in effect over the entire reauthorization period. The Secretary has the discretion to adjust the apportionment of the single appropriation between the two Parts. The House recedes with an amendment that, by July 1, 1996, the Secretary devise the methodology or recommend that such a methodology is not feasible. In addition, the appropriation committee will determine the relative allocation of funds for Part A and Part B for fiscal year 1996.

22. PERINATAL TESTING

The Senate bill mandates that states with an incidence of HIV among childbearing women of .25 or greater or an estimated number of births to HIV positive women in 1993 of 175 or greater have in effect regulations implementing the guidelines issued by the Centers for Disease Control (CDC) concerning voluntary HIV testing and counseling for pregnant women. The House bill does not contain such a provision. The House recedes with an amendment to require all states to implement the CDC guidelines.

In the Senate bill, for states providing such certification, $10 million in grant funds are made available to implement the CDC guidelines, to provide outreach to at-risk pregnant women and to make available appropriate counseling and voluntary testing. The House bill makes available $10 million in grants for states to offer HIV testing and counseling to pregnant women, to test newborns for HIV, and to collect data on pregnant women and newborns who have undergone HIV testing. In order to be eligible for these grants, the state by statute or regulation must require that all newborns whose biological mother has not undergone prenatal testing for HIV, be tested for HIV at birth and that the results be made available to the biological mother or guardian of the infant. The House recedes with an amendment to restrict access to these funds to states that have implemented the CDC guidelines and to prioritize the $10 million to those states with high HIV seroprevalence rates among childbearing women.

In the Senate bill, the Secretary is required to evaluate the effect of these grants on reducing the perinatal transmission of HIV. In the House bill, in two years, if the Secretary establishes that testing newborns for HIV has become routine practice in the provision of health care, states, by regulation or statute, must require such testing of newborns and notification to the mother or guardian in order to receive Ryan White Part B funds. Alternatively, states can demonstrate that of newborns in the state, the HIV status of 95% of the infants is known. The House recedes with an amendment to require the following.

(1) Within four months of enactment of this Act, the CDC, in consultation with states, will develop and implement a reporting system for states to use in determining the rate of new cases of AIDS resulting from perinatal transmission and the possible causes for that transmission.

The Secretary of HHS is directed to contract with the Institute of Medicine to conduct an evaluation of the extent to which state efforts have been effective in reducing perinatal transmission of HIV and an analysis of the existing barriers to further reduction in such transmission. The Secretary shall report these findings to Congress along with any recommendation made by the Institute.

(2) Within two years following the implementation of such a system, the Secretary will make a determination whether mandatory HIV testing of all infants born in the U.S. whose mothers have not undergone prenatal HIV testing has become a routine practice. This determination will be made in consultation with states and experts. If the Secretary determines that such mandatory testing has become a routine practice, after an additional 18 month period, a state will not recieve Title 2 Ryan White funding unless it can demonstrate one of the following:

(A) A 50% reduction (or a comparable measure for low-incidence states) in the rate of new AIDS cases resulting from perinatal transmission, comparing the most recent data to 1993 data;

(B) At least 95% of women who have received at least two prenatal visits with a health care provider or provider group have been tested for HIV; or

(C) A program for mandatory testing of all newborns whose mothers have not undergone prenatal HIV testing.

The House bill requires states by statute or regulation to prohibit health insurance companies from discontinuing coverage for a person solely on the basis that the person is infected with HIV or that the individual has been tested for HIV. The Senate bill does not contain such a provision. The Senate recedes with an amendment that only states which implement mandatory testing of newborn infants be required to implement such insurance regulations. The conferees intend for these insurance provisions to augment, and in no way diminish, existing federal or state law.

The House bill requirements on insurance regulations do not apply to persons who knowingly misrepresent their HIV status, facts regarding whether the person has been tested for HIV, and facts regarding whether the person has engaged in any behavior that places the person at risk for HIV. The Senate recedes with an amendment to delete the last two exemptions on testing and behavior.

