671 (42 U.S.C. 300ff-71) is amended to read as follows:

“SEC. 2671. GRANTS FOR COORDINATED SERVICES AND ACCESS TO RESEARCH FOR CHILDREN, YOUTH, AND FAMILIES.

“(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, and in consultation with the Director of the National Institutes of Health, shall award grants to appropriate public or nonprofit private entities that, directly or through contractual arrangements, provide primary care to the public for the purpose of—

“(1) providing out-patient health care and support services (which may include family-centered and youth-centered care, as defined in this title, family and youth support services, and services for orphans) to children, youth, women with HIV disease, and the families of such individuals, and supporting the provision of such care with programs of HIV prevention and HIV research; and

“(2) facilitating the voluntary participation of children, youth, and women with HIV disease in qualified research protocols at the facilities of such entities or by direct referral.

“(b) ELIGIBLE ENTITIES.—The Secretary may not make a grant to an entity under subsection (a) unless the entity involved provides assurances that—

“(1) the grant will be used primarily to serve children, youth, and women with HIV disease;

“(2) the entity will enter into arrangements with one or more qualified research entities to collaborate in the conduct or facilitation of voluntary patient participation in qualified research protocols;

“(3) the entity will coordinate activities under the grant with other providers of

health care services under this title, and under title V of the Social Security Act;

“(4) the entity will participate in the Statewide coordinated statement of need under section 2619 and in the revision of such statement; and

“(5) the entity will offer appropriate research opportunities to each patient, with informed consent.

“(c) APPLICATION.—The Secretary may not make a grant under subsection (a) unless an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

“(d) PATIENT PARTICIPATION IN RESEARCH PROTOCOLS.—

“(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration and the Director of the Office of AIDS Research, shall establish procedures to ensure that accepted standards of protection of human subjects (including the provision of written informed consent) are implemented in projects supported under this section. Receipt of services by a patient shall not be conditioned upon the consent of the patient to participate in research.

“(2) RESEARCH PROTOCOLS.—

“(A) IN GENERAL.—The Secretary shall establish mechanisms to ensure that research protocols proposed to be carried out to meet the requirements of this section, are of potential clinical benefit to the study participants, and meet accepted standards of research design.

“(B) REVIEW PANEL.—Mechanisms established under subparagraph (A) shall include an independent research review panel that shall review all protocols proposed to be carried out to meet the requirements of this section to ensure that such protocols meet the requirements of this section. Such panel shall make recommendations to the Secretary as to the protocols that should be approved. The panel shall include representatives of public and private researchers, providers of services, and recipients of services.

“(e) TRAINING AND TECHNICAL ASSISTANCE.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may use not to exceed five percent of the amounts appropriated under subsection (h) in each fiscal year to conduct training and technical assistance (including peer-based models of technical assistance) to assist applicants and grantees under this section in complying with the requirements of this section.

“(f) EVALUATIONS AND DATA COLLECTION.—

“(1) EVALUATIONS.—The Secretary shall provide for the review of programs carried out under this section at the end of each grant year. Such evaluations may include recommendations as to the improvement of access to and participation in services and access to and participation in qualified research protocols supported under this section.

“(2) REPORTING REQUIREMENTS.—The Secretary may establish data reporting requirements and schedules as necessary to administer the program established under this section and conduct evaluations, measure outcomes, and document the clients served, services provided, and participation in qualified research protocols.

“(3) WAIVERS.—Notwithstanding the requirements of subsection (b), the Secretary may award new grants under this section to an entity if the entity provide assurances, satisfactory to the Secretary, that the entity will implement the assurances required under paragraph (2), (3), (4), or (5) of subsection (b) by the end of the second grant

year. If the Secretary determines through the evaluation process that a recipient of funds under this section is in material non-compliance with the assurances provided under paragraph (2), (3), (4), or (5) of subsection (b), the Secretary may provide for continued funding of up to one year if the recipient provides assurances, satisfactory to the Secretary, that such noncompliance will be remedied within such period.

“(g) DEFINITIONS.—For purposes of this section:

“(1) QUALIFIED RESEARCH ENTITY.—The term ‘qualified research entity’ means a public or private entity with expertise in the conduct of research that has demonstrated clinical benefit to patients.

“(2) QUALIFIED RESEARCH PROTOCOL.—The term ‘qualified research protocol’ means a research study design of a public or private clinical program that meets the requirements of subsection (d).

“(h) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, such sums as may be necessary for each of the fiscal years 1996 through 2000.”.

