

104TH CONGRESS
1ST SESSION

S. 641

AN ACT

To reauthorize the Ryan White CARE Act of 1990, and
for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Ryan White CARE
5 Reauthorization Act of 1995”.

1 **SEC. 2. REFERENCES.**

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

7 **SEC. 3. GENERAL AMENDMENTS.**

8 (a) ESTABLISHMENT OF GRANT PROGRAM.—Section
9 2601 (42 U.S.C. 300ff–11) is amended—

10 (1) in subsection (a)—

11 (A) by striking “March 31 of the most re-
12 cent fiscal year” and inserting “March 31,
13 1995, and December 31 of the most recent cal-
14 endar year thereafter”; and

15 (B) by striking “fiscal year—” and all that
16 follows through the period and inserting “fiscal
17 year, there has been reported to and confirmed
18 by, for the 5-year period prior to the fiscal year
19 for which the grant is being made, the Director
20 of the Centers for Disease Control and Preven-
21 tion a cumulative total of more than 2,000
22 cases of acquired immune deficiency syn-
23 drome.”; and

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

1 “(c) POPULATION OF ELIGIBLE AREAS.—The Sec-
2 retary may not make a grant to an eligible area under
3 subsection (a) after the date of enactment of this sub-
4 section unless the area has a population of at least
5 500,000 individuals, except that this subsection shall not
6 apply to areas that are eligible as of March 31, 1994. For
7 purposes of eligibility under this title, the boundaries of
8 each metropolitan area shall be those in effect in fiscal
9 year 1994.

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

14 (b) EMERGENCY RELIEF FOR AREAS WITH SUB-
15 STANTIAL NEED FOR SERVICES.—

16 (1) HIV HEALTH SERVICES PLANNING COUN-
17 CIL.—Subsection (b) of section 2602 (42 U.S.C.
18 300ff-12(b)) is amended—

19 (A) in paragraph (1)—

20 (i) by striking “include” and all that
21 follows through the end thereof, and in-
22 serting “reflect in its composition the de-
23 mographics of the epidemic in the eligible
24 area involved, with particular consideration
25 given to disproportionately affected and

1 historically underserved groups and sub-
2 populations.”; and

3 (ii) by adding at the end thereof the
4 following new sentences: “Nominations for
5 membership on the council shall be identi-
6 fied through an open process and can-
7 didates shall be selected based on locally
8 delineated and publicized criteria. Such cri-
9 teria shall include a conflict-of-interest
10 standard for each nominee.”;

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

13 “(C) CHAIRPERSON.—A planning council
14 may not be chaired solely by an employee of the
15 grantee.”;

16 (C) in paragraph (3)—

17 (i) in subparagraph (A), by striking
18 “area;” and inserting “area based on
19 the—

20 “(i) documented needs of the HIV-in-
21 fected population;

22 “(ii) cost and outcome effectiveness of
23 proposed strategies and interventions, to
24 the extent that such data are reasonably

1 available, (either demonstrated or prob-
2 able);

3 “(iii) priorities of the HIV-infected
4 communities for whom the services are in-
5 tended; and

6 “(iv) availability of other govern-
7 mental and nongovernmental resources;”;

8 (ii) by striking “and” at the end of
9 subparagraph (B);

10 (iii) by striking the period at the end
11 of subparagraph (C) and inserting “, and
12 at the discretion of the planning council,
13 assess the effectiveness, either directly or
14 through contractual arrangements, of the
15 services offered in meeting the identified
16 needs; ”; and

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

19 “(D) participate in the development of the
20 Statewide coordinated statement of need initi-
21 ated by the State health department;

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

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

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

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

9 “(2) REPRESENTATION.—The HIV health serv-
10 ices planning council shall include representatives
11 of—

12 “(A) health care providers, including feder-
13 ally qualified health centers;

14 “(B) community-based organizations serv-
15 ing affected populations and AIDS service orga-
16 nizations;

17 “(C) social service providers;

18 “(D) mental health and substance abuse
19 providers;

20 “(E) local public health agencies;

21 “(F) hospital planning agencies or health
22 care planning agencies;

23 “(G) affected communities, including peo-
24 ple with HIV disease or AIDS and historically
25 underserved groups and subpopulations;

1 “(H) nonelected community leaders;

2 “(I) State government (including the State
3 medicaid agency and the agency administering
4 the program under part B);

5 “(J) grantees under subpart II of part C;

6 “(K) grantees under section 2671, or, if
7 none are operating in the area, representatives
8 of organizations with a history of serving chil-
9 dren, youth, women, and families living with
10 HIV and operating in the area; and

11 “(L) grantees under other Federal HIV
12 programs.”.

13 (2) DISTRIBUTION OF GRANTS.—Section 2603
14 (42 U.S.C. 300ff–13) is amended—

15 (A) in subsection (a)(2), by striking “Not
16 later than—” and all that follows through “the
17 Secretary shall” and inserting the following:
18 “Not later than 60 days after an appropriation
19 becomes available to carry out this part for
20 each of the fiscal years 1996 through 2000, the
21 Secretary shall”; and

22 (B) in subsection (b)

23 (i) in paragraph (1)—

24 (I) by striking “and” at the end
25 of subparagraph (D);

1 (II) by striking the period at the
2 end of subparagraph (E) and insert-
3 ing a semicolon; and

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

6 “(F) demonstrates the inclusiveness of the
7 planning council membership, with particular
8 emphasis on affected communities and individ-
9 uals with HIV disease; and

10 “(G) demonstrates the manner in which
11 the proposed services are consistent with the
12 local needs assessment and the Statewide co-
13 ordinated statement of need.”; and

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

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

19 “(2) PRIORITY.—

20 “(A) SEVERE NEED.—In determining se-
21 vere need in accordance with paragraph (1)(B),
22 the Secretary shall give priority consideration in
23 awarding grants under this section to any quali-
24 fied applicant that demonstrates an ability to

1 spend funds efficiently and demonstrates a
2 more severe need based on prevalence of—

3 “(i) sexually transmitted diseases,
4 substance abuse, tuberculosis, severe men-
5 tal illness, or other diseases determined
6 relevant by the Secretary, which signifi-
7 cantly affect the impact of HIV disease in
8 affected individuals and communities;

9 “(ii) AIDS in individuals, and sub-
10 populations, previously unknown in the eli-
11 gible metropolitan area; or

12 “(iii) homelessness.

