

## (b) MORATORIUM ON FEE INCREASES.—

(1) IN GENERAL.—During the 1-year period beginning on the date of enactment of this Act, no depository institution may increase the overdraft coverage fees or charges assessed on transaction accounts for paying a transaction (including a check or other debit) in connection with an overdraft or for non-sufficient funds.

(2) DEFINITIONS.—As used in this section, the terms “depository institution”, “overdraft”, “overdraft coverage fee”, “transaction account” and “nonsufficient fund fee” have the same meanings as in section 103(cc) of the Truth in Lending Act, as added by this Act.

## SUBMITTED RESOLUTIONS

## SENATE RESOLUTION 314—DESIGNATING THE WEEK BEGINNING OCTOBER 18, 2009, AS “NATIONAL CHARACTER COUNTS WEEK”

Mr. DODD (for himself, Mr. GRASSLEY, Mr. BROWN, Mr. ENZI, Mr. CASEY, Mr. ALEXANDER, Mr. LEVIN, Ms. MURKOWSKI, Mr. ROCKEFELLER, Mr. INHOFE, Mr. LIEBERMAN, Mr. BROWNBACK, Mr. JOHNSON, Mr. CORNYN, Ms. STABENOW, and Mr. PRYOR) submitted the following resolution; which was considered and agreed to:

S. RES. 314

Whereas the well-being of the United States requires that the young people of this Nation become an involved, caring citizenry of good character;

Whereas the character education of children has become more urgent, as violence by and against youth increasingly threatens the physical and psychological well-being of the people of the United States;

Whereas more than ever, children need strong and constructive guidance from their families and their communities, including schools, youth organizations, religious institutions, and civic groups;

Whereas the character of a nation is only as strong as the character of its individual citizens;

Whereas the public good is advanced when young people are taught the importance of good character and the positive effects that good character can have in personal relationships, in school, and in the workplace;

Whereas scholars and educators agree that people do not automatically develop good character and that, therefore, conscientious efforts must be made by institutions and individuals that influence youth to help young people develop the essential traits and characteristics that comprise good character;

Whereas although character development is, first and foremost, an obligation of families, the efforts of faith communities, schools, and youth, civic, and human service organizations also play an important role in fostering and promoting good character;

Whereas Congress encourages students, teachers, parents, youth, and community leaders to recognize the importance of character education in preparing young people to play a role in determining the future of the United States;

Whereas effective character education is based on core ethical values, which form the foundation of democratic society;

Whereas examples of character are trustworthiness, respect, responsibility, fairness, caring, citizenship, and honesty;

Whereas elements of character transcend cultural, religious, and socioeconomic differences;

Whereas the character and conduct of our youth reflect the character and conduct of society, and, therefore, every adult has the responsibility to teach and model ethical values and every social institution has the responsibility to promote the development of good character;

Whereas Congress encourages individuals and organizations, especially those that have an interest in the education and training of the young people of the United States, to adopt the elements of character as intrinsic to the well-being of individuals, communities, and society;

Whereas many schools in the United States recognize the need, and have taken steps, to integrate the values of their communities into their teaching activities; and

Whereas the establishment of “National Character Counts Week”, during which individuals, families, schools, youth organizations, religious institutions, civic groups, and other organizations focus on character education, is of great benefit to the United States: Now, therefore, be it

*Resolved*, That the Senate—

(1) designates the week beginning October 18, 2009, as “National Character Counts Week”; and

(2) calls upon the people of the United States and interested groups—

(A) to embrace the elements of character identified by local schools and communities, such as trustworthiness, respect, responsibility, fairness, caring, and citizenship; and

(B) to observe the week with appropriate ceremonies, programs, and activities.

## AMENDMENTS SUBMITTED AND PROPOSED

SA 2692. Mr. HARKIN (for himself and Mr. ENZI) proposed an amendment to the bill S. 1793, to amend title XXVI of the Public Health Service Act to revise and extend the program for providing life-saving care for those with HIV/AIDS.

SA 2693. Mrs. LINCOLN submitted an amendment intended to be proposed by her to the bill S. 1776, to amend title XVIII of the Social Security Act to provide for the update under the Medicare physician fee schedule for years beginning with 2010 and to sunset the application of the sustainable growth rate formula, and for other purposes; which was ordered to lie on the table.

## TEXT OF AMENDMENTS

SA 2692. Mr. HARKIN (for himself and Mr. ENZI) proposed an amendment to the bill S. 1793, to amend title XXVI of the Public Health Service Act to revise and extend the program for providing life-saving care for those with HIV/AIDS; as follows:

On page 5, line 14, strike “In” and insert “in”.

On page 7, line 12, add “and” at the end.

On page 7, line 24, strike “(vi)” and insert “(C)” and realign the margin accordingly.

On page 8, line 1, strike “(g)” and insert “(d)”.

On page 26, line 5, insert “section” after “in”.

On page 26, line 6, strike “(c)(A)” and insert “(c)(4)(A)”.

On page 26, line 13, strike “(c)” and insert “(c)”.

On page 31, line 24, strike “(a)” and insert “(1)” and realign the margin accordingly.

On page 31, line 26, strike “(b)” and insert “(2)” and realign the margin accordingly.

On page 42, line 13, strike “subpart” and insert “part”.

On page 46, line 24, strike “subpart” and insert “part”.

On page 47, line 10, strike “subpart” and insert “part”.

On page 48, strike lines 1 through 8, and insert the following:

“(a) LIABILITY OF MEDICAL FACILITIES, DESIGNATED OFFICERS, PUBLIC HEALTH OFFICERS, AND GOVERNING ENTITIES.—This part may not be construed to authorize any cause of action for damages or any civil penalty against any medical facility, any designated officer, any other public health officer, or any governing entity of such facility or officer for failure to comply with the duties established in this part.”.

On page 48, line 9, strike “subpart” and insert “part”.

On page 48, line 13, strike “subpart” and insert “part”.

On page 48, line 20, strike “subpart” and insert “part”.

On page 49, line 18, strike “subpart” and insert “part”.

On page 49, line 23, strike “subpart” and insert “part”.

On page 50, line 1, strike “subpart” and insert “part”.

On page 50, line 2, strike “subpart” and insert “part”.

On page 50, line 5, strike “subpart” and insert “part”.

SA 2693. Mrs. LINCOLN submitted an amendment intended to be proposed by her to the bill S. 1776, to amend title XVIII of the Social Security Act to provide for the update under the Medicare physician fee schedule for years beginning with 2010 and to sunset the application of the sustainable growth rate formula, and for other purposes; which was ordered to lie on the table; as follows:

At the end, add the following:

## SEC. . . . REDUCTION IN TARP FUNDS TO OFFSET THE COSTS OF THE PAYMENT UPDATE FOR MEDICARE PHYSICIANS' SERVICES.

Paragraph (3) of section 115(a) of the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5225) is amended by striking “\$1,244,000,000” and inserting “\$251,244,000,000”.

## RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT OF 2009

Mr. BROWN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 182, S. 1793.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 1793) to amend title XXVI of the Public Health Service Act to revise and extend the program for providing life-saving care for those with HIV/AIDS.

There being no objection, the Senate proceeded to consider the bill.

Mr. HARKIN. Mr. President, today marks an important milestone in our ongoing national effort to combat HIV and AIDS. Twenty-eight years ago, the Centers for Disease Control and Prevention issued its first warning about the disease we now know as AIDS. Today, we are approving the fourth extension of the Ryan White CARE Act, comprehensive legislation first enacted

in 1990 for the prevention and treatment of HIV and AIDS.