(2) CONFORMING AMENDMENT.—The heading for part D of title XXVI of the Public Health Service Act is amended to read as follows:

“PART D—GRANTS FOR COORDINATED SERVICES AND ACCESS TO RESEARCH FOR CHILDREN, YOUTH, AND FAMILIES”.

(e) DEMONSTRATION AND TRAINING.—

(1) IN GENERAL.—Title XXVI is amended by adding at the end, the following new part:

“PART F—DEMONSTRATION AND TRAINING

“Subpart I—Special Projects of National Significance

“SEC. 2691. SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE.

“(a) IN GENERAL.—Of the amount appropriated under each of parts A, B, C, and D of this title for each fiscal year, the Secretary shall use the greater of \$20,000,000 or 3 percent of such amount appropriated under each such part, but not to exceed \$25,000,000, to administer a special projects of national significance program to award direct grants to public and nonprofit private entities including community-based organizations to fund special programs for the care and treatment of individuals with HIV disease.

“(b) GRANTS.—The Secretary shall award grants under subsection (a) based on—

“(1) the need to assess the effectiveness of a particular model for the care and treatment of individuals with HIV disease;

“(2) the innovative nature of the proposed activity; and

“(3) the potential replicability of the proposed activity in other similar localities or nationally.

“(c) SPECIAL PROJECTS.—Special projects of national significance shall include the development and assessment of innovative service delivery models that are designed to—

“(1) address the needs of special populations;

“(2) assist in the development of essential community-based service delivery infrastructure; and

“(3) ensure the ongoing availability of services for Native American communities to enable such communities to care for Native Americans with HIV disease.

“(d) SPECIAL POPULATIONS.—Special projects of national significance may include the delivery of HIV health care and support services to traditionally underserved populations including—

“(1) individuals and families with HIV disease living in rural communities;

“(2) adolescents with HIV disease;

“(3) Indian individuals and families with HIV disease;

“(4) homeless individuals and families with HIV disease;

“(5) hemophiliacs with HIV disease; and

“(6) incarcerated individuals with HIV disease.

“(e) SERVICE DEVELOPMENT GRANTS.—Special projects of national significance may include the development of model approaches to delivering HIV care and support services including—

“(1) programs that support family-based care networks critical to the delivery of care in minority communities;

“(2) programs that build organizational capacity in disenfranchised communities;

“(3) programs designed to prepare AIDS service organizations and grantees under this title for operation within the changing health care environment; and

“(4) programs designed to integrate the delivery of mental health and substance abuse treatment with HIV services.

“(f) COORDINATION.—The Secretary may not make a grant under this section unless the applicant submits evidence that the proposed program is consistent with the State-wide coordinated statement of need, and the applicant agrees to participate in the ongoing revision process of such statement of need.

“(g) REPLICATION.—The Secretary shall make information concerning successful models developed under this part available to grantees under this title for the purpose of coordination, replication, and integration. To facilitate efforts under this subsection, the Secretary may provide for peer-based technical assistance from grantees funded under this part.”

(2) REPEAL.—Subsection (a) of section 2618 (42 U.S.C. 300ff-28(a)) is repealed.

(f) HIV/AIDS COMMUNITIES, SCHOOLS, CENTERS.—

(1) NEW PART.—Part F of title XXVI (as added by subsection (e)) is further amended by adding at the end, the following new subpart:

“**Subpart II—AIDS Education and Training Centers**

“**SEC. 2692. HIV/AIDS COMMUNITIES, SCHOOLS, AND CENTERS.**”

(2) AMENDMENTS.—Section 776(a)(1) (42 U.S.C. 294n(a)) is amended—

(A) by striking subparagraphs (B) and (C);

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

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

“(A) training health personnel, including practitioners in title XXVI programs and other community providers, in the diagnosis, treatment, and prevention of HIV infection and disease;”;

and

(D) in subparagraph (B) (as so redesignated) by adding “and” after the semicolon.

(3) TRANSFER.—Subsection (a) of section 776 (42 U.S.C. 294n(a)) (as amended by paragraph (2)) is amended by transferring such subsection to section 2692 (as added by paragraph (1)).

(4) AUTHORIZATION OF APPROPRIATIONS.—Section 2692 (as added by paragraph (1)) is amended by adding at the end thereof the following new subsection:

“(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, such sums as may be necessary for each of the fiscal years 1996 through 2000.”

SEC. 4. AMOUNT OF EMERGENCY RELIEF GRANTS.

Paragraph (3) of section 2603(a) (42 U.S.C. 300ff-13(a)(3)) is amended to read as follows:

“(3) AMOUNT OF GRANT.—

“(A) IN GENERAL.—Subject to the extent of amounts made available in appropriations

Acts, a grant made for purposes of this paragraph to an eligible area shall be made in an amount equal to the product of—

“(i) an amount equal to the amount available for distribution under paragraph (2) for the fiscal year involved; and

“(ii) the percentage constituted by the ratio of the distribution factor for the eligible area to the sum of the respective distribution factors for all eligible areas.