13 “(B) PREVALENCE.—In determining prev-
14 alence of diseases under subparagraph (A), the
15 Secretary shall use data on the prevalence of
16 the illnesses described in such subparagraph in
17 HIV-infected individuals unless such data is not
18 available nationally. Where such data is not na-
19 tionally available, the Secretary may use the
20 prevalence (with respect to such illnesses) in the
21 general population.”.

22 (3) DISTRIBUTION OF FUNDS.—

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

1 (i) by inserting “, in accordance with
2 paragraph (3)” before the period; and

3 (ii) by adding at the end thereof the
4 following new sentence: “The Secretary
5 shall reserve an additional percentage of
6 the amount appropriated under section
7 2677 for a fiscal year for grants under
8 part A to make grants to eligible areas
9 under section 2601(a) in accordance with
10 paragraph (4).”.

11 (B) INCREASE IN GRANT.—Section
12 2603(a) (42 U.S.C. 300ff–13(a)) is amended by
13 adding at the end thereof the following new
14 paragraph:

15 “(4) INCREASE IN GRANT.—With respect to an
16 eligible area under section 2601(a), the Secretary
17 shall increase the amount of a grant under para-
18 graph (2) for a fiscal year to ensure that such eligi-
19 ble area receives not less than—

20 “(A) with respect to fiscal year 1996, 98
21 percent;

22 “(B) with respect to fiscal year 1997, 97
23 percent;

24 “(C) with respect to fiscal year 1998, 95.5
25 percent;

1 “(D) with respect to fiscal year 1999, 94
2 percent; and

3 “(E) with respect to fiscal year 2000, 92.5
4 percent;
5 of the amount allocated for fiscal year 1995 to such
6 entity under this subsection.”.

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

9 (A) in subsection (b)(1)(A)—

10 (i) by inserting “, substance abuse
11 treatment and mental health treatment,”
12 after “case management”; and

13 (ii) by inserting “which shall include
14 treatment education and prophylactic
15 treatment for opportunistic infections,”
16 after “treatment services,”;

17 (B) in subsection (b)(2)(A)—

18 (i) by inserting “, or private for-profit
19 entities if such entities are the only avail-
20 able provider of quality HIV care in the
21 area,” after “nonprofit private entities,”;
22 and

23 (ii) by striking “and homeless health
24 centers” and inserting “homeless health

1 centers, substance abuse treatment pro-
2 grams, and mental health programs”; and
3 (C) in subsection (e)—

4 (i) in the subsection heading, by strik-
5 ing “AND PLANNING;

6 (ii) by striking “The chief” and in-
7 serting:

8 “(1) IN GENERAL.—The chief”;

9 (iii) by striking “accounting, report-
10 ing, and program oversight functions”;

11 (iv) by adding at the end thereof the
12 following new sentence: “An entity (includ-
13 ing subcontractors) receiving an allocation
14 from the grant awarded to the chief execu-
15 tive officer under this part shall not use in
16 excess of 12.5 percent of amounts received
17 under such allocation for administration.”;
18 and

19 (v) by adding at the end thereof the
20 following new paragraphs:

21 “(2) ADMINISTRATIVE ACTIVITIES.—For the
22 purposes of paragraph (1), amounts may be used for
23 administrative activities that include—

24 “(A) routine grant administration and
25 monitoring activities, including the development

1 of applications for part A funds, the receipt and
2 disbursal of program funds, the development
3 and establishment of reimbursement and ac-
4 counting systems, the preparation of routine
5 programmatic and financial reports, and com-
6 pliance with grant conditions and audit require-
7 ments; and

8 “(B) all activities associated with the
9 grantee’s contract award procedures, including
10 the development of requests for proposals, con-
11 tract proposal review activities, negotiation and
12 awarding of contracts, monitoring of contracts
13 through telephone consultation, written docu-
14 mentation or onsite visits, reporting on con-
15 tracts, and funding reallocation activities.”.

16 “(3) SUBCONTRACTOR ADMINISTRATIVE
17 COSTS.—For the purposes of this subsection, sub-
18 contractor administrative activities include—

19 “(A) usual and recognized overhead, in-
20 cluding established indirect rates for agencies;

21 “(B) management oversight of specific pro-
22 grams funded under this title; and

23 “(C) other types of program support such
24 as quality assurance, quality control, and relat-
25 ed activities.”.

1 (5) APPLICATION.—Section 2605 (42 U.S.C.
2 300ff–15) is amended—

3 (A) in subsection (a)—

4 (i) in the matter preceding paragraph
5 (1), by inserting “, in accordance with sub-
6 section (c) regarding a single application
7 and grant award,” after “application”;

8 (ii) in paragraph (1)(B), by striking
9 “1-year period” and all that follows
10 through “eligible area” and inserting “pre-
11 ceding fiscal year”;

12 (iii) in paragraph (4), by striking
13 “and” at the end thereof;

14 (iv) in paragraph (5), by striking the
15 period at the end thereof and inserting “;
16 and”; and

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

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

25 (B) in subsection (b)—

1 (i) in the subsection heading, by strik-
2 ing “ADDITIONAL”;

3 (ii) in the matter preceding paragraph
4 (1), by striking “additional application”
5 and inserting “application, in accordance
6 with subsection (c) regarding a single ap-
7 plication and grant award,”;

8 (iii) in paragraph (3), by striking
9 “and” at the end thereof; and

10 (iv) in paragraph (4), by striking the
11 period and inserting “; and”;

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

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

16 “(c) SINGLE APPLICATION AND GRANT AWARD.—

17 “(1) APPLICATION.—The Secretary may phase
18 in the use of a single application that meets the re-
19 quirements of subsections (a) and (b) of section
20 2603 with respect to an eligible area that desires to
21 receive grants under section 2603 for a fiscal year.

22 “(2) GRANT AWARD.—The Secretary may phase
23 in the awarding of a single grant to an eligible area
24 that submits an approved application under para-
25 graph (1) for a fiscal year.”.