The Conferees wish to emphasize that nothing in this provision should be construed to mean that states are required to implement HIV reporting.

23. SPOUSAL NOTIFICATION

The Senate bill prohibits the Secretary from making any grant under the Act to any state, political subdivision of any state, or other recipient of CARE Act funds within the state unless the state requires a good faith effort to notify the spouses of AIDS-infected patients that the patients are infected with HIV. The House bill does not contain such a provision. The House recedes with an amendment to tie the provision to Part B funds only, change ''AIDS-infected patient'' to ''known HIV-infected patient'', replace ''such AIDS infected patients is infected with the human immunodeficiency virus'' with ''he or she may have been exposed to the human immunodeficiency virus and should seek testing,'' define HIV-infected as any person diagnosed with the human immunodeficiency virus, and change the definition of spouse to mean a current marriage partner or a person that was the marriage partner at any time within the ten years prior to the diagnosis of HIV infection.

The Conferees wish to emphasize that nothing in this provision should be construed to require states to implement HIV name reporting.

24. STUDY ON ALLOTMENT FORMULA

The Senate bill requires the Secretary to conduct a study of the funding formulas contained in the Act and submit a report to Congress. The House bill does not contain such a provision. The Senate recedes.

25. PROHIBITIONS ON THE USE OF FEDERAL FUNDS AND PROMOTION OF CERTAIN ACTIVITIES

The Senate bill prohibits funds appropriated under the Act from being used to promote or encourage, directly or indirectly, homosexuality or intravenous drug use. The House bill does not contain such a prohibition or definition. The Senate recedes.

The Senate bill prohibits funds appropriated under the Act from being used to develop materials designed to promote or encourage directly intravenous drug use or sexual activity, whether homosexual or heterosexual. The House bill does not contain such a provision. The House recedes.

26. OPTIONAL PARTICIPATION OF FEDERAL EMPLOYEES IN AIDS TRAINING

The Senate bill prohibits the federal government from requiring any employee to attend or participate in an AIDS or HIV training program if the employee refuses to participate. The House bill does not contain such a provision. The House recedes with an amendment that exempts from this provision federal training programs necessary to protect the health and safety of federal employees and those they serve.

This provision is intended to apply to those employees whose position requires knowledge of the universal precautions for the prevention of the transmission of the HIV virus.

27. LIMITATION ON APPROPRIATIONS

The Senate bill requires that of the total amounts of Federal funds expended in any fiscal year, funds expended for AIDS and HIV activities not exceed the amounts expended for activities related to cancer. The House bill does not contain such a provision. The House recedes.

The Conferees wish to make clear that the term ''total amounts'' includes all research, treatment and prevention funding, including amounts expended through the Medicare and Medicaid programs, wherhe administered by the federal government or paid to states in block grants.

TOM BLILEY,
MICHAEL BILIRAKIS,
TOM COBURN,
HENRY A. WAXMAN,
GERRY STUDDS,
Managers on the Part of the House.

NANCY LANDON KASSEBAUM,
JIM JEFFORDS,
BILL FRIST,
EDWARD M. KENNEDY,
CHRISTOPHER J. DODD,
Managers on the Part of the Senate.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. MOLINARI (at the request of Mr. ARMEY) for today and the balance of the week, on account of maternity leave.

Mr. KINGSTON (at the request of Mr. ARMEY) for today, on account of a death in the family.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. UNDERWOOD) to revise and extend their remarks and include extraneous material:)

Mr. UNDERWOOD, for 5 minutes, today.
Mr. TOWNS, for 5 minutes, today.
Mr. FROST, for 5 minutes, today.
Mr. MARKEY, for 5 minutes, today.
Mr. LIPINSKI, for 5 minutes, today.
Mrs. CLAYTON, for 5 minutes, today.
Ms. FURSE, for 5 minutes, today.