“(B) DISTRIBUTION FACTOR.—For purposes of subparagraph (A)(ii), the term ‘distribution factor’ means an amount equal to the estimated number of living cases of acquired immune deficiency syndrome in the eligible area involved, as determined under subparagraph (C).

“(C) ESTIMATE OF LIVING CASES.—The amount determined in this subparagraph is an amount equal to the product of—

“(i) the number of cases of acquired immune deficiency syndrome in the eligible area during each year in the most recent 120-month period for which data are available with respect to all eligible areas, as indicated by the number of such cases reported to and confirmed by the Director of the Centers for Disease Control and Prevention for each year during such period; and

“(ii) with respect to—

“(I) the first year during such period, .06;

“(II) the second year during such period, .06;

“(III) the third year during such period, .08;

“(IV) the fourth year during such period, .10;

“(V) the fifth year during such period, .16;

“(VI) the sixth year during such period, .16;

“(VII) the seventh year during such period, .24;

“(VIII) the eighth year during such period, .40;

“(IX) the ninth year during such period, .57; and

“(X) the tenth year during such period, .88.

“(D) UNEXPENDED FUNDS.—The Secretary may, in determining the amount of a grant for a fiscal year under this paragraph, adjust the grant amount to reflect the amount of unexpended and uncanceled grant funds remaining at the end of the fiscal year preceding the year for which the grant determination is to be made. The amount of any such unexpended funds shall be determined using the financial status report of the grantee.

“(E) PUERTO RICO, VIRGIN ISLANDS, GUAM.—For purposes of subparagraph (D), the cost index for an eligible area within Puerto Rico, the Virgin Islands, or Guam shall be 1.0.”

SEC. 5. AMOUNT OF CARE GRANTS.

Paragraphs (1) and (2) of section 2618(b) (42 U.S.C. 300ff-28(b)(1) and (2)) are amended to read as follows:

“(1) MINIMUM ALLOTMENT.—Subject to the extent of amounts made available under section 2677, the amount of a grant to be made under this part for—

“(A) each of the several States and the District of Columbia for a fiscal year shall be the greater of—

“(i)(I) with respect to a State or District that has less than 90 living cases of acquired immune deficiency syndrome, as determined under paragraph (2)(D), \$100,000; or

“(i)(I) with respect to a State or District that has 90 or more living cases of acquired immune deficiency syndrome, as determined under paragraph (2)(D), \$250,000;

“(ii) an amount determined under paragraph (2); and

“(B) each territory of the United States, as defined in paragraph (3), shall be an amount determined under paragraph (2).

“(2) DETERMINATION.—

“(A) FORMULA.—The amount referred to in paragraph (1)(A)(ii) for a State and para-

graph (1)(B) for a territory of the United States shall be the product of—

“(i) an amount equal to the amount appropriated under section 2677 for the fiscal year involved for grants under part B; and

“(ii) the percentage constituted by the sum of—

“(I) the product of .50 and the ratio of the State distribution factor for the State or territory (as determined under subsection (B)) to the sum of the respective State distribution factors for all States or territories; and

“(II) the product of .50 and the ratio of the non-EMA distribution factor for the State or territory (as determined under subparagraph (C)) to the sum of the respective distribution factors for all States or territories.

“(B) STATE DISTRIBUTION FACTOR.—For purposes of subparagraph (A)(ii)(I), the term ‘State distribution factor’ means an amount equal to the estimated number of living cases of acquired immune deficiency syndrome in the eligible area involved, as determined under subparagraph (D).

“(C) NON-EMA DISTRIBUTION FACTOR.—For purposes of subparagraph (A)(ii)(II), the term ‘non-ema distribution factor’ means an amount equal to the sum of—

“(i) the estimated number of living cases of acquired immune deficiency syndrome in the State or territory involved, as determined under subparagraph (D); less

“(ii) the estimated number of living cases of acquired immune deficiency syndrome in such State or territory that are within an eligible area (as determined under part A).

“(D) ESTIMATE OF LIVING CASES.—The amount determined in this subparagraph is an amount equal to the product of—

“(i) the number of cases of acquired immune deficiency syndrome in the State or territory during each year in the most recent 120-month period for which data are available with respect to all States and territories, as indicated by the number of such cases reported to and confirmed by the Director of the Centers for Disease Control and Prevention for each year during such period; and

“(ii) with respect to each of the first through the tenth year during such period, the amount referred to in 2603(a)(3)(C)(ii).