1 (6) TECHNICAL ASSISTANCE.—Section 2606
2 (42 U.S.C. 300ff–16) is amended—

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

5 (B) by inserting after “technical assist-
6 ance” the following: “, including peer based as-
7 sistance to assist newly eligible metropolitan
8 areas in the establishment of HIV health serv-
9 ices planning councils and,”; and

10 (C) by adding at the end thereof the fol-
11 lowing new sentences: “The Administrator may
12 make planning grants available to metropolitan
13 areas, in an amount not to exceed \$75,000 for
14 any metropolitan area, projected to be eligible
15 for funding under section 2601 in the following
16 fiscal year. Such grant amounts shall be de-
17 ducted from the first year formula award to eli-
18 gible areas accepting such grants. Not to exceed
19 1 percent of the amount appropriated for a fis-
20 cal year under section 2677 for grants under
21 part A may be used to carry out this section.”.

22 (b) CARE GRANT PROGRAM.—

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

25 (A) in subsection (a)—

1 (i) in paragraph (1), by inserting “(or
2 private for-profit providers or organiza-
3 tions if such entities are the only available
4 providers of quality HIV care in the area)”
5 after “nonprofit private,”; and

6 (ii) in paragraph (2)(A)—

7 (I) by inserting “substance abuse
8 treatment, mental health treatment,”
9 after “nursing,”; and

10 (II) by inserting “prophylactic
11 treatment for opportunistic infections,
12 treatment education to take place in
13 the context of health care delivery,”
14 after “monitoring,”;

15 (B) in subsection (c)—

16 (i) in subparagraph (C) of paragraph
17 (1), by inserting before “care” “and youth
18 centered”; and

19 (ii) in paragraph (2)—

20 (I) in clause (ii) of subparagraph
21 (A), by striking “served; and” and in-
22 serting “served,”;

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

1 (III) by adding after subpara-
2 graph (B), the following new subpara-
3 graphs:

4 “(C) grantees under section 2671 and rep-
5 resentatives of organizations with a history of
6 serving children, youth, women, and families
7 with HIV and operating in the community to be
8 served; and

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

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

15 “(d) DEFINITION.—As used in this part, the terms
16 ‘family centered care’ and ‘youth centered care’ mean the
17 system of services described in this section that is targeted
18 specifically to the special needs of infants, children (in-
19 cluding those orphaned by the AIDS epidemic), youth,
20 women, and families. Family centered and youth centered
21 care shall be based on a partnership among parents, ex-
22 tended family members, children and youth, professionals,
23 and the community designed to ensure an integrated, co-
24 ordinated, culturally sensitive, and community-based con-
25 tinuum of care.”.

1 (2) PROVISION OF TREATMENTS.—Section 2616
2 (42 U.S.C. 300ff–26) is amended by striking sub-
3 section (c) and inserting the following new sub-
4 sections:

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

7 “(1) review the current status of State drug re-
8 imbursement programs and assess barriers to the
9 expended availability of prophylactic treatments for
10 opportunistic infections (including active tuber-
11 culosis); and

12 “(2) establish, in consultation with States, pro-
13 viders, and affected communities, a recommended
14 minimum formulary of pharmaceutical drug thera-
15 pies approved by the Food and Drug Administra-
16 tion.

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

21 “(d) STATE DUTIES.—

22 “(1) IN GENERAL.—In implementing subsection
23 (a), States shall document the progress made in
24 making treatments described in subsection (c)(2)
25 available to individuals eligible for assistance under

1 this section, and to develop plans to implement fully
2 the recommended minimum formulary of pharma-
3 ceutical drug therapies approved by the Food and
4 Drug Administration.

5 “(2) OTHER MECHANISMS FOR PROVIDING
6 TREATMENTS.—In meeting the standards of the rec-
7 ommended minimum formulary developed under sub-
8 section (c), a State may identify other mechanisms
9 such as consortia and public programs for providing
10 such treatments to individuals with HIV.”.

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

13 (A) in paragraph (2)—

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

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

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

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

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

5 “(3) the public health agency administering the
6 grant for the State shall convene a meeting at least
7 annually of individuals with HIV who utilize services
8 under this part (including those individuals from
9 traditionally underserved populations and subpopula-
10 tions) and representatives of grantees funded under
11 this title (including HIV health services planning
12 councils, early intervention programs, children,
13 youth and family service projects, special projects of
14 national significance, and HIV care consortia) and
15 other providers (including federally qualified health
16 centers) and public agency representatives within the
17 State currently delivering HIV services to affected
18 communities for the purpose of developing a State-
19 wide coordinated statement of need; and”;

20 (D) by adding at the end thereof the fol-
21 lowing flush sentence:

22 “The State shall not be required to finance attendance at
23 the meetings described in paragraph (3). A State may pay
24 the travel-related expenses of individuals attending such

1 meetings where appropriate and necessary to ensure ade-
2 quate participation.”.

3 (4) PLANNING, EVALUATION AND ADMINISTRA-
4 TION.—Section 2618(c) (42 U.S.C. 300ff–28(c)) is
5 amended—

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

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

13 “(4) ADMINISTRATION.—

14 “(A) IN GENERAL.—Subject to paragraph
15 (5) and except as provided in paragraph (6), a
16 State may not use more than 10 percent of
17 amounts received under a grant awarded under
18 this part for administration. An entity (includ-
19 ing subcontractors) receiving an allocation from
20 the grant awarded to the State under this part
21 shall not use in excess of 12.5 percent of
22 amounts received under such allocation for ad-
23 ministration.

24 “(B) ADMINISTRATIVE ACTIVITIES.—For
25 the purposes of subparagraph (A), amounts

1 may be used for administrative activities that
2 include routine grant administration and mon-
3 itoring activities.

4 “(C) SUBCONTRACTOR ADMINISTRATIVE
5 COSTS.—For the purposes of this paragraph,
6 subcontractor administrative activities in-
7 clude—

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

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

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

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

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

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

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

10 (5) TECHNICAL ASSISTANCE.—Section 2619
 11 (42 U.S.C. 300ff–29) is amended—

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

14 (B) by inserting before the period the fol-
 15 lowing: “, including technical assistance for the
 16 development and implementation of Statewide
 17 coordinated statements of need”.

