

Public Law 101-381
101st Congress

An Act

Aug. 18, 1990
[S. 2240]

To amend the Public Health Service Act to provide grants to improve the quality and availability of care for individuals and families with HIV disease, and for other purposes.

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

Ryan White
Comprehensive
AIDS Resources
Emergency Act
of 1990.
42 USC 201 note.
42 USC 300ff.

SECTION 1. SHORT TITLE.

This Act may be cited as the "Ryan White Comprehensive AIDS Resources Emergency Act of 1990".

SEC. 2. PURPOSE.

It is the purpose of this Act to provide emergency assistance to localities that are disproportionately affected by the Human Immunodeficiency Virus epidemic and to make financial assistance available to States and other public or private nonprofit entities to provide for the development, organization, coordination and operation of more effective and cost efficient systems for the delivery of essential services to individuals and families with HIV disease.

**TITLE I—HIV EMERGENCY RELIEF
GRANT PROGRAM**

SEC. 101. HIV EMERGENCY RELIEF GRANT PROGRAM.

The Public Health Service Act is amended—

42 USC 300aaa—
300aaa-13.

- (1) by redesignating title XXVI as title XXVII;
- (2) by redesignating sections 2601 through 2614 as sections 2701 through 2714, respectively; and
- (3) by inserting after title XXV (42 U.S.C. 300ee et seq.) the following new title:

**“TITLE XXVI—HIV HEALTH CARE
SERVICES PROGRAM**

**“PART A—EMERGENCY RELIEF FOR AREAS WITH SUBSTANTIAL NEED
FOR SERVICES**

42 USC 300ff-11.

“SEC. 2601. ESTABLISHMENT OF PROGRAM OF GRANTS.

“(a) **ELIGIBLE AREAS.**—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall, subject to subsection (b), make grants in accordance with section 2603 for the purpose of assisting in the provision of the services specified in 2604 in any metropolitan area for which, as of June 30, 1990, in the case of grants for fiscal year 1991, and as of March 31 of the most recent fiscal year for which such data is available in the case of a grant for any subsequent fiscal year—

“(1) there has been reported to and confirmed by the Director of the Centers for Disease Control a cumulative total of more than 2,000 cases of acquired immune deficiency syndrome; or

“(2) the per capita incidence of cumulative cases of such syndrome (computed on the basis of the most recently available data on the population of the area) is not less than 0.0025.

“(b) **REQUIREMENT REGARDING CONFIRMATION OF CASES.**—The Secretary may not make a grant under subsection (a) for a metropolitan area unless, before making any payments under the grant, the cases of acquired immune deficiency syndrome reported for purposes of such subsection have been confirmed by the Secretary, acting through the Director of the Centers for Disease Control.

“**SEC. 2602. ADMINISTRATION AND PLANNING COUNCIL.**

42 USC 300ff-12.

“(a) **ADMINISTRATION.**—

“(1) **IN GENERAL.**—Assistance made available under grants awarded under this part shall be directed to the chief elected official of the city or urban county that administers the public health agency that provides outpatient and ambulatory services to the greatest number of individuals with AIDS, as reported to and confirmed by the Centers for Disease Control, in the eligible area that is awarded such a grant.

“(2) **REQUIREMENTS.**—

“(A) **IN GENERAL.**—To receive assistance under section 2601(a), the chief elected official of the eligible area involved shall—

“(i) establish, through intergovernmental agreements with the chief elected officials of the political subdivisions described in subparagraph (B), an administrative mechanism to allocate funds and services based on—

Contracts.

“(I) the number of AIDS cases in such subdivisions;

“(II) the severity of need for outpatient and ambulatory care services in such subdivisions; and

“(III) the health and support services personnel needs of such subdivisions; and

“(ii) establish an HIV health services planning council in accordance with subsection (b).

“(B) **LOCAL POLITICAL SUBDIVISION.**—The political subdivisions referred to in subparagraph (A) are those political subdivisions in the eligible area—

“(i) that provide HIV-related health services; and

“(ii) for which the number of cases reported for purposes of section 2601(a) constitutes not less than 10 percent of the number of such cases reported for the eligible area.

“(b) **HIV HEALTH SERVICES PLANNING COUNCIL.**—

“(1) **ESTABLISHMENT.**—To be eligible for assistance under this part, the chief elected official described in subsection (a)(1) shall establish or designate an HIV health services planning council that shall include representatives of—

“(A) health care providers;

“(B) community-based and AIDS service organizations;

“(C) social service providers;

“(D) mental health care providers;

“(E) local public health agencies;

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

“(G) affected communities, including individuals with HIV disease;

“(H) non-elected community leaders;

“(I) State government;

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

“(K) the lead agency of any Health Resources and Services Administration adult and pediatric HIV-related care demonstration project operating in the area to be served.

“(2) METHOD OF PROVIDING FOR COUNCIL.—

“(A) IN GENERAL.—In providing for a council for purposes of paragraph (1), a chief elected official receiving a grant under section 2601(a) may establish the council directly or designate an existing entity to serve as the council, subject to subparagraph (B).

“(B) CONSIDERATION REGARDING DESIGNATION OF COUNCIL.—In making a determination of whether to establish or designate a council under subparagraph (A), a chief elected official receiving a grant under section 2601(a) shall give priority to the designation of an existing entity that has demonstrated experience in planning for the HIV health care service needs within the eligible area and in the implementation of such plans in addressing those needs. Any existing entity so designated shall be expanded to include a broad representation of the full range of entities that provide such services within the geographic area to be served.

“(3) DUTIES.—The planning council established or designated under paragraph (1) shall—

“(A) establish priorities for the allocation of funds within the eligible area;

“(B) develop a comprehensive plan for the organization and delivery of health services described in section 2604 that is compatible with any existing State or local plan regarding the provision of health services to individuals with HIV disease; and

“(C) assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area.

42 USC 300ff-13. “SEC. 2603. TYPE AND DISTRIBUTION OF GRANTS.

“(a) GRANTS