“(E) PUERTO RICO, VIRGIN ISLANDS, GUAM.—For purposes of subparagraph (D), the cost index for Puerto Rico, the Virgin Islands, and Guam shall be 1.0.”

“(F) UNEXPENDED FUNDS.—The Secretary may, in determining the amount of a grant for a fiscal year under this subsection, adjust the grant amount to reflect the amount of unexpended and uncanceled grant funds remaining at the end of the fiscal year preceding the year for which the grant determination is to be made. The amount of any such unexpended funds shall be determined using the financial status report of the grantee.

“(G) LIMITATION.—

“(i) IN GENERAL.—The Secretary shall ensure that the amount of a grant awarded to a State or territory for a fiscal year under this part is equal to not less than—

“(I) with respect to fiscal year 1996, 98 percent;

“(II) with respect to fiscal year 1997, 97 percent;

“(III) with respect to fiscal year 1998, 95.5 percent;

“(IV) with respect to fiscal year 1999, 94 percent; and

“(V) with respect to fiscal year 2000, 92.5 percent;

of the amount such State or territory received for fiscal year 1995 under this part. In administering this subparagraph, the Secretary shall, with respect to States that will

receive grants in amounts that exceed the amounts that such States received under this part in fiscal year 1995, 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 1995.

“(ii) RATABLE REDUCTION.—If the amount appropriated under section 2677 and available for allocation under this part is less than the amount appropriated and available under this part for fiscal year 1995, the limitation contained in clause (i) shall be reduced by a percentage equal to the percentage of the reduction in such amounts appropriated and available.”

SEC. 6. CONSOLIDATION OF AUTHORIZATIONS OF APPROPRIATIONS.

(a) IN GENERAL.—Part D of title XXVI (42 U.S.C. 300ff-71) is amended by adding at the end thereof the following new section:

“SEC. 2677. AUTHORIZATION OF APPROPRIATIONS.

“(a) IN GENERAL.—Subject to subsection (b), there are authorized to be appropriated to make grants under parts A and B, such sums as may be necessary for each of the fiscal years 1996 through 2000. Of the amount appropriated under this section for fiscal year 1996, the Secretary shall make available 64 percent of such amount to carry out part A and 36 percent of such amount to carry out part B.

“(b) DEVELOPMENT OF METHODOLOGY.—

“(1) IN GENERAL.—With respect to each of the fiscal years 1997 through 2000, the Secretary shall develop and implement a methodology for adjusting the percentages referred to in subsection (a) to account for grants to new eligible areas under part A and other relevant factors. Not later than 1 year after the date of enactment of this section, the Secretary shall prepare and submit to the appropriate committees of Congress a report regarding the findings with respect to the methodology developed under this paragraph.

“(2) FAILURE TO IMPLEMENT.—If the Secretary fails to implement a methodology under paragraph (1) by October 1, 1996, there are authorized to be appropriated—

“(A) such sums as may be necessary to carry out part A for each of the fiscal years 1997 through 2000; and

“(B) such sums as may be necessary to carry out part B for each of the fiscal years 1997 through 2000.”

(b) REPEALS.—Sections 2608 and 2620 (42 U.S.C. 300ff-18 and 300ff-30) are repealed.

(c) CONFORMING AMENDMENTS.—Title XXVI is amended—

(1) in section 2603 (42 U.S.C. 300ff-13)—

(A) in subsection (a)(2), by striking “2608” and inserting “2677”; and

(B) in subsection (b)(1), by striking “2608” and inserting “2677”;

(2) in section 2605(c)(1) (42 U.S.C. 300ff-15(c)(1)) is amended by striking “2608” and inserting “2677”; and

(3) in section 2618 (42 U.S.C. 300ff-28)—

(A) in subsection (a)(1), is amended by striking “2620” and inserting “2677”; and

(B) in subsection (b)(1), is amended by striking “2620” and inserting “2677”.

SEC. 7. CDC GUIDELINES FOR PREGNANT WOMEN.

(a) REQUIREMENT.—Notwithstanding any other provision of law, a State described in subsection (b) shall, not later than 1 year after the date of enactment of this Act, certify to the Secretary of Health and Human Services that such State has in effect regulations to adopt the guidelines issued by the Centers for Disease Control and Prevention concerning recommendations for immunodeficiency virus counseling and voluntary testing for pregnant women.