18 (6) GRIEVANCE PROCEDURES AND COORDINA-
 19 TION.—Part B of title XXVI (42 U.S.C. 300ff–21)
 20 is amended by adding at the end thereof the follow-
 21 ing new sections:

22 **“SEC. 2621. GRIEVANCE PROCEDURES.**

23 “Not later than 90 days after the date of enactment
 24 of this section, the Administration, in consultation with
 25 affected parties, shall establish grievance procedures, spe-

1 cific to each part of this title, to address allegations of
 2 egregious violations of each such part. Such procedures
 3 shall include an appropriate enforcement mechanism.

4 **“SEC. 2622. COORDINATION.**

5 “The Secretary shall ensure that the Health Re-
 6 sources and Services Administration, the Centers for Dis-
 7 ease Control and Prevention, and the Substance Abuse
 8 and Mental Health Services Administration coordinate the
 9 planning and implementation of Federal HIV programs
 10 in order to facilitate the local development of a complete
 11 continuum of HIV-related services for individuals with
 12 HIV disease and those at risk of such disease. The Sec-
 13 retary shall periodically prepare and submit to the relevant
 14 committees of Congress a report concerning such coordi-
 15 nation efforts at the Federal, State, and local levels as
 16 well as the existence of Federal barriers to HIV program
 17 integration.”.

18 (c) **EARLY INTERVENTION SERVICES.—**

19 (1) **ESTABLISHMENT OF PROGRAM.—**Section
 20 2651(b) (42 U.S.C. 300ff–51(b)) is amended—

21 (A) in paragraph (1), by striking “grant
 22 agrees to” and all that follows through the pe-
 23 riod and inserting: “grant agrees to—

24 “(A) expend the grant for the purposes of
 25 providing, on an out-patient basis, each of the

1 early intervention services specified in para-
2 graph (2) with respect to HIV disease; and

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

8 (B) in paragraph (4)—

9 (i) by striking “The Secretary” and
10 inserting “(A) IN GENERAL.—The Sec-
11 retary”;

12 (ii) by inserting “, or private for-prof-
13 it entities if such entities are the only
14 available provider of quality HIV care in
15 the area,” after “nonprofit private enti-
16 ties”;

17 (iii) by realigning the margin of sub-
18 paragraph (A) so as to align with the mar-
19 gin of paragraph (3)(A); and

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

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

24 “(i) paragraphs (1), (2), (5), and (6)
25 of section 2652(a) shall use not less than

1 50 percent of the amount of such a grant
2 to provide the services described in sub-
3 paragraphs (A), (B), (D), and (E) of sec-
4 tion 2651(b)(2) directly and on-site or at
5 sites where other primary care services are
6 rendered; and

7 “(ii) paragraphs (3) and (4) of section
8 2652(a) shall ensure the availability of
9 early intervention services through a sys-
10 tem of linkages to community-based pri-
11 mary care providers, and to establish
12 mechanisms for the referrals described in
13 section 2651(b)(2)(C), and for follow-up
14 concerning such referrals.”.

15 (2) MINIMUM QUALIFICATIONS.—Section
16 2652(b)(1)(B) (42 U.S.C. 300ff–52(b)(1)(B)) is
17 amended by inserting “, or a private for-profit entity
18 if such entity is the only available provider of quality
19 HIV care in the area,” after “nonprofit private en-
20 tity”;

21 (3) MISCELLANEOUS PROVISIONS.—Section
22 2654 (42 U.S.C. 300ff–54) is amended by adding at
23 the end thereof the following new subsection:

24 “(c) PLANNING AND DEVELOPMENT GRANTS.—

1 “(1) IN GENERAL.—The Secretary may provide
2 planning grants, in an amount not to exceed
3 \$50,000 for each such grant, to public and nonprofit
4 private entities that are not direct providers of pri-
5 mary care services for the purpose of enabling such
6 providers to provide HIV primary care services.

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

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

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

19 (4) AUTHORIZATION OF APPROPRIATIONS.—
20 Section 2655 (42 U.S.C. 300ff–55) is amended by
21 striking “\$75,000,000” and all that follows through
22 the end of the section, and inserting “such sums as
23 may be necessary in each of the fiscal years 1996,
24 1997, 1998, 1999, and 2000.”.

1 (5) REQUIRED AGREEMENTS.—Section 2664(g)
 2 (42 U.S.C. 300ff–64(g)) is amended—

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

5 (B) in paragraph (3)—

6 (i) by striking “5 percent” and insert-
 7 ing “10 percent including planning, evalua-
 8 tion and technical assistance”; and

9 (ii) by striking the period and insert-
 10 ing “; and”; and

11 (C) by adding at the end thereof the fol-
 12 lowing new paragraph:

13 “(4) the applicant will submit evidence that the
 14 proposed program is consistent with the Statewide
 15 coordinated statement of need and agree to partici-
 16 pate in the ongoing revision of such statement of
 17 need.”.

18 (d) GRANTS.—

19 (1) IN GENERAL.—Section 2671 (42 U.S.C.
 20 300ff–71) is amended to read as follows:

21 **“SEC. 2671. GRANTS FOR COORDINATED SERVICES AND AC-**
 22 **CESS TO RESEARCH FOR CHILDREN, YOUTH,**
 23 **AND FAMILIES.**

24 “(a) IN GENERAL.—The Secretary, acting through
 25 the Administrator of the Health Resources and Services

1 Administration, and in consultation with the Director of
2 the National Institutes of Health, shall award grants to
3 appropriate public or nonprofit private entities that, di-
4 rectly or through contractual arrangements, provide pri-
5 mary care to the public for the purpose of—

6 “(1) providing out-patient health care and sup-
7 port services (which may include family-centered and
8 youth-centered care, as defined in this title, family
9 and youth support services, and services for or-
10 phans) to children, youth, women with HIV disease,
11 and the families of such individuals, and supporting
12 the provision of such care with programs of HIV
13 prevention and HIV research; and

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

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

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

23 “(2) the entity will enter into arrangements
24 with one or more qualified research entities to col-

1 laborate in the conduct or facilitation of voluntary
2 patient participation in qualified research protocols;

3 “(3) the entity will coordinate activities under
4 the grant with other providers of health care services
5 under this title, and under title V of the Social Secu-
6 rity Act;

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

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

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

18 “(d) PATIENT PARTICIPATION IN RESEARCH PROTO-
19 COLS.—

20 “(1) IN GENERAL.—The Secretary, acting
21 through the Administrator of the Health Resources
22 and Services Administration and the Director of the
23 Office of AIDS Research, shall establish procedures
24 to ensure that accepted standards of protection of
25 human subjects (including the provision of written

1 informed consent) are implemented in projects sup-
2 ported under this section. Receipt of services by a
3 patient shall not be conditioned upon the consent of
4 the patient to participate in research.