In those early days, the Nation failed on all levels to fully recognize the dangers posed by this disease. Its victims suffered in silence and stigma. Shamefully, those who had the power to help did nothing.

Then, belatedly, in the mid 1990s, a young boy's courage opened the Nation's eyes to the tragedy of AIDS. A disease that had seemed distant was suddenly a potential threat to any of us. We realized that it is a deadly virus that does not discriminate based on color, religion, political affiliation, or income status. I have no doubt that Ryan White would be proud of the bipartisan effort that, after months of negotiation and compromise, has produced the bill before us today.

In 1987, bipartisan legislation was first introduced calling for a comprehensive national strategy focusing on education, prevention, and research to halt the spread of AIDS. We summoned government, the public health community, and the media all to do their part raise public awareness and combat the AIDS epidemic across America.

Yet, today, more than two decades later, the battle continues. We mourn the more than 500,000 Americans who have been lost to the AIDS virus. However, we take heart from the fact that AIDS is no longer a death sentence. Through testing and treatment, people are living long, full, productive lives with HIV. We are identifying victims earlier in the progression of the disease, and keeping them healthier longer.

However, we still have a long way to go. Many who live with HIV and AIDS do not have insurance to pay for costly treatments. As a result, heavy demands are placed on community-based organizations, as well as on State and local governments. For most of these citizens, the Ryan White CARE Act continues to provide the only means to obtain the care and treatment they need.

The Ryan White CARE Act began as an emergency response to the HIV/AIDS crisis in urban America, but today it has been broadened into a national strategy to provide care and support for people living with HIV and AIDS anywhere in America.

This bill builds on a consensus among States, cities, community-based organizations, hospitals and health providers, and persons living with HIV and AIDS their families and advocates: It maintains access to life-saving medications, quality health care, and support services for persons living with HIV and AIDS who have come to depend on publicly funded systems, it extends this system of quality care to persons with HIV and AIDS who have faced long waiting lists for medications and severe limits on their access to specialty health care; it bolsters governmental and community-based institutions charged with providing this care,

all of whom face growing case loads and the greater challenges of an evolving population of persons with HIV/AIDS; it balances the needs of high-prevalence cities and States with those facing rapidly growing epidemics; it assures those who have been relying on their local system of care that it will continue to be there for them; and it reassures persons seeking tests for HIV that comprehensive care and support will be available.

At its best, the United States has the finest HIV/AIDS care system, truly the gold standard for the rest of the world to emulate. Our goal in this legislation is to make the U.S. HIV/AIDS care system also the fairest in the world, with equal access for all, high quality standards, and guaranteed continuity of care—regardless of geographical location.

This bill is a great example of the good and important things we can accomplish in this body when we work together with bipartisanship, goodwill, and a spirit of compromise. This is also complex legislation, and all our committee staff members, Democratic and Republican alike, deserve great credit for their expertise, and for their diligence in bringing us to this day. I want to recognize Connie Garner and Jenelle Krishnamoorthy from my staff, Hayden Rhudy from Senator ENZI's staff, Tamar Magarik Haro from Senator DODD's staff, and Evan Feinberg from Senator COBURN's staff for their dedication and hard work on this legislation.

To say the least, this legislation is extremely important to Americans living with HIV and AIDS. For them, it is a lifeline. It offers hope for an active, productive, dignified life. This legislation shows America at its very best: compassionate, generous, extending a hand up to those in great need. Mr. President, I thank my colleagues for coming together to support this important, bipartisan bill.

Mr. BROWN. Mr. President, this is the Ryan White HIV Act, which is particularly important legislation. I join millions of people in the country in supporting it.

I ask unanimous consent that a Harkin amendment, which is at the desk, be agreed to; that the bill, as amended, be read the third time and passed; that the motions to reconsider be laid upon the table, with no intervening action or debate, and that any statements related to the bill be printed in the RECORD.

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

The amendment (No. 2692) was agreed to, as follows:

AMENDMENT NO. 2692

On page 5, line 14, strike "In" and insert "in".

On page 7, line 12, add "and" at the end.

On page 7, line 24, strike "(vi)" and insert "(C)" and realign the margin accordingly.

On page 8, line 1, strike "(g)" and insert "(d)".

On page 26, line 5, insert "section" after "in".

On page 26, line 6, strike "(c)(A)" and insert "(c)(4)(A)".

On page 26, line 13, strike "(c)" and insert "(c)".

On page 31, line 24, strike "(a)" and insert "(1)" and realign the margin accordingly.

On page 31, line 26, strike "(b)" and insert "(2)" and realign the margin accordingly.

On page 42, line 13, strike "subpart" and insert "part".

On page 46, line 24, strike "subpart" and insert "part".

On page 47, line 10, strike "subpart" and insert "part".

On page 48, strike lines 1 through 8, and insert the following:

"(a) LIABILITY OF MEDICAL FACILITIES, DESIGNATED OFFICERS, PUBLIC HEALTH OFFICERS, AND GOVERNING ENTITIES.—This part may not be construed to authorize any cause of action for damages or any civil penalty against any medical facility, any designated officer, any other public health officer, or any governing entity of such facility or officer for failure to comply with the duties established in this part."

On page 48, line 9, strike "subpart" and insert "part".

On page 48, line 13, strike "subpart" and insert "part".

On page 48, line 20, strike "subpart" and insert "part".

On page 49, line 18, strike "subpart" and insert "part".

On page 49, line 23, strike "subpart" and insert "part".

On page 50, line 1, strike "SUBPART" and insert "PART".

On page 50, line 2, strike "subpart" and insert "part".

On page 50, line 5, strike "subpart" and insert "part".

The bill (S. 1793) was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 1793

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

**SECTION 1. SHORT TITLE; REFERENCES.**

(a) SHORT TITLE.—This Act may be cited as the "Ryan White HIV/AIDS Treatment Extension Act of 2009".

(b) REFERENCES.—Except as otherwise specified, 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 the Public Health Service Act (42 U.S.C. 201 et seq.).

**SEC. 2. REAUTHORIZATION OF HIV HEALTH CARE SERVICES PROGRAM.**

(a) ELIMINATION OF SUNSET PROVISION.—

(1) IN GENERAL.—The Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109-415; 120 Stat. 2767) is amended by striking section 703.

(2) EFFECTIVE DATE.—Paragraph (1) shall take effect as if enacted on September 30, 2009.

(3) CONTINGENCY PROVISIONS.—Notwithstanding section 703 of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109-415; 120 Stat. 2767) and section 139 of the Continuing Appropriations Resolution, 2010—

(A) the provisions of title XXVI of the Public Health Service Act (42 U.S.C. 300ff et seq.), as in effect on September 30, 2009, are hereby revived; and

(B) the amendments made by this Act to title XXVI of the Public Health Service Act (42 U.S.C. 300ff et seq.) shall apply to such title as so revived and shall take effect as if enacted on September 30, 2009.

(b) PART A GRANTS.—Section 2610(a) (42 U.S.C. 300ff-20(a)) is amended by striking "and \$649,500,000 for fiscal year 2009" and inserting "\$649,500,000 for fiscal year 2009,

\$681,975,000 for fiscal year 2010, \$716,074,000 for fiscal year 2011, \$751,877,000 for fiscal year 2012, and \$789,471,000 for fiscal year 2013”.

(c) PART B GRANTS.—Section 2623(a) (42 U.S.C. 300ff-32(a)) is amended by striking “and \$1,285,200,000 for fiscal year 2009” and inserting “\$1,285,200,000 for fiscal year 2009, \$1,349,460,000 for fiscal year 2010, \$1,416,933,000 for fiscal year 2011, \$1,487,780,000 for fiscal year 2012, and \$1,562,169,000 for fiscal year 2013”.