(b) APPLICATION OF SECTION.—A State described in this subsection is a State that has—

(1) an HIV seroprevalance among child bearing women during the period beginning on January 1, 1991 and ending on December 31, 1992, of .25 or greater as determined by the Centers for Disease Control and Prevention; or

(2) an estimated number of births to HIV positive women in 1993 of 175 or greater as determined by the Centers for Disease Control and Prevention using 1992 natality statistics.

(c) NONCOMPLIANCE.—If a State does not provide the certification required under subsection (a) within the 1 year period described in such subsection, such State shall not be eligible to receive assistance for HIV counseling and testing under the Public Health Service Act (42 U.S.C. 201 et seq.) until such certification is provided.

(d) ADDITIONAL FUNDS REGARDING WOMEN AND INFANTS.—

(1) IN GENERAL.—If a State described in subsection (b) provides the certification required in subsection (a) and is receiving funds under part B of title XXVI of the Public Health Service Act for a fiscal year, the Secretary of Health and Human Services may (from the amounts available pursuant to paragraph (3)) make a grant to the State for the fiscal year for the following purposes:

(A) Making available to pregnant women appropriate counseling on HIV disease.

(B) Making available outreach efforts to pregnant women at high risk of HIV who are not currently receiving prenatal care.

(C) Making available to such women testing for such disease.

(D) Offsetting other State costs associated with the implementation of the requirement of subsection (a).

(2) EVALUATION BY INSTITUTE OF MEDICINE.—

(A) IN GENERAL.—The Secretary of Health and Human Services shall request the Institute of Medicine of the National Academy of Sciences to enter into a contract with the Secretary for the purpose of conducting an evaluation of the extent to which grants under paragraph (1) have been effective in preventing the perinatal transmission of the human immunodeficiency virus.

(B) ALTERNATIVE CONTRACT.—If the Institute referred to in subparagraph (A) declines to conduct the evaluation under such subparagraph, the Secretary of Health and Human Services shall carry out such subparagraph through another public or nonprofit private entity.

(C) DATE CERTAIN FOR REPORT.—The Secretary of Health and Human Services shall ensure that, not later than after 2 years after the date of the enactment of this Act, the evaluation required in this paragraph is completed and a report describing the findings made as a result of the evaluation is submitted to the Congress.

(3) FUNDING.—For the purpose of carrying out this subsection, there are authorized to be appropriated \$10,000,000 for each of the fiscal years 1996 through 2000. Amounts made available under section 2677 for carrying out this part are not available for carrying out this subsection.

SEC. 8. SPOUSAL NOTIFICATION.

(a) PROHIBITION ON THE USE OF FUNDS.—The Secretary shall not make a grant under this Act to any State or political subdivision of any State, nor shall any other funds made available under this Act, be obligated or expended in any State unless such State takes administrative or legislative action to require that a good faith effort shall be made to notify a spouse of an AIDS-infected patient that such AIDS-infected patient is infected with the human immunodeficiency virus.

(b) DEFINITIONS.—As used in this section—

(1) AIDS-INFECTED PATIENT.—The term “AIDS-infected patient” means any person who has been diagnosed by a physician or surgeon practicing medicine in such State to be infected with the human immunodeficiency virus.

(2) STATE.—The term “State” means a State, the District of Columbia, or any territory of the United States.

(3) SPOUSE.—The term “spouse” means a person who is or at any time since December 31, 1976, has been the marriage partner of a person diagnosed as an AIDS-infected patient.

(c) EFFECTIVE DATE.—Subsection (a) shall take effect with respect to a State on January 1 of the calendar year following the first regular session of the legislative body of such State that is convened following the date of enactment of this section.

SEC. 9. STUDY ON ALLOTMENT FORMULA.

(a) STUDY.—The Secretary of Health and Human Services (hereafter referred to in this section as the “Secretary”) shall enter into a contract with a public or nonprofit private entity, subject to subsection (b), for the purpose of conducting a study or studies concerning the statutory formulas under which funds made available under part A or B of title XXVI of the Public Health Service Act are allocated among eligible areas (in the case of grants under part A) and States and territories (in the case of grants under part B). Such study or studies shall include—

(1) an assessment of the degree to which each such formula allocates funds according to the respective needs of eligible areas, State, and territories;

(2) an assessment of the validity and relevance of the factors currently included in each such formula;

(3) in the case of the formula under part A, an assessment of the degree to which the formula reflects the relative costs of providing services under such title XXVI within eligible areas;

(4) in the case of the formula under part B, an assessment of the degree to which the formula reflects the relative costs of providing services under such title XXVI within eligible States and territories; and

(5) any other information that would contribute to a thorough assessment of the appropriateness of the current formulas.