5 “(2) RESEARCH PROTOCOLS.—

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

12 “(B) REVIEW PANEL.—Mechanisms estab-
13 lished under subparagraph (A) shall include an
14 independent research review panel that shall re-
15 view all protocols proposed to be carried out to
16 meet the requirements of this section to ensure
17 that such protocols meet the requirements of
18 this section. Such panel shall make rec-
19 ommendations to the Secretary as to the proto-
20 cols that should be approved. The panel shall
21 include representatives of public and private re-
22 searchers, providers of services, and recipients
23 of services.

24 “(e) TRAINING AND TECHNICAL ASSISTANCE.—The
25 Secretary, acting through the Administrator of the Health

1 Resources and Services Administration, may use not to
2 exceed five percent of the amounts appropriated under
3 subsection (h) in each fiscal year to conduct training and
4 technical assistance (including peer-based models of tech-
5 nical assistance) to assist applicants and grantees under
6 this section in complying with the requirements of this sec-
7 tion.

8 “(f) EVALUATIONS AND DATA COLLECTION.—

9 “(1) EVALUATIONS.—The Secretary shall pro-
10 vide for the review of programs carried out under
11 this section at the end of each grant year. Such eval-
12 uations may include recommendations as to the im-
13 provement of access to and participation in services
14 and access to and participation in qualified research
15 protocols supported under this section.

16 “(2) REPORTING REQUIREMENTS.—The Sec-
17 retary may establish data reporting requirements
18 and schedules as necessary to administer the pro-
19 gram established under this section and conduct
20 evaluations, measure outcomes, and document the
21 clients served, services provided, and participation in
22 qualified research protocols.

23 “(3) WAIVERS.—Notwithstanding the require-
24 ments of subsection (b), the Secretary may award
25 new grants under this section to an entity if the en-

1 tity provide assurances, satisfactory to the Sec-
2 retary, that the entity will implement the assurances
3 required under paragraph (2), (3), (4), or (5) of
4 subsection (b) by the end of the second grant year.
5 If the Secretary determines through the evaluation
6 process that a recipient of funds under this section
7 is in material noncompliance with the assurances
8 provided under paragraph (2), (3), (4), or (5) of
9 subsection (b), the Secretary may provide for contin-
10 ued funding of up to one year if the recipient pro-
11 vides assurances, satisfactory to the Secretary, that
12 such noncompliance will be remedied within such pe-
13 riod.

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

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

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

23 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to carry out this section,

1 such sums as may be necessary for each of the fiscal years
2 1996 through 2000.”.

3 (2) CONFORMING AMENDMENT.—The heading
4 for part D of title XXVI of the Public Health Serv-
5 ice Act is amended to read as follows:

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

9 (e) DEMONSTRATION AND TRAINING.—

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

12 **“PART F—DEMONSTRATION AND TRAINING**
13 **“Subpart I—Special Projects of National Significance**
14 **“SEC. 2691. SPECIAL PROJECTS OF NATIONAL SIGNIFI-**
15 **CANCE.**

16 “(a) IN GENERAL.—Of the amount appropriated
17 under each of parts A, B, C, and D of this title for each
18 fiscal year, the Secretary shall use the greater of
19 \$20,000,000 or 3 percent of such amount appropriated
20 under each such part, but not to exceed \$25,000,000, to
21 administer a special projects of national significance pro-
22 gram to award direct grants to public and nonprofit pri-
23 vate entities including community-based organizations to
24 fund special programs for the care and treatment of indi-
25 viduals with HIV disease.

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

3 “(1) the need to assess the effectiveness of a
4 particular model for the care and treatment of indi-
5 viduals with HIV disease;

6 “(2) the innovative nature of the proposed ac-
7 tivity; and

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

10 “(c) SPECIAL PROJECTS.—Special projects of na-
11 tional significance shall include the development and as-
12 sessment of innovative service delivery models that are de-
13 signed to—

14 “(1) address the needs of special populations;

15 “(2) assist in the development of essential com-
16 munity-based service delivery infrastructure; and

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

21 “(d) SPECIAL POPULATIONS.—Special projects of na-
22 tional significance may include the delivery of HIV health
23 care and support services to traditionally underserved pop-
24 ulations including—

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

3 “(2) adolescents with HIV disease;

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

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

8 “(5) hemophiliacs with HIV disease; and

9 “(6) incarcerated individuals with HIV disease.

10 “(e) SERVICE DEVELOPMENT GRANTS.—Special
11 projects of national significance may include the develop-
12 ment of model approaches to delivering HIV care and sup-
13 port services including—

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

17 “(2) programs that build organizational capac-
18 ity in disenfranchised communities;

19 “(3) programs designed to prepare AIDS serv-
20 ice organizations and grantees under this title for
21 operation within the changing health care environ-
22 ment; and

23 “(4) programs designed to integrate the deliv-
24 ery of mental health and substance abuse treatment
25 with HIV services.

1 “(f) COORDINATION.—The Secretary may not make
 2 a grant under this section unless the applicant submits
 3 evidence that the proposed program is consistent with the
 4 Statewide coordinated statement of need, and the appli-
 5 cant agrees to participate in the ongoing revision process
 6 of such statement of need.

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

14 (2) REPEAL.—Subsection (a) of section 2618
 15 (42 U.S.C. 300ff–28(a)) is repealed.