(d) PART C GRANTS.—Section 2655 (42 U.S.C. 300ff-55) is amended by striking “and \$235,100,000 for fiscal year 2009” and inserting “\$235,100,000 for fiscal year 2009, \$246,855,000 for fiscal year 2010, \$259,198,000 for fiscal year 2011, \$272,158,000 for fiscal year 2012, and \$285,766,000 for fiscal year 2013”.

(e) PART D GRANTS.—Section 2671(i) (42 U.S.C. 300ff-71(i)) is amended by inserting before the period at the end “, \$75,390,000 for fiscal year 2010, \$79,160,000 for fiscal year 2011, \$83,117,000 for fiscal year 2012, and \$87,273,000 for fiscal year 2013”.

(f) DEMONSTRATION AND TRAINING GRANTS UNDER PART F.—

(1) HIV/AIDS COMMUNITIES, SCHOOLS, AND CENTERS.—Section 2692(c) (42 U.S.C. 300ff-111(c)) is amended—

(A) in paragraph (1)—

(i) by striking “is authorized” and inserting “are authorized”; and

(ii) by inserting before the period at the end “, \$36,535,000 for fiscal year 2010, \$38,257,000 for fiscal year 2011, \$40,170,000 for fiscal year 2012, and \$42,178,000 for fiscal year 2013”; and

(B) in paragraph (2)—

(i) by striking “is authorized” and inserting “are authorized”; and

(ii) by inserting before the period at the end “, \$13,650,000 for fiscal year 2010, \$14,333,000 for fiscal year 2011, \$15,049,000 for fiscal year 2012, and \$15,802,000 for fiscal year 2013”.

(2) MINORITY AIDS INITIATIVE.—Section 2693 (42 U.S.C. 300ff-121) is amended—

(A) in subsection (a), by striking “and \$139,100,000 for fiscal year 2009.” and inserting “\$139,100,000 for fiscal year 2009, \$146,055,000 for fiscal year 2010, \$153,358,000 for fiscal year 2011, \$161,026,000 for fiscal year 2012, and \$169,077,000 for fiscal year 2013. The Secretary shall develop a formula for the awarding of grants under subsections (b)(1)(A) and (b)(1)(B) that ensures that funding is provided based on the distribution of populations disproportionately impacted by HIV/AIDS.”;

(B) in subsection (b)(2)—

(i) in subparagraph (A)—

(I) in the matter preceding clause (i), by striking “competitive.”; and

(II) by adding at the end the following:

“(iv) For fiscal year 2010, \$46,738,000.

“(v) For fiscal year 2011, \$49,075,000.

“(vi) For fiscal year 2012, \$51,528,000.

“(vii) For fiscal year 2013, \$54,105,000.”;

(ii) in subparagraph (B)—

(I) in the matter preceding clause (i), by striking “competitive.”; and

(II) by adding at the end the following:

“(iv) For fiscal year 2010, \$8,763,000.

“(v) For fiscal year 2011, \$9,202,000.

“(vi) For fiscal year 2012, \$9,662,000.

“(vii) For fiscal year 2013, \$10,145,000.”;

(iii) in subparagraph (C), by adding at the end the following:

“(iv) For fiscal year 2010, \$61,343,000.

“(v) For fiscal year 2011, \$64,410,000.

“(vi) For fiscal year 2012, \$67,631,000.

“(vii) For fiscal year 2013, \$71,012,000.”;

(iv) in subparagraph (D), by striking “\$18,500,000” and all that follows through the period and inserting the following: “the following, as applicable:

“(i) For fiscal year 2010, \$20,448,000.

“(ii) For fiscal year 2011, \$21,470,000.

“(iii) For fiscal year 2012, \$22,543,000.

“(iv) For fiscal year 2013, \$23,671,000.”; and

(v) in subparagraph (E), by striking “\$8,500,000” and all that follows through the period and inserting the following: “the following, as applicable:

“(i) For fiscal year 2010, \$8,763,000.

“(ii) For fiscal year 2011, \$9,201,000.

“(iii) For fiscal year 2012, \$9,662,000.

“(iv) For fiscal year 2013, \$10,144,000.”; and

(C) by adding at the end the following:

“(d) SYNCHRONIZATION OF MINORITY AIDS INITIATIVE.—For fiscal year 2010 and each subsequent fiscal year, the Secretary shall incorporate and synchronize the schedule of application submissions and funding availability under this section with the schedule of application submissions and funding availability under the corresponding provisions of this title XXVI as follows:

“(1) The schedule for carrying out subsection (b)(1)(A) shall be the same as the schedule applicable to emergency assistance under part A.

“(2) The schedule for carrying out subsection (b)(1)(B) shall be the same as the schedule applicable to care grants under part B.

“(3) The schedule for carrying out subsection (b)(1)(C) shall be the same as the schedule applicable to grants for early intervention services under part C.

“(4) The schedule for carrying out subsection (b)(1)(D) shall be the same as the schedule applicable to grants for services through projects for HIV-related care under part D.

“(5) The schedule for carrying out subsection (b)(1)(E) shall be the same as the schedule applicable to grants and contracts for activities through education and training centers under section 2692.”.

(3) HHS REPORT.—Not later than 6 months after the publication of the Government Accountability Office Report on the Minority Aids Initiative described in section 2686, the Secretary of Health and Human Services shall submit to the appropriate committees of Congress a Departmental plan for using funding under section 2693 of the Public Health Service Act (42 U.S.C. 300ff-93) in all relevant agencies to build capacity, taking into consideration the best practices included in such Report.

(g) GAO REPORT.—Section 2686 (42 U.S.C. 300ff-86) is amended to read as follows:

“SEC. 2686. GAO REPORT.

“The Comptroller General of the Government Accountability Office shall, not less than 1 year after the date of enactment of the Ryan White HIV/AIDS Treatment Extension Act of 2009, submit to the appropriate committees of Congress a report describing Minority AIDS Initiative activities across the Department of Health and Human Services, including programs under this title and programs at the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, and other departmental agencies. Such report shall include a history of program activities within each relevant agency and a description of activities conducted, people served and types of grantees funded, and shall collect and describe best practices in community outreach and capacity-building of community based organizations serving the communities that are disproportionately affected by HIV/AIDS.”.

SEC. 3. EXTENDED EXEMPTION PERIOD FOR NAMES-BASED REPORTING.

(a) PART A GRANTS.—Section 2603(a)(3) (42 U.S.C. 300ff-13(a)(3)) is amended—

(1) in subparagraph (C)—

(A) in clause (ii)—

(i) in the matter preceding subclause (I), by striking “2009” and inserting “2012”; and

(ii) in subclause (II), by striking “or 2009” and inserting “or a subsequent fiscal year through fiscal year 2012”;

(B) in clause (iv), by striking “2010” and inserting “2012”;

(C) in clause (v), by inserting “or a subsequent fiscal year” after “2009”;

(D) in clause (vi)(II), by inserting after “5 percent” the following: “for fiscal years before fiscal year 2012 (and 6 percent for fiscal year 2012)”;

(E) in clause (ix)(II)—

(i) by striking “2010” and inserting “2013”; and

(ii) by striking “2009” and inserting “2012”; and

(F) by adding at the end the following:

“(xi) FUTURE FISCAL YEARS.—For fiscal years beginning with fiscal year 2013, determinations under this paragraph shall be based only on living names-based cases of HIV/AIDS with respect to the area involved.”; and

(2) in subparagraph (D)—

(A) in clause (i)—

(i) in the matter preceding subclause (I), by striking “2009” and inserting “2012”; and

(ii) in subclause (II), by striking “and 2009” and inserting “through 2012”; and

(B) in clause (ii), by striking “2009” and inserting “2012”.