(b) NATIONAL ACADEMY OF SCIENCES.—The Secretary shall request the National Academy of Sciences to enter into the contract under subsection (a) to conduct the study described in such subsection. If such Academy declines to conduct the study, the Secretary shall carry out such subsection through another public or nonprofit private entity.

(c) REPORT.—The Secretary shall ensure that not later than 6 months after the date of enactment of this Act, the study required under subsection (a) is completed and a report describing the findings made as a result of such study is submitted to the Committee on Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate.

(d) CONSULTATION.—The entity preparing the report required under subsection (c), shall consult with the Comptroller General of the United States. The Comptroller General shall review the study after its transmittal to the committees described in subsection (c) and within 3 months make appropriate recommendations concerning such report to such committees.

SEC. 10. PROHIBITIONS AND LIMITATIONS ON THE USE OF FEDERAL FUNDS

(a) PROMOTION OR ENCOURAGEMENT OF CERTAIN ACTIVITIES.—No funds authorized to be appropriated under this Act may be used to promote or encourage, directly or indirectly, homosexuality, or intravenous drug use.

(b) DEFINITION.—As used in subsection (a), the term “to promote or encourage, directly or indirectly, homosexuality” includes, but is not limited to, affirming homosexuality as natural, normal, or healthy, or, in the process of addressing related “at-risk” issues, affirming in any way that engaging in a homosexual act is desirable, acceptable, or permissible, or, describing in any way techniques of homosexual sex.

SEC. 11. OPTIONAL PARTICIPATION OF FEDERAL EMPLOYEES IN AIDS TRAINING PROGRAMS.

(a) IN GENERAL.—Notwithstanding any other provision of law, a Federal employee may not be required to attend or participate in an AIDS or HIV training program if such employee refuses to consent to such attendance or participation. An employer may not retaliate in any manner against such an employee because of the refusal of such employee to consent to such attendance or participation.

(b) DEFINITION.—As used in subsection (a), the term “Federal employee” has the same meaning given the term “employee” in section 2105 of title 5, United States Code, and such term shall include members of the armed forces.

SEC. 12. PROHIBITION ON PROMOTION OF CERTAIN ACTIVITIES.

Part D of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-71) as amended by section 6, is further amended by adding at the end thereof the following new section:

“SEC. 2678. PROHIBITION ON PROMOTION OF CERTAIN ACTIVITIES.

“None of the funds authorized under this title shall be used to fund AIDS programs, or to develop materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual. Funds authorized under this title may be used to provide medical treatment and support services for individuals with HIV.”.

SEC. 13. LIMITATION ON APPROPRIATIONS.

Notwithstanding any other provision of law, the total amounts of Federal funds expended in any fiscal year for AIDS and HIV activities may not exceed the total amounts expended in such fiscal year for activities related to cancer.

SEC. 14. EFFECTIVE DATE.

(a) IN GENERAL.—Except as provided in subsection (b), this Act, and the amendments made by this Act, shall become effective on October 1, 1995.

(b) ELIGIBLE AREAS.—

(1) IN GENERAL.—The amendments made by subsections (a)(1)(A), (a)(2), and (b)(4)(A) of section 3 shall become effective on the date of enactment of this Act.

(2) REPORTED CASES.—The amendment made by subsection (a)(1)(B) of section 3 shall become effective on October 1, 1997.

Mr. KENNEDY. Mr. President, I move to reconsider the vote by which the bill was passed.

Mrs. KASSEBAUM. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I want to express my appreciation to the chairman of our committee, Senator KASSEBAUM, for her leadership on this extremely important piece of legislation. It is one of the first major reauthorizations of a program that offers such hope for so many of our fellow citizens.

This is an important day for the Senate and I think for our country. It is an indication of strong bipartisan support, overwhelming support in the Senate, for a program that will provide a degree of hope for hundreds of thousands of our fellow citizens who are afflicted by this epidemic.

This program has been successful in the past. Its need has been documented. It is an expression of compassion for those who are ill to try to make sure that their suffering will be relieved in a significant and important way.

I think it is an extremely important piece of legislation. All of us are grateful to our leaders for scheduling this—Senator DOLE, Senator DASCHLE. I am particularly appreciative on our side of Senator DASCHLE for his strong support and for his continued efforts to make sure that we were going to get an early consideration of the legislation.

I would like to take a moment of the Senate's time to express a strong appreciation for personnel support. I think I speak for the Senate in thanking the members of our staffs who have toiled long and hard and have worked diligently and with very considerable knowledge about this subject matter:

Michael Iskowitz and Seth Kelbourne in my own office. Mike Iskowitz was here with the passing of the first Ryan White legislation and has followed it extremely closely and is very much involved in the strengthening and improvements to this legislation. I am grateful to both of them.