16 (f) HIV/AIDS COMMUNITIES, SCHOOLS, CEN-
 17 TERS.—

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

21 **“Subpart II—AIDS Education and Training Centers**
 22 **“SEC. 2692. HIV/AIDS COMMUNITIES, SCHOOLS, AND CEN-**
 23 **TERS.”.**

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

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

3 (B) by redesignating subparagraphs (A)
4 and (D) as subparagraphs (B) and (C), respec-
5 tively;

6 (C) by inserting before subparagraph (B)
7 (as so redesignated) the following new subpara-
8 graph:

9 “(A) training health personnel, including
10 practitioners in title XXVI programs and other
11 community providers, in the diagnosis, treat-
12 ment, and prevention of HIV infection and dis-
13 ease;”; and

14 (D) in subparagraph (B) (as so redesign-
15 ated) by adding “and” after the semicolon.

16 (3) TRANSFER.—Subsection (a) of section 776
17 (42 U.S.C. 294n(a)) (as amended by paragraph (2))
18 is amended by transferring such subsection to sec-
19 tion 2692 (as added by paragraph (1)).

20 (4) AUTHORIZATION OF APPROPRIATIONS.—
21 Section 2692 (as added by paragraph (1)) is amend-
22 ed by adding at the end thereof the following new
23 subsection:

24 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
25 are authorized to be appropriated to carry out this section,

1 such sums as may be necessary for each of the fiscal years
 2 1996 through 2000.”.

3 **SEC. 4. AMOUNT OF EMERGENCY RELIEF GRANTS.**

4 Paragraph (3) of section 2603(a) (42 U.S.C. 300ff–
 5 13(a)(3)) is amended to read as follows:

6 “(3) AMOUNT OF GRANT.—

7 “(A) IN GENERAL.—Subject to the extent
 8 of amounts made available in appropriations
 9 Acts, a grant made for purposes of this para-
 10 graph to an eligible area shall be made in an
 11 amount equal to the product of—

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

15 “(ii) the percentage constituted by the
 16 ratio of the distribution factor for the eligi-
 17 ble area to the sum of the respective dis-
 18 tribution factors for all eligible areas.

19 “(B) DISTRIBUTION FACTOR.—For pur-
 20 poses of subparagraph (A)(ii), the term ‘dis-
 21 tribution factor’ means an amount equal to the
 22 estimated number of living cases of acquired
 23 immune deficiency syndrome in the eligible area
 24 involved, as determined under subparagraph
 25 (C).

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

4 “(i) the number of cases of acquired
5 immune deficiency syndrome in the eligible
6 area during each year in the most recent
7 120-month period for which data are avail-
8 able with respect to all eligible areas, as in-
9 dicated by the number of such cases re-
10 ported to and confirmed by the Director of
11 the Centers for Disease Control and Pre-
12 vention for each year during such period;
13 and

14 “(ii) with respect to—

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

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

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

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

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

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

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

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

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

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

11 “(D) UNEXPENDED FUNDS.—The Sec-
12 retary may, in determining the amount of a
13 grant for a fiscal year under this paragraph,
14 adjust the grant amount to reflect the amount
15 of unexpended and uncanceled grant funds re-
16 maining at the end of the fiscal year preceding
17 the year for which the grant determination is to
18 be made. The amount of any such unexpended
19 funds shall be determined using the financial
20 status report of the grantee.

21 “(E) PUERTO RICO, VIRGIN ISLANDS,
22 GUAM.—For purposes of subparagraph (D), the
23 cost index for an eligible area within Puerto
24 Rico, the Virgin Islands, or Guam shall be
25 1.0.’’.

1 **SEC. 5. AMOUNT OF CARE GRANTS.**

2 Paragraphs (1) and (2) of section 2618(b) (42 U.S.C.
3 300ff-28(b)(1) and (2)) are amended to read as follows:

4 “(1) MINIMUM ALLOTMENT.—Subject to the ex-
5 tent of amounts made available under section 2677,
6 the amount of a grant to be made under this part
7 for—

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

11 “(i)(I) with respect to a State or Dis-
12 trict that has less than 90 living cases of
13 acquired immune deficiency syndrome, as
14 determined under paragraph (2)(D),
15 \$100,000; or

16 “(i)(I) with respect to a State or Dis-
17 trict that has 90 or more living cases of
18 acquired immune deficiency syndrome, as
19 determined under paragraph (2)(D),
20 \$250,000;

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

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

26 “(2) DETERMINATION.—

1 “(A) FORMULA.—The amount referred to
2 in paragraph (1)(A)(ii) for a State and para-
3 graph (1)(B) for a territory of the United
4 States shall be the product of—

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

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

11 “(I) the product of .50 and the
12 ratio of the State distribution factor
13 for the State or territory (as deter-
14 mined under subsection (B)) to the
15 sum of the respective State distribu-
16 tion factors for all States or terri-
17 tories; and

18 “(II) the product of .50 and the
19 ratio of the non-EMA distribution fac-
20 tor for the State or territory (as de-
21 termined under subparagraph (C)) to
22 the sum of the respective distribution
23 factors for all States or territories.

24 “(B) STATE DISTRIBUTION FACTOR.—For
25 purposes of subparagraph (A)(ii)(I), the term

1 ‘State distribution factor’ means an amount
2 equal to the estimated number of living cases of
3 acquired immune deficiency syndrome in the eli-
4 gible area involved, as determined under sub-
5 paragraph (D).

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

10 “(i) the estimated number of living
11 cases of acquired immune deficiency syn-
12 drome in the State or territory involved, as
13 determined under subparagraph (D); less

14 “(ii) the estimated number of living
15 cases of acquired immune deficiency syn-
16 drome in such State or territory that are
17 within an eligible area (as determined
18 under part A).

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

22 “(i) the number of cases of acquired
23 immune deficiency syndrome in the State
24 or territory during each year in the most
25 recent 120-month period for which data

1 are available with respect to all States and
2 territories, as indicated by the number of
3 such cases reported to and confirmed by
4 the Director of the Centers for Disease
5 Control and Prevention for each year dur-
6 ing such period; and

7 “(ii) with respect to each of the first
8 through the tenth year during such period,
9 the amount referred to in
10 2603(a)(3)(C)(ii).

