104TH CONGRESS
1ST SESSION

S. 641

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

IN THE SENATE OF THE UNITED STATES

MARCH 28 (legislative day, MARCH 27), 1995

Mrs. KASSEBAUM (for herself, Mr. KENNEDY, Mr. HATCH, Mr. JEFFORDS, Mr. FRIST, Mr. PELL, Mr. DODD, Mr. COATS, and Mr. SIMON) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

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A BILL

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

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 men-

tal illness, or other diseases determined relevant by the Secretary, which significantly effect 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 disbursal of program funds, the development and establishment of reimbursement and accounting systems, the preparation of routine programmatic and financial reports, and com-

pliance 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 sub-

section (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 sub-

section (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 pharma-

ceutical 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''; 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 paragraph (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''; 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 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 col-

laborate 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 en-

tity 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 noncompliance 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 Statewide 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 subparagraph (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 the product of—

''(i) an amount equal to the estimated number of living cases of acquired immune deficiency syndrome in the eligible area in-

volved, as determined under subparagraph (C); and

''(ii) the cost index for the eligible area involved, as determined under subparagraph (D).

''(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) COST INDEX.—The amount determined in this subparagraph is an amount equal to the sum of—

''(i) the product of—

''(I) the average hospital wage index reported by hospitals in the eligible area involved under section 1886(d)(3)(E) of the Social Security Act for the 3-year period immediately preceding the year for with the grant is being awarded; and

''(II) .70; and

''(ii) .30.

''(E) 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.

''(F) 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 paragraph (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 the product of—

''(i) an amount equal to the estimated number of living cases of acquired immune deficiency syndrome in the State or terri-

tory involved, as determined under subparagraph (D); and

''(ii) the cost index for the State or territory involved, as determined under subparagraph (E).

''(C) NON-EMA DISTRIBUTION FACTOR.—For purposes of subparagraph (A)(ii)(II), the term 'non-ema distribution factor' means the product of—

''(i) 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); and

''(ii) the cost index for the State or territory involved, as determined under subparagraph (E).

''(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) COST INDEX.—

''(i) The amount determined in this subparagraph is an amount equal to the sum of—

''(I) the amount determined under clause (ii) for a fiscal year;

''(II) the product of—

''(aa) the average hospital wage index reported by hospitals in the State or territory involved under section 1886(d)(3)(E) of the Social Security Act for the 3-year period immediately preceding the year for with the grant is being awarded; and

''(bb) .70; and

''(III) .30.

''(ii) The amount determined in this clause for a fiscal year is an amount equal to the percentage constituted by the ratio of—

''(I) the total amount—

''(aa) of salaries reported by each hospital within the State or territory under the medicare prospective payment system under title XVIII of the Social Security Act for the fiscal year involved; divided by

''(bb) the total number of hours worked by those included in the reported salaries under

subclause (II) for the fiscal year involved, as determined under regulations promulgated by the Secretary; and

''(II) the sum of the amount determined under subclause (I) with respect to all States and territories.

''(F) 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.''.

''(G) 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.

''(H) 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. 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.

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S 641 IS——3

S 641 IS——4

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