Marty Ross and Jim Wade worked very closely with us, and I am grateful for the common spirit that was so evident by the staff, not only our own staff but the work that was done by many of our other colleagues who participated and involved themselves as well.

I am grateful as well for the various AIDS organizations that came together to run this program effectively. I am mindful that Jeanne White, Ryan's mother, when we first passed this legislation a number of years ago, was in the gallery for that occasion. All of us who continue to work on this program are mindful that it is named after Ryan, her son. Ryan's mother is a strong supporter of this legislation. I think all of us thank her for her continued interest.

There have been many people, not only in the Senate, but also in the House, where this is moving along with bipartisan support, and across the country who have urged the passage of this. I think the overwhelming support from all different political viewpoints that came together in support is really a reflection of the genuine sense of compassion and sense of decency and caring that is really the Senate and our colleagues at their best.

So I thank all those who participated, and I am grateful for their support. We will do everything we can to carry forward in the conference and bring strong legislation back to the Senate.

Mr. President, I am extremely pleased with the action taken by the U.S. Senate. By voting 96 to 3 in favor of the Ryan White CARE Act reauthorization of 1995—the Senate has sent a strong message of hope to hundreds of thousands of Americans living with AIDS.

In communities across this country, the Ryan White CARE Act programs represent America at its best. The Senate demonstrated the capacity to put people before politics and act in the public interest. Today's action will make a world of difference for individuals and families in need.

For 15 years, America has been struggling with the devastating effects of AIDS. More than a million citizens are infected with the virus. AIDS itself has now become the leading killer of all young Americans ages 25 to 44. Its killing brothers and sisters, children and parents, friends and loved ones—all in the prime of their lives.

Nearly 500,000 Americans have been diagnosed with AIDS. Over half have already died—and yet the epidemic marches on unabated.

The epidemic is a decade and a half old—but almost 40 percent of the AIDS cases in the country have been diagnosed in the last 2 years. One more American gets the bad news every 6 minutes. And since we began the debate last Friday—we have lost another 500 of our fellow citizens to AIDS.

As the crisis continues year after year, it has become more and more difficult for anyone to claim that AIDS is someone else's problem. In a very real way, we are all living with AIDS.

The epidemic has cost this Nation immeasurable talent and energy in young and promising lives struck down long before their time. And in the pages of history our response to this plague—and the challenges it presents—will surely document what we stood for as a society.

America can take satisfaction that in these difficult times we have the ability to do things right. In the case of the CARE Act—we have.

The act contains a series of carefully crafted components that together have reduced in-patient hospitalization and emergency room visits. It has allowed more than 350,000 Americans with HIV disease this year to live longer, healthier, and more productive lives. In a very real way, the CARE Act has saved money and saved lives.

While much has changed since 1990, the brutality of the epidemic remains severe. When the act first took effect, only 16 cities qualified for emergency relief. In the past 5 years, that number has more than tripled—and by next year it will have quadrupled.

This crisis is not limited to major urban centers. Caseloads are now growing in small towns and rural communities, along the coasts and in America's heartland. From Weymouth to Wichita, no community has avoided the epidemic's reach.

We are literally fighting for the lives of hundreds of thousands of our fellow

citizens. These realities challenge us to move forward together in the best interest of all people living with HIV and all Americans. And that is what Senator KASSEBAUM and I have attempted to do.

The compromise in this legislation acknowledges that the HIV epidemic has expanded its reach. But we have not forgotten its roots. While new faces and new places are affected, the epidemic rages on in the areas of the country hit hardest and longest.

The pain and suffering of individuals and families with HIV is real, widespread, and growing. All community-based organizations, cities, and States need additional support from the Federal Government to meet the needs of those they serve.

This legislation represents a compromise, and like most compromises, it is not perfect and it will not please everyone. But on balance, it is a good bill—and its enactment will benefit all people living with HIV everywhere in the Nation.

We have sought common ground. We have listened to those on the frontlines. And we have attempted to support their efforts, not tie their hands. The Senate put aside political, geographic, and institutional differences to face this important challenge squarely and successfully.

Although the resources fall short of meeting the growing need, the act is working. It has provided life-saving care and support for hundreds of thousands of individuals and families affected by HIV and AIDS.

The act is about more than Federal funds and health care services. It is also about the caring American tradition of reaching out to people who are suffering and in need of help. Ryan White would be proud of what is taking place in his name. His example, and the hard work of so many others, are bringing help and hope to our American family with AIDS.