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

15 “(F) UNEXPENDED FUNDS.—The Sec-
16 retary may, in determining the amount of a
17 grant for a fiscal year under this subsection,
18 adjust the grant amount to reflect the amount
19 of unexpended and uncanceled grant funds re-
20 maining at the end of the fiscal year preceding
21 the year for which the grant determination is to
22 be made. The amount of any such unexpended
23 funds shall be determined using the financial
24 status report of the grantee.

25 “(G) LIMITATION.—

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

6 “(I) with respect to fiscal year
7 1996, 98 percent;

8 “(II) with respect to fiscal year
9 1997, 97 percent;

10 “(III) with respect to fiscal year
11 1998, 95.5 percent;

12 “(IV) with respect to fiscal year
13 1999, 94 percent; and

14 “(V) with respect to fiscal year
15 2000, 92.5 percent;

16 of the amount such State or territory re-
17 ceived for fiscal year 1995 under this part.
18 In administering this subparagraph, the
19 Secretary shall, with respect to States that
20 will receive grants in amounts that exceed
21 the amounts that such States received
22 under this part in fiscal year 1995, propor-
23 tionally reduce such amounts to ensure
24 compliance with this subparagraph. In
25 making such reductions, the Secretary

1 shall ensure that no such State receives
 2 less than that State received for fiscal year
 3 1995.

4 “(ii) Ratable reduction.—If the
 5 amount appropriated under section 2677
 6 and available for allocation under this part
 7 is less than the amount appropriated and
 8 available under this part for fiscal year
 9 1995, the limitation contained in clause (i)
 10 shall be reduced by a percentage equal to
 11 the percentage of the reduction in such
 12 amounts appropriated and available.”.

13 **SEC. 6. CONSOLIDATION OF AUTHORIZATIONS OF APPRO-**
 14 **PRIATIONS.**

15 (a) IN GENERAL.—Part D of title XXVI (42 U.S.C.
 16 300ff–71) is amended by adding at the end thereof the
 17 following new section:

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

19 “(a) IN GENERAL.—Subject to subsection (b), there
 20 are authorized to be appropriated to make grants under
 21 parts A and B, such sums as may be necessary for each
 22 of the fiscal years 1996 through 2000. Of the amount ap-
 23 propriated under this section for fiscal year 1996, the Sec-
 24 retary shall make available 64 percent of such amount to

1 carry out part A and 36 percent of such amount to carry
2 out part B.

3 “(b) DEVELOPMENT OF METHODOLOGY.—

4 “(1) IN GENERAL.—With respect to each of the
5 fiscal years 1997 through 2000, the Secretary shall
6 develop and implement a methodology for adjusting
7 the percentages referred to in subsection (a) to ac-
8 count for grants to new eligible areas under part A
9 and other relevant factors. Not later than 1 year
10 after the date of enactment of this section, the Sec-
11 retary shall prepare and submit to the appropriate
12 committees of Congress a report regarding the find-
13 ings with respect to the methodology developed
14 under this paragraph.

15 “(2) FAILURE TO IMPLEMENT.—If the Sec-
16 retary fails to implement a methodology under para-
17 graph (1) by October 1, 1996, there are authorized
18 to be appropriated—

19 “(A) such sums as may be necessary to
20 carry out part A for each of the fiscal years
21 1997 through 2000; and

22 “(B) such sums as may be necessary to
23 carry out part B for each of the fiscal years
24 1997 through 2000.”.

1 (b) REPEALS.—Sections 2608 and 2620 (42 U.S.C.
2 300ff–18 and 300ff–30) are repealed.

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

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

6 (A) in subsection (a)(2), by striking
7 “2608” and inserting “2677”; and

8 (B) in subsection (b)(1), by striking
9 “2608” and inserting “2677”;

10 (2) in section 2605(c)(1) (42 U.S.C. 300ff–
11 15(c)(1)) is amended by striking “2608” and insert-
12 ing “2677”; and

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

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

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

18 **SEC. 7. CDC GUIDELINES FOR PREGNANT WOMEN.**

19 (a) REQUIREMENT.—Notwithstanding any other pro-
20 vision of law, a State described in subsection (b) shall,
21 not later than 1 year after the date of enactment of this
22 Act, certify to the Secretary of Health and Human Serv-
23 ices that such State has in effect regulations to adopt the
24 guidelines issued by the Centers for Disease Control and
25 Prevention concerning recommendations for immuno-

1 deficiency virus counseling and voluntary testing for preg-
2 nant women.

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

5 (1) an HIV seroprevalance among child bearing
6 women during the period beginning on January 1,
7 1991 and ending on December 31, 1992, of .25 or
8 greater as determined by the Centers for Disease
9 Control and Prevention; or

10 (2) an estimated number of births to HIV posi-
11 tive women in 1993 of 175 or greater as determined
12 by the Centers for Disease Control and Prevention
13 using 1992 natality statistics.

14 (c) NONCOMPLIANCE.—If a State does not provide
15 the certification required under subsection (a) within the
16 1 year period described in such subsection, such State
17 shall not be eligible to receive assistance for HIV counsel-
18 ing and testing under the Public Health Service Act (42
19 U.S.C. 201 et seq.) until such certification is provided.

20 (d) ADDITIONAL FUNDS REGARDING WOMEN AND
21 INFANTS.—

22 (1) IN GENERAL.—If a State described in sub-
23 section (b) provides the certification required in sub-
24 section (a) and is receiving funds under part B of
25 title XXVI of the Public Health Service Act for a

1 fiscal year, the Secretary of Health and Human
2 Services may (from the amounts available pursuant
3 to paragraph (3)) make a grant to the State for the
4 fiscal year for the following purposes:

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

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

10 (C) Making available to such women test-
11 ing for such disease.

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

15 (2) EVALUATION BY INSTITUTE OF MEDI-
16 CINE.—

17 (A) IN GENERAL.—The Secretary of
18 Health and Human Services shall request the
19 Institute of Medicine of the National Academy
20 of Sciences to enter into a contract with the
21 Secretary for the purpose of conducting an eval-
22 uation of the extent to which grants under
23 paragraph (1) have been effective in preventing
24 the perinatal transmission of the human
25 immunodeficiency virus.