(b) PART B GRANTS.—Section 2618(a)(2) (42 U.S.C. 300ff-28(a)(2)) is amended—

(1) in subparagraph (D)—

(A) in clause (ii)—

(i) in the matter preceding subclause (I), by striking “2009” and inserting “2012”; and

(ii) in subclause (II), by striking “or 2009” and inserting “or a subsequent fiscal year through fiscal year 2012”;

(B) in clause (iv), by striking “2010” and inserting “2012”;

(C) in clause (v), by inserting “or a subsequent fiscal year” after “2009”;

(D) in clause (vi)(II), by inserting after “5 percent” the following: “for fiscal years before fiscal year 2012 (and 6 percent for fiscal year 2012)”;

(E) in clause (viii)(II)—

(i) by striking “2010” and inserting “2013”; and

(ii) by striking “2009” and inserting “2012”; and

(F) by adding at the end the following:

“(x) FUTURE FISCAL YEARS.—For fiscal years beginning with fiscal year 2013, determinations under this paragraph shall be based only on living names-based cases of HIV/AIDS with respect to the State involved.”; and

(2) in subparagraph (E), by striking “2009” each place it appears and inserting “2012”.

SEC. 4. EXTENSION OF TRANSITIONAL GRANT AREA STATUS.

(a) ELIGIBILITY.—Section 2609 (42 U.S.C. 300ff-19) is amended—

(1) in subsection (c)(1)—

(A) in the heading, by striking “2007” and inserting “2011”; and

(B) by striking “2007” each place it appears and inserting “2011”; and

(C) by striking “2006” and inserting “2010”;

(2) in subsection (c)(2)—

(A) in subparagraph (A)(ii), by striking “to have a” and inserting “subject to subparagraphs (B) and (C), to have a”;

(B) by redesignating subparagraph (B) as subparagraph (C);

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

“(B) PERMITTING MARGIN OF ERROR APPLICABLE TO CERTAIN METROPOLITAN AREAS.—In applying subparagraph (A)(ii) for a fiscal year after fiscal year 2008, in the case of a metropolitan area that has a cumulative total of at least 1,400 (and fewer than 1,500) living cases of AIDS as of December 31 of the most recent calendar year for which such data is

available, such area shall be treated as having met the criteria of such subparagraph if not more than 5 percent of the total from grants awarded to such area under this part is unobligated as of the end of the most recent fiscal year for which such data is available.”; and

(D) in subparagraph (C), as so redesignated, by striking “Subparagraph (A) does not apply” and inserting “Subparagraphs (A) and (B) do not apply”; and

(3) in subsection (d)(1)(B), strike “2009” and insert “2013”.

(b) TRANSFER OF AMOUNTS DUE TO CHANGE IN STATUS AS TRANSITIONAL AREA.—Subparagraph (B) of section 2610(c)(2) (42 U.S.C. 300ff-20(c)(2)) is amended—

(1) by striking “(B)” and inserting “(B)(i) subject to clause (ii).”;

(2) by striking the period at the end and inserting “; and”;

(3) by adding at the end the following:

“(ii) for each of fiscal years 2010 through 2013, notwithstanding subsection (a)—

“(I) there shall be transferred to the State containing the metropolitan area, for purposes described in section 2612(a), an amount (which shall not be taken into account in applying section 2618(a)(2)(H)) equal to—

“(aa) for the first fiscal year of the metropolitan area not being a transitional area, 75 percent of the amount described in subparagraph (A)(i) for such area;

“(bb) for the second fiscal year of the metropolitan area not being a transitional area, 50 percent of such amount; and

“(cc) for the third fiscal year of the metropolitan area not being a transitional area, 25 percent of such amount; and

“(II) there shall be transferred and made available for grants pursuant to section 2618(a)(1) for the fiscal year, in addition to amounts available for such grants under section 2623, an amount equal to the total amount of the reduction for such fiscal year under subparagraph (A), less the amount transferred for such fiscal year under subclause (I).”

#### SEC. 5. HOLD HARMLESS.

(a) PART A GRANTS.—Section 2603(a)(4) (42 U.S.C. 300ff-13(a)(4)) is amended—

(1) in the matter preceding clause (i) in subparagraph (A)—

(A) by striking “2006” and inserting “2009”; and

(B) by striking “2007 through 2009” and inserting “2010 through 2013”;

(2) by striking clauses (i) and (ii) in subparagraph (A) and inserting the following:

“(i) For fiscal year 2010, an amount equal to 95 percent of the sum of the amount of the grant made pursuant to paragraph (3) and this paragraph for fiscal year 2009.

“(ii) For each of the fiscal years 2011 and 2012, an amount equal to 100 percent of the amount of the grant made pursuant to paragraph (3) and this paragraph for fiscal year 2010.

“(iii) For fiscal year 2013, an amount equal to 92.5 percent of the amount of the grant made pursuant to paragraph (3) and this paragraph for fiscal year 2012.”; and

(3) in subparagraph (C), by striking “2009” and inserting “2013”.

(b) PART B GRANTS.—Section 2618(a)(2)(H) (42 U.S.C. 300ff-28(a)(2)(H)) is amended—

(1) in clause (i)(I)—

(A) by striking “2007” and inserting “2010”; and

(B) by striking “2006” and inserting “2009”; (2) by striking clause (ii) and redesignating clause (iii) as clause (ii);

(3) in clause (ii), as so redesignated—

(A) in the heading, by striking “2008 AND 2009” and inserting “2011 AND 2012”;

(B) by striking “2008 and 2009” and inserting “2011 and 2012”; and

(C) by striking “2007” and inserting “2010”; (4) by inserting after clause (ii), as so redesignated, the following new clause:

“(iii) FISCAL YEAR 2013.—For fiscal year 2013, the Secretary shall ensure that the total for a State of the grant pursuant to paragraph (1) and the grant pursuant to subparagraph (F) is not less than 92.5 percent of such total for the State for fiscal year 2012.”; and

(5) in clause (v), by striking “2009” and inserting “2013”.

(c) TECHNICAL CORRECTIONS.—Title XXVI (42 U.S.C. 300ff-11 et seq.) is amended—

(1) in subparagraphs (A)(i) and (H) of section 2618(a)(2), by striking the term “subparagraph (G)” each place it appears and inserting “subparagraph (F)”;

(2) in sections 2620(a)(2), 2622(c)(1), and 2622(c)(4)(A), by striking “2618(a)(2)(G)(i)” and inserting “2618(a)(2)(F)(i)”;

(3) in sections 2622(a) and 2623(b)(2)(A), by striking “2618(a)(2)(G)” and inserting “2618(a)(2)(F)”;

(4) in section 2622(b), by striking “2618(a)(2)(G)(ii)” and inserting “2618(a)(2)(F)(ii)”.

#### SEC. 6. AMENDMENTS TO THE GENERAL GRANT PROVISIONS.

(a) ADMINISTRATION AND PLANNING COUNCIL.—Section 2602(b)(4) (42 U.S.C. 300ff-12(b)(4)) is amended—

(1) in subparagraph (A), by inserting “, as well as the size and demographics of the estimated population of individuals with HIV/AIDS who are unaware of their HIV status” after “HIV/AIDS”;

(2) in subparagraph (B)—

(A) in clause (i), by striking “and” at the end after the semicolon;

(B) in clause (ii), by inserting “and” after the semicolon; and

(C) by adding at the end the following:

“(iii) individuals with HIV/AIDS who do not know their HIV status.”; and

(3) in subparagraph (D)—

(A) in clause (ii), by striking “and” at the end after the semicolon;

(B) in clause (iii), by inserting “and” after the semicolon; and

(C) by adding at the end the following:

“(iv) includes a strategy, coordinated as appropriate with other community strategies and efforts, including discrete goals, a timetable, and appropriate funding, for identifying individuals with HIV/AIDS who do not know their HIV status, making such individuals aware of such status, and enabling such individuals to use the health and support services described in section 2604, with particular attention to reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities.”.

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

(1) in paragraph (1)—

(A) in subparagraph (G), by striking “and” at the end after the semicolon;

(B) in subparagraph (H), by striking the period at the end and inserting “; and”;

(C) by adding at the end the following:

“(I) demonstrates success in identifying individuals with HIV/AIDS as described in clauses (i) through (iii) of paragraph (2)(A).”; and

(2) in paragraph (2)(A), by striking the period and inserting “, and demonstrated success in identifying individuals with HIV/AIDS who do not know their HIV status and making them aware of such status counting one-third. In making such determination, the Secretary shall consider—

“(i) the number of individuals who have been tested for HIV/AIDS;

“(ii) of those individuals described in clause (i), the number of individuals who

tested for HIV/AIDS who are made aware of their status, including the number who test positive; and

“(iii) of those individuals described in clause (ii), the number who have been referred to appropriate treatment and care.”.

(c) APPLICATION.—Section 2605(b)(1) (42 U.S.C. 300ff-15(b)(1)) is amended by inserting “, including the identification of individuals with HIV/AIDS as described in clauses (i) through (iii) of section 2603(b)(2)(A)” before the semicolon at the end.

#### SEC. 7. INCREASE IN ADJUSTMENT FOR NAMES-BASED REPORTING.

(a) PART A GRANTS.—

(1) FORMULA GRANTS.—Section 2603(a)(3)(C)(vi) (42 U.S.C. 300ff-13(a)(3)(C)(vi)) is amended by adding at the end the following:

“(III) INCREASED ADJUSTMENT FOR CERTAIN AREAS PREVIOUSLY USING CODE-BASED REPORTING.—For purposes of this subparagraph for each of fiscal years 2010 through 2012, the Secretary shall deem the applicable number of living cases of HIV/AIDS in an area that were reported to and confirmed by the Centers for Disease Control and Prevention to be 3 percent higher than the actual number if—

“(aa) for fiscal year 2007, such area was a transitional area;

“(bb) fiscal year 2007 was the first year in which the count of living non-AIDS cases of HIV in such area, for purposes of this section, was based on a names-based reporting system; and

“(cc) the amount of funding that such area received under this part for fiscal year 2007 was less than 70 percent of the amount of funding (exclusive of funds that were identified as being for purposes of the Minority AIDS Initiative) that such area received under such part for fiscal year 2006.”.

(2) SUPPLEMENTAL GRANTS.—Section 2603(b)(2) (42 U.S.C. 300ff-13(b)(2)) is amended by adding at the end the following:

“(D) INCREASED ADJUSTMENT FOR CERTAIN AREAS PREVIOUSLY USING CODE-BASED REPORTING.—For purposes of this subsection for each of fiscal years 2010 through 2012, the Secretary shall deem the applicable number of living cases of HIV/AIDS in an area that were reported to and confirmed by the Centers for Disease Control and Prevention to be 3 percent higher than the actual number if the conditions described in items (aa) through (cc) of subsection (a)(3)(C)(vi)(III) are all satisfied.”.

(b) PART B GRANTS.—Section 2618(a)(2)(D)(vi) (42 U.S.C. 300ff-28(a)(2)(D)(vi)) is amended by adding at the end the following:

“(III) INCREASED ADJUSTMENT FOR CERTAIN STATES PREVIOUSLY USING CODE-BASED REPORTING.—For purposes of this subparagraph for each of fiscal years 2010 through 2012, the Secretary shall deem the applicable number of living cases of HIV/AIDS in a State that were reported to and confirmed by the Centers for Disease Control and Prevention to be 3 percent higher than the actual number if—

“(aa) there is an area in such State that satisfies all of the conditions described in items (aa) through (cc) of section 2603(a)(3)(C)(vi)(III); or

“(bb)(AA) fiscal year 2007 was the first year in which the count of living non-AIDS cases of HIV in such area, for purposes of this part, was based on a names-based reporting system; and

“(BB) the amount of funding that such State received under this part for fiscal year 2007 was less than 70 percent of the amount of funding that such State received under such part for fiscal year 2006.”.

#### SEC. 8. TREATMENT OF UNOBLIGATED FUNDS.

(a) ELIGIBILITY FOR SUPPLEMENTAL GRANTS.—Title XXVI (42 U.S.C. 300ff-11 et seq.) is amended—

(1) in section 2603(b)(1)(H) (42 U.S.C. 300ff-13(b)(1)(H)), by striking “2 percent” and inserting “5 percent”; and

(2) in section 2620(a)(2) (42 U.S.C. 300ff-29a(a)(2)), by striking “2 percent” and inserting “5 percent”.

(b) CORRESPONDING REDUCTION IN FUTURE GRANT.—

(1) IN GENERAL.—Title XXVI (42 U.S.C. 300ff-11 et seq.) is amended—

(A) in section 2603(c)(3)(D)(i)(42 U.S.C. 300ff-13(c)(3)(D)(i)), in the matter following subclause (II), by striking “2 percent” and inserting “5 percent”; and

(B) in section 2622(c)(4)(A) (42 U.S.C. 300ff-31a(c)(4)(A)), in the matter following clause (ii), by striking “2 percent” and inserting “5 percent”.

(2) AUTHORITY REGARDING ADMINISTRATION OF PROVISION.—Title XXVI (42 U.S.C. 300ff-11 et seq.) is amended—

(A) in section 2603(c) (42 U.S.C. 300ff-13(c)), by adding at the end the following:

“(4) AUTHORITY REGARDING ADMINISTRATION OF PROVISIONS.—In administering paragraphs (2) and (3) with respect to the unobligated balance of an eligible area, the Secretary may elect to reduce the amount of future grants to the area under subsection (a) or (b), as applicable, by the amount of any such unobligated balance in lieu of cancelling such amount as provided for in paragraph (2) or (3)(A). In such case, the Secretary may permit the area to use such unobligated balance for purposes of any such future grant. An amount equal to such reduction shall be available for use as additional amounts for grants pursuant to subsection (b), subject to subsection (a)(4) and section 2610(d)(2). Nothing in this paragraph shall be construed to affect the authority of the Secretary under paragraphs (2) and (3), including the authority to grant waivers under paragraph (3)(A). The reduction in future grants authorized under this paragraph shall be notwithstanding the penalty required under paragraph (3)(D) with respect to unobligated funds.”;

(B) in section 2622 (42 U.S.C. 300ff-31a), by adding at the end the following:

“(e) AUTHORITY REGARDING ADMINISTRATION OF PROVISIONS.—In administering subsections (b) and (c) with respect to the unobligated balance of a State, the Secretary may elect to reduce the amount of future grants to the State under section 2618, 2620, or 2621, as applicable, by the amount of any such unobligated balance in lieu of cancelling such amount as provided for in subsection (b) or (c)(1). In such case, the Secretary may permit the State to use such unobligated balance for purposes of any such future grant. An amount equal to such reduction shall be available for use as additional amounts for grants pursuant to section 2620, subject to section 2618(a)(2)(H). Nothing in this paragraph shall be construed to affect the authority of the Secretary under subsections (b) and (c), including the authority to grant waivers under subsection (c)(1). The reduction in future grants authorized under this subsection shall be notwithstanding the penalty required under subsection (c)(4) with respect to unobligated funds.”;

(C) in section 2603(b)(1)(H) (42 U.S.C. 300ff-13(b)(1)(H)), by striking “canceled” and inserting “canceled, offset under subsection (c)(4).”; and

(D) in section 2620(a)(2) (42 U.S.C. 300ff-29a(a)(2)), by striking “canceled” and inserting “canceled, offset under section 2622(e).”.

(c) CONSIDERATION OF WAIVER AMOUNTS IN DETERMINING UNOBLIGATED BALANCES.—

(1) PART A GRANTS.—Section 2603(c)(3)(D)(i)(I) (42 U.S.C. 300ff-14(c)(3)(D)(i)(I)) is amended by inserting after “unobligated balance” the following: “(less

any amount of such balance that is the subject of a waiver of cancellation under subparagraph (A))”.

(2) PART B GRANTS.—Section 2622(c)(4)(A)(i) (42 U.S.C. 300ff-31a(c)(4)(A)(i)) is amended by inserting after “unobligated balance” the following: “(less any amount of such balance that is the subject of a waiver of cancellation under paragraph (1))”.

SEC. 9. APPLICATIONS BY STATES.

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

(1) in paragraph (6), by striking “and” at the end;

(2) in paragraph (7), by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following:

“(8) a comprehensive plan—

“(A) containing an identification of individuals with HIV/AIDS as described in clauses (i) through (iii) of section 2603(b)(2)(A) and the strategy required under section 2602(b)(4)(D)(iv);

“(B) describing the estimated number of individuals within the State with HIV/AIDS who do not know their status;

“(C) describing activities undertaken by the State to find the individuals described in subparagraph (A) and to make such individuals aware of their status;

“(D) describing the manner in which the State will provide undiagnosed individuals who are made aware of their status with access to medical treatment for their HIV/AIDS; and

“(E) describing efforts to remove legal barriers, including State laws and regulations, to routine testing.”.

SEC. 10. ADAP REBATE FUNDS.

(a) USE OF UNOBLIGATED FUNDS.—Section 2622(d) (42 U.S.C. 300ff-31a(d)) is amended by adding at the end the following: “If an expenditure of ADAP rebate funds would trigger a penalty under this section or a higher penalty than would otherwise have applied, the State may request that for purposes of this section, the Secretary deem the State’s unobligated balance to be reduced by the amount of rebate funds in the proposed expenditure. Notwithstanding 2618(a)(2)(F), any unobligated amount under section 2618(a)(2)(F)(ii)(V) that is returned to the Secretary for reallocation shall be used by the Secretary for—

“(1) the ADAP supplemental program if the Secretary determines appropriate; or

“(2) for additional amounts for grants pursuant to section 2620.”.

(b) TECHNICAL CORRECTION.—Subclause (V) of section 2618(a)(2)(F)(ii) (42 U.S.C. 300ff-28(a)(2)(F)(ii)) is amended by striking “, subject to subclause (VI)”.

SEC. 11. APPLICATION TO PRIMARY CARE SERVICES.

(a) IN GENERAL.—Section 2671 (42 U.S.C. 300ff-71), as amended, is amended—

(1) by redesignating subsection (i) as subsection (j);

(2) in subsection (g), by striking “subsection (i)” and inserting “subsection (j)”; and

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

“(i) APPLICATION TO PRIMARY CARE SERVICES.—Nothing in this part shall be construed as requiring funds under this part to be used for primary care services when payments are available for such services from other sources (including under titles XVIII, XIX, and XXI of the Social Security Act).”.

(b) PROVISION OF CARE THROUGH MEMORANDUM OF UNDERSTANDING.—Section 2671(a) (42 U.S.C. 300ff-71(a)) is amended by striking “(directly or through contracts)” and inserting “(directly or through contracts or memoranda of understanding)”.

SEC. 12. NATIONAL HIV/AIDS TESTING GOAL.

Part E of title XXVI (42 U.S.C. 300ff-81 et seq.) is amended—

(1) by redesignating section 2688 as section 2689; and

(2) by inserting after section 2687 the following:

“SEC. 2688. NATIONAL HIV/AIDS TESTING GOAL.

“(a) IN GENERAL.—Not later than January 1, 2010, the Secretary shall establish a national HIV/AIDS testing goal of 5,000,000 tests for HIV/AIDS annually through federally-supported HIV/AIDS prevention, treatment, and care programs, including programs under this title and other programs administered by the Centers for Disease Control and Prevention.

“(b) ANNUAL REPORT.—Not later than January 1, 2011, and annually thereafter, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall submit to Congress a report describing, with regard to the preceding 12-month reporting period—

“(1) whether the testing goal described in subsection (a) has been met;

“(2) the total number of individuals tested through federally-supported and other HIV/AIDS prevention, treatment, and care programs in each State;

“(3) the number of individuals who—

“(A) prior to such 12-month period, were unaware of their HIV status; and

“(B) through federally-supported and other HIV/AIDS prevention, treatment, and care programs, were diagnosed and referred into treatment and care during such period;

“(4) any barriers, including State laws and regulations, that the Secretary determines to be a barrier to meeting the testing goal described in subsection (a);

“(5) the amount of funding the Secretary determines necessary to meet the annual testing goal in the following 12 months and the amount of Federal funding expended to meet the testing goal in the prior 12-month period; and

“(6) the most cost-effective strategies for identifying and diagnosing individuals who were unaware of their HIV status, including voluntary testing with pre-test counseling, routine screening including opt-out testing, partner counseling and referral services, and mass media campaigns.

“(c) REVIEW OF PROGRAM EFFECTIVENESS.—Not later than 1 year after the date of enactment of this section, the Secretary, in consultation with the Director of the Centers for Disease Control and Prevention, shall submit a report to Congress based on a comprehensive review of each of the programs and activities conducted by the Centers for Disease Control and Prevention as part of the Domestic HIV/AIDS Prevention Activities, including the following:

“(1) The amount of funding provided for each program or activity.

“(2) The primary purpose of each program or activity.

“(3) The annual goals for each program or activity.

“(4) The relative effectiveness of each program or activity with relation to the other programs and activities conducted by the Centers for Disease Control and Prevention, based on the—

“(A) number of previously undiagnosed individuals with HIV/AIDS made aware of their status and referred into the appropriate treatment;

“(B) amount of funding provided for each program or activity compared to the number of undiagnosed individuals with HIV/AIDS made aware of their status;

“(C) program’s contribution to the National HIV/AIDS testing goal; and

“(D) progress made toward the goals described in paragraph (3).

“(5) Recommendations if any to Congress on ways to allocate funding for domestic HIV/AIDS prevention activities and programs in order to achieve the National HIV/AIDS testing goal.

“(d) COORDINATION WITH OTHER FEDERAL ACTIVITIES.—In pursuing the National HIV/AIDS testing goal, the Secretary, where appropriate, shall consider and coordinate with other national strategies conducted by the Federal Government to address HIV/AIDS.”

**SEC. 13. NOTIFICATION OF POSSIBLE EXPOSURE TO INFECTIOUS DISEASES.**

Title XXVI (42 U.S.C. 300ff-11 et seq.) is amended by adding at the end the following:

**“PART G—NOTIFICATION OF POSSIBLE EXPOSURE TO INFECTIOUS DISEASES**

**“SEC. 2695. INFECTIOUS DISEASES AND CIRCUMSTANCES RELEVANT TO NOTIFICATION REQUIREMENTS.**

“(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this part, the Secretary shall complete the development of—

“(1) a list of potentially life-threatening infectious diseases, including emerging infectious diseases, to which emergency response employees may be exposed in responding to emergencies;

“(2) guidelines describing the circumstances in which such employees may be exposed to such diseases, taking into account the conditions under which emergency response is provided; and

“(3) guidelines describing the manner in which medical facilities should make determinations for purposes of section 2695B(d).

“(b) SPECIFICATION OF AIRBORNE INFECTIOUS DISEASES.—The list developed by the Secretary under subsection (a)(1) shall include a specification of those infectious diseases on the list that are routinely transmitted through airborne or aerosolized means.

“(c) DISSEMINATION.—The Secretary shall—

“(1) transmit to State public health officers copies of the list and guidelines developed by the Secretary under subsection (a) with the request that the officers disseminate such copies as appropriate throughout the States; and

“(2) make such copies available to the public.

**“SEC. 2695A. ROUTINE NOTIFICATIONS WITH RESPECT TO AIRBORNE INFECTIOUS DISEASES IN VICTIMS ASSISTED.**

“(a) ROUTINE NOTIFICATION OF DESIGNATED OFFICER.—

“(1) DETERMINATION BY TREATING FACILITY.—If a victim of an emergency is transported by emergency response employees to a medical facility and the medical facility makes a determination that the victim has an airborne infectious disease, the medical facility shall notify the designated officer of the emergency response employees who transported the victim to the medical facility of the determination.

“(2) DETERMINATION BY FACILITY ASCERTAINING CAUSE OF DEATH.—If a victim of an emergency is transported by emergency response employees to a medical facility and the victim dies at or before reaching the medical facility, the medical facility ascertaining the cause of death shall notify the designated officer of the emergency response employees who transported the victim to the initial medical facility of any determination by the medical facility that the victim had an airborne infectious disease.

“(b) REQUIREMENT OF PROMPT NOTIFICATION.—With respect to a determination described in paragraph (1) or (2) of subsection (a), the notification required in each of such paragraphs shall be made as soon as is practicable, but not later than 48 hours after the determination is made.

**“SEC. 2695B. REQUEST FOR NOTIFICATION WITH RESPECT TO VICTIMS ASSISTED.**

“(a) INITIATION OF PROCESS BY EMPLOYEE.—If an emergency response employee believes that the employee may have been exposed to an infectious disease by a victim of an emergency who was transported to a medical facility as a result of the emergency, and if the employee attended, treated, assisted, or transported the victim pursuant to the emergency, then the designated officer of the employee shall, upon the request of the employee, carry out the duties described in subsection (b) regarding a determination of whether the employee may have been exposed to an infectious disease by the victim.

“(b) INITIAL DETERMINATION BY DESIGNATED OFFICER.—The duties referred to in subsection (a) are that—

“(1) the designated officer involved collect the facts relating to the circumstances under which, for purposes of subsection (a), the employee involved may have been exposed to an infectious disease; and

“(2) the designated officer evaluate such facts and make a determination of whether, if the victim involved had any infectious disease included on the list issued under paragraph (1) of section 2695(a), the employee would have been exposed to the disease under such facts, as indicated by the guidelines issued under paragraph (2) of such section.

“(c) SUBMISSION OF REQUEST TO MEDICAL FACILITY.—

“(1) IN GENERAL.—If a designated officer makes a determination under subsection (b)(2) that an emergency response employee may have been exposed to an infectious disease, the designated officer shall submit to the medical facility to which the victim involved was transported a request for a response under subsection (d) regarding the victim of the emergency involved.

“(2) FORM OF REQUEST.—A request under paragraph (1) shall be in writing and be signed by the designated officer involved, and shall contain a statement of the facts collected pursuant to subsection (b)(1).

“(d) EVALUATION AND RESPONSE REGARDING REQUEST TO MEDICAL FACILITY.—

“(1) IN GENERAL.—If a medical facility receives a request under subsection (c), the medical facility shall evaluate the facts submitted in the request and make a determination of whether, on the basis of the medical information possessed by the facility regarding the victim involved, the emergency response employee was exposed to an infectious disease included on the list issued under paragraph (1) of section 2695(a), as indicated by the guidelines issued under paragraph (2) of such section.

“(2) NOTIFICATION OF EXPOSURE.—If a medical facility makes a determination under paragraph (1) that the emergency response employee involved has been exposed to an infectious disease, the medical facility shall, in writing, notify the designated officer who submitted the request under subsection (c) of the determination.

“(3) FINDING OF NO EXPOSURE.—If a medical facility makes a determination under paragraph (1) that the emergency response employee involved has not been exposed to an infectious disease, the medical facility shall, in writing, inform the designated officer who submitted the request under subsection (c) of the determination.

“(4) INSUFFICIENT INFORMATION.—

“(A) If a medical facility finds in evaluating facts for purposes of paragraph (1) that the facts are insufficient to make the determination described in such paragraph, the medical facility shall, in writing, inform the designated officer who submitted the request under subsection (c) of the insufficiency of the facts.

“(B)(i) If a medical facility finds in making a determination under paragraph (1) that the

facility possesses no information on whether the victim involved has an infectious disease included on the list under section 2695(a), the medical facility shall, in writing, inform the designated officer who submitted the request under subsection (c) of the insufficiency of such medical information.

“(ii) If after making a response under clause (i) a medical facility determines that the victim involved has an infectious disease, the medical facility shall make the determination described in paragraph (1) and provide the applicable response specified in this subsection.

“(e) TIME FOR MAKING RESPONSE.—After receiving a request under subsection (c) (including any such request resubmitted under subsection (g)(2)), a medical facility shall make the applicable response specified in subsection (d) as soon as is practicable, but not later than 48 hours after receiving the request.

“(f) DEATH OF VICTIM OF EMERGENCY.—

“(1) FACILITY ASCERTAINING CAUSE OF DEATH.—If a victim described in subsection (a) dies at or before reaching the medical facility involved, and the medical facility receives a request under subsection (c), the medical facility shall provide a copy of the request to the medical facility ascertaining the cause of death of the victim, if such facility is a different medical facility than the facility that received the original request.

“(2) RESPONSIBILITY OF FACILITY.—Upon the receipt of a copy of a request for purposes of paragraph (1), the duties otherwise established in this part regarding medical facilities shall apply to the medical facility ascertaining the cause of death of the victim in the same manner and to the same extent as such duties apply to the medical facility originally receiving the request.

“(g) ASSISTANCE OF PUBLIC HEALTH OFFICER.—

“(1) EVALUATION OF RESPONSE OF MEDICAL FACILITY REGARDING INSUFFICIENT FACTS.—

“(A) In the case of a request under subsection (c) to which a medical facility has made the response specified in subsection (d)(4)(A) regarding the insufficiency of facts, the public health officer for the community in which the medical facility is located shall evaluate the request and the response, if the designated officer involved submits such documents to the officer with the request that the officer make such an evaluation.

“(B) As soon as is practicable after a public health officer receives a request under subparagraph (A), but not later than 48 hours after receipt of the request, the public health officer shall complete the evaluation required in such paragraph and inform the designated officer of the results of the evaluation.

“(2) FINDINGS OF EVALUATION.—

“(A) If an evaluation under paragraph (1)(A) indicates that the facts provided to the medical facility pursuant to subsection (c) were sufficient for purposes of determinations under subsection (d)(1)—

“(i) the public health officer shall, on behalf of the designated officer involved, resubmit the request to the medical facility; and

“(ii) the medical facility shall provide to the designated officer the applicable response specified in subsection (d).

“(B) If an evaluation under paragraph (1)(A) indicates that the facts provided in the request to the medical facility were insufficient for purposes of determinations specified in subsection (c)—

“(i) the public health officer shall provide advice to the designated officer regarding the collection and description of appropriate facts; and

“(ii) if sufficient facts are obtained by the designated officer—

“(I) the public health officer shall, on behalf of the designated officer involved, resubmit the request to the medical facility; and

“(II) the medical facility shall provide to the designated officer the appropriate response under subsection (c).

**“SEC. 2695C. PROCEDURES FOR NOTIFICATION OF EXPOSURE.**

“(a) CONTENTS OF NOTIFICATION TO OFFICER.—In making a notification required under section 2695A or section 2695B(d)(2), a medical facility shall provide—

“(1) the name of the infectious disease involved; and

“(2) the date on which the victim of the emergency involved was transported by emergency response employees to the medical facility involved.

“(b) MANNER OF NOTIFICATION.—If a notification under section 2695A or section 2695B(d)(2) is mailed or otherwise indirectly made—

“(1) the medical facility sending the notification shall, upon sending the notification, inform the designated officer to whom the notification is sent of the fact that the notification has been sent; and

“(2) such designated officer shall, not later than 10 days after being informed by the medical facility that the notification has been sent, inform such medical facility whether the designated officer has received the notification.

**“SEC. 2695D. NOTIFICATION OF EMPLOYEE.**

“(a) IN GENERAL.—After receiving a notification for purposes of section 2695A or 2695B(d)(2), a designated officer of emergency response employees shall, to the extent practicable, immediately notify each of such employees who—

“(1) responded to the emergency involved; and

“(2) as indicated by guidelines developed by the Secretary, may have been exposed to an infectious disease.

“(b) CERTAIN CONTENTS OF NOTIFICATION TO EMPLOYEE.—A notification under this subsection to an emergency response employee shall inform the employee of—

“(1) the fact that the employee may have been exposed to an infectious disease and the name of the disease involved;

“(2) any action by the employee that, as indicated by guidelines developed by the Secretary, is medically appropriate; and

“(3) if medically appropriate under such criteria, the date of such emergency.

“(c) RESPONSES OTHER THAN NOTIFICATION OF EXPOSURE.—After receiving a response under paragraph (3) or (4) of subsection (d) of section 2695B, or a response under subsection (g)(1) of such section, the designated officer for the employee shall, to the extent practicable, immediately inform the employee of the response.

**“SEC. 2695E. SELECTION OF DESIGNATED OFFICERS.**

“(a) IN GENERAL.—For the purposes of receiving notifications and responses and making requests under this part on behalf of emergency response employees, the public health officer of each State shall designate 1 official or officer of each employer of emergency response employees in the State.

“(b) PREFERENCE IN MAKING DESIGNATIONS.—In making the designations required in subsection (a), a public health officer shall give preference to individuals who are trained in the provision of health care or in the control of infectious diseases.

**“SEC. 2695F. LIMITATION WITH RESPECT TO DUTIES OF MEDICAL FACILITIES.**

“The duties established in this part for a medical facility—

“(1) shall apply only to medical information possessed by the facility during the period in which the facility is treating the vic-

tim for conditions arising from the emergency, or during the 60-day period beginning on the date on which the victim is transported by emergency response employees to the facility, whichever period expires first; and

“(2) shall not apply to any extent after the expiration of the 30-day period beginning on the expiration of the applicable period referred to in paragraph (1), except that such duties shall apply with respect to any request under section 2695B(c) received by a medical facility before the expiration of such 30-day period.

**“SEC. 2695G. MISCELLANEOUS PROVISIONS.**

“(a) LIABILITY OF MEDICAL FACILITIES, DESIGNATED OFFICERS, PUBLIC HEALTH OFFICERS, AND GOVERNING ENTITIES.—This part may not be construed to authorize any cause of action for damages or any civil penalty against any medical facility, any designated officer, any other public health officer, or any governing entity of such facility or officer for failure to comply with the duties established in this part.

“(b) TESTING.—This part may not, with respect to victims of emergencies, be construed to authorize or require a medical facility to test any such victim for any infectious disease.

“(c) CONFIDENTIALITY.—This part may not be construed to authorize or require any medical facility, any designated officer of emergency response employees, or any such employee, to disclose identifying information with respect to a victim of an emergency or with respect to an emergency response employee.

“(d) FAILURE TO PROVIDE EMERGENCY SERVICES.—This part may not be construed to authorize any emergency response employee to fail to respond, or to deny services, to any victim of an emergency.

“(e) NOTIFICATION AND REPORTING DEADLINES.—In any case in which the Secretary determines that, wholly or partially as a result of a public health emergency that has been determined pursuant to section 319(a), individuals or public or private entities are unable to comply with the requirements of this part, the Secretary may, notwithstanding any other provision of law, temporarily suspend, in whole or in part, the requirements of this part as the circumstances reasonably require. Before or promptly after such a suspension, the Secretary shall notify the Congress of such action and publish in the Federal Register a notice of the suspension.

“(f) CONTINUED APPLICATION OF STATE AND LOCAL LAW.—Nothing in this part shall be construed to limit the application of State or local laws that require the provision of data to public health authorities.

**“SEC. 2695H. INJUNCTIONS REGARDING VIOLATION OF PROHIBITION.**

“(a) IN GENERAL.—The Secretary may, in any court of competent jurisdiction, commence a civil action for the purpose of obtaining temporary or permanent injunctive relief with respect to any violation of this part.

“(b) FACILITATION OF INFORMATION ON VIOLATIONS.—The Secretary shall establish an administrative process for encouraging emergency response employees to provide information to the Secretary regarding violations of this part. As appropriate, the Secretary shall investigate alleged such violations and seek appropriate injunctive relief.

**“SEC. 2695I. APPLICABILITY OF PART.**

“This part shall not apply in a State if the chief executive officer of the State certifies to the Secretary that the law of the State is substantially consistent with this part.”.

**GIRL SCOUTS USA CENTENNIAL  
COMMEMORATIVE COIN ACT**

Mr. BROWN. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of H.R. 621, which was received from the House.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 621) to require the Secretary of the Treasury to mint coins in commemoration of the centennial of the establishment of the Girl Scouts of the United States of America.

There being no objection, the Senate proceeded to consider the bill.

Mr. BROWN. Mr. President, I ask unanimous consent that the bill be read three times and passed, the motion to reconsider be laid upon the table, with no intervening action or debate, and that any statements relating to the bill be printed in the RECORD.

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

The bill (H.R. 621) was ordered to a third reading, was read the third time, and passed.

**NATIONAL CHARACTER COUNTS  
WEEK**

Mr. BROWN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 314, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 314) designating the week beginning October 18, 2009, as “National Character Counts Week.”

There being no objection, the Senate proceeded to consider the resolution.

Mr. DODD. Mr. President, today Senator GRASSLEY and I have submitted a resolution designating the third week of October as National Character Counts Week. In the past, my good friend Senator Domenici and I worked together on the issue of character education, and I am pleased to be joined by my colleague Senator GRASSLEY in continuing to designate a special week to this cause. I hope that with this resolution we may highlight the importance of character building activities in schools not only this week but all year long.

Since 1994, when the Partnerships in Character Education Pilot Project was first established, I have worked to commemorate National Character Counts Week. Character Counts was founded on a simple notion: our core ethical values aren't just important to us as individuals—they form the very foundation of democratic society. We know that in order to face our challenges as communities and as a Nation, we need our children to be both well-educated and trained—and that begins with instilling character in our children.

Trustworthiness, respect, responsibility, fairness, caring, and citizenship—these are the six pillars of character. Character education provides