Since the beginning, the CARE Act has been a model of bipartisan cooperation and effective Federal leadership. Today that tradition continues and 64 Senators joined Chairman KASSEBAUM and me in presenting this bill to the Senate—and 96 Senators supported its passage. It does not get much clearer than that.

This is an important day for people living with HIV and AIDS and all Americans. We must do more to provide care and support for those trapped in the epidemic's path. And with this legislation, we will.

Mrs. KASSEBAUM addressed the Chair.

The PRESIDING OFFICER. The Senator from Kansas.

Mrs. KASSEBAUM. Mr. President, I will just add in support of what the ranking member of the Labor and Human Resources Committee, Senator KENNEDY, has said in acknowledging the support of the leaders, both the majority leader and the minority leader in the Senate, who have been instru-

mental in helping us move forward with this legislation and final passage.

Mr. President, I am pleased that the Senate has just concluded its action on the Ryan White CARE Reauthorization Act of 1995. As a result of this act, many individuals and families in this country who suffer from the HIV virus will continue to receive compassionate treatment and support services.

As you know, I have not been alone in my support for this legislation. I wish to thank my 65 Senate colleagues who are cosponsors of this legislation. In particular, the ranking member on the Committee on Labor and Human Resources, Senator KENNEDY, has been instrumental in the development and eventual passage of the reauthorization bill.

The development of this legislation has been difficult at times, requiring the personal commitment of many individuals from various organizations. Without mentioning each, I wish to acknowledge their efforts.

Finally, I thank Labor Committee staff who developed and helped orchestrate the passage of this act. In particular, I wish to acknowledge the dedication of Michael Iskowitz and Seth Kelbourne on Senator KENNEDY's staff and Doctors Marty Ross and James Wade on my own staff.

MORNING BUSINESS

Mrs. KASSEBAUM. Mr. President, I ask unanimous consent that there now be a period for morning business, not to exceed 45 minutes, with Senators permitted to speak for up to 5 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. LEAHY addressed the Chair.

The PRESIDING OFFICER. The Senator from Vermont [Mr. LEAHY] is recognized.

SHOULD THERE BE FEDERAL FARM PROGRAMS

Mr. LEAHY. Mr. President, for the past decade most of the debate on farm programs has centered around the question of "how much should we spend on farm programs?" Now the debate has shifted to whether there should be any programs that provide benefits to farmers. I take the floor today to address this issue.

Let me begin my statement by asking three questions, giving three quick answers, and then explaining why I have come to these conclusions.

Question: Do the historic justifications for farm programs make sense today?

Answer: No.

Question: Should there be any Federal program in which tax dollars are transferred to farmers?

Answer: Yes.

Question: Should farm programs be phased out or continued?

Answer: The next month will decide.

Let us start with the third question—to which I answered, "the next month

will decide." It is the heart of this question that the Senate must face this year.

There are two tests that farm programs must meet to merit continued funding.

First, will continued farm program funding mean more food for the hungry; and second, will continued farm program funding mean better management of our natural resources.

Unfortunately the jury is still out on whether the 1995 farm bill will meet these two tests.

Why? First, because some farm groups have proposed taking food from the needy to subsidize wealthy farmers. Second, because some farm groups are trying to repeal a decade of legislation that has brought harmony between agricultural and environmental policies.

Let me make my position clear—very clear. If farm programs become the enemy of the hungry and the environment, I will not support them. Indeed, I will join those on the floor who want to dismantle them.

Now a few words of background.

TIMES CHANGE

A long time could be spent explaining why farm programs need to be changed. It comes down to this. When the Agricultural Act of 1949 was written, 42 percent of rural Americans were farmers and farmers were 15 percent of the U.S. population. Rural Americans were generally poorer than most Americans. An income support program that helped farmers, helped rural America. Today farmers are only 2 percent of the American population and the average farmer is wealthier than the average American.

At one time regulations that required farmers to idle land also helped stabilize some food prices. By and large, there is now very little consumer benefit from the land idling aspects of farm programs. Today land retirement programs function only to control the budgetary costs of the program.

Farm programs are no longer an effective means to promote economic growth in rural America. Farm programs no longer stabilize consumer prices.

NEEDY REQUIRE ALLIES

The other primary justification for the farm programs, has been that they were part of the political arrangement that provided political support for feeding programs. Urban Congressmen supported farm programs in return for rural support of nutrition programs. While every program should stand on its own merits, in a democracy, the needy require allies more than anyone else. Even an unholy alliance makes sense if it helps us to meet our moral obligation to end hunger in America.

Unfortunately earlier this year, during the Senate Budget Committee's consideration of the budget resolution, the farm groups united in an effort to cut nutrition programs in order to increase farm program payments. If this