1 (B) ALTERNATIVE CONTRACT.—If the In-
2 stitute referred to in subparagraph (A) declines
3 to conduct the evaluation under such subpara-
4 graph, the Secretary of Health and Human
5 Services shall carry out such subparagraph
6 through another public or nonprofit private en-
7 tity.

8 (C) DATE CERTAIN FOR REPORT.—The
9 Secretary of Health and Human Services shall
10 ensure that, not later than after 2 years after
11 the date of the enactment of this Act, the eval-
12 uation required in this paragraph is completed
13 and a report describing the findings made as a
14 result of the evaluation is submitted to the Con-
15 gress.

16 (3) FUNDING.—For the purpose of carrying out
17 this subsection, there are authorized to be appro-
18 priated \$10,000,000 for each of the fiscal years
19 1996 through 2000. Amounts made available under
20 section 2677 for carrying out this part are not avail-
21 able for carrying out this subsection.

22 **SEC. 8. SPOUSAL NOTIFICATION.**

23 (a) PROHIBITION ON THE USE OF FUNDS.—The Sec-
24 retary shall not make a grant under this Act to any State
25 or political subdivision of any State, nor shall any other

1 funds made available under this Act, be obligated or ex-
2 pended in any State unless such State takes administra-
3 tive or legislative action to require that a good faith effort
4 shall be made to notify a spouse of an AIDS-infected pa-
5 tient that such AIDS-infected patient is infected with the
6 human immunodeficiency virus.

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

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

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

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

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

1 **SEC. 9. STUDY ON ALLOTMENT FORMULA.**

2 (a) STUDY.—The Secretary of Health and Human
3 Services (hereafter referred to in this section as the “Sec-
4 retary”) shall enter into a contract with a public or non-
5 profit private entity, subject to subsection (b), for the pur-
6 pose of conducting a study or studies concerning the statu-
7 tory formulas under which funds made available under
8 part A or B of title XXVI of the Public Health Service
9 Act are allocated among eligible areas (in the case of
10 grants under part A) and States and territories (in the
11 case of grants under part B). Such study or studies shall
12 include—

13 (1) an assessment of the degree to which each
14 such formula allocates funds according to the respec-
15 tive needs of eligible areas, State, and territories;

16 (2) an assessment of the validity and relevance
17 of the factors currently included in each such for-
18 mula;

19 (3) in the case of the formula under part A, an
20 assessment of the degree to which the formula re-
21 flects the relative costs of providing services under
22 such title XXVI within eligible areas;

23 (4) in the case of the formula under part B, an
24 assessment of the degree to which the formula re-
25 flects the relative costs of providing services under

1 such title XXVI within eligible States and terri-
2 tories; and

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

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

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

20 (d) CONSULTATION.—The entity preparing the report
21 required under subsection (c), shall consult with the
22 Comptroller General of the United States. The Comptrol-
23 ler General shall review the study after its transmittal to
24 the committees described in subsection (c) and within 3

1 months make appropriate recommendations concerning
2 such report to such committees.

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

5 (a) **PROMOTION OR ENCOURAGEMENT OF CERTAIN**
6 **ACTIVITIES.**—No funds authorized to be appropriated
7 under this Act may be used to promote or encourage, di-
8 rectly or indirectly, homosexuality, or intravenous drug
9 use.

10 (b) **DEFINITION.**—As used in subsection (a), the
11 term “to promote or encourage, directly or indirectly, ho-
12 mosexuality” includes, but is not limited to, affirming ho-
13 mosexuality as natural, normal, or healthy, or, in the proc-
14 ess of addressing related “at-risk” issues, affirming in any
15 way that engaging in a homosexual act is desirable, ac-
16 ceptable, or permissible, or, describing in any way tech-
17 niques of homosexual sex.

18 **SEC. 11. OPTIONAL PARTICIPATION OF FEDERAL EMPLOY-**
19 **EES IN AIDS TRAINING PROGRAMS.**

20 (a) **IN GENERAL.**—Notwithstanding any other provi-
21 sion of law, a Federal employee may not be required to
22 attend or participate in an AIDS or HIV training program
23 if such employee refuses to consent to such attendance or
24 participation. An employer may not retaliate in any man-
25 ner against such an employee because of the refusal of

1 such employee to consent to such attendance or participa-
2 tion.

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

8 **SEC. 12. PROHIBITION ON PROMOTION OF CERTAIN AC-**
9 **TIVITIES.**

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

14 **“SEC. 2678. PROHIBITION ON PROMOTION OF CERTAIN AC-**
15 **TIVITIES.**

16 “None of the funds authorized under this title shall
17 be used to fund AIDS programs, or to develop materials,
18 designed to promote or encourage, directly, intravenous
19 drug use or sexual activity, whether homosexual or hetero-
20 sexual. Funds authorized under this title may be used to
21 provide medical treatment and support services for indi-
22 viduals with HIV.”.

23 **SEC. 13. LIMITATION ON APPROPRIATIONS.**

24 Notwithstanding any other provision of law, the total
25 amounts of Federal funds expended in any fiscal year for

1 AIDS and HIV activities may not exceed the total
2 amounts expended in such fiscal year for activities related
3 to cancer.

4 **SEC. 14. EFFECTIVE DATE.**

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

8 (b) ELIGIBLE AREAS.—

9 (1) IN GENERAL.—The amendments made by
10 subsections (a)(1)(A), (a)(2), and (b)(4)(A) of sec-
11 tion 3 shall become effective on the date of enact-
12 ment of this Act.

13 (2) REPORTED CASES.—The amendment made
14 by subsection (a)(1)(B) of section 3 shall become ef-
15 fective on October 1, 1997.

Passed the Senate July 27 (legislative day, July 10),
1995.

Attest:

Secretary.

104TH CONGRESS
1ST SESSION

S. 641

AN ACT

To reauthorize the Ryan White CARE Act of 1990,
and for other purposes.

S 641 ES—2

S 641 ES—3

S 641 ES—4

S 641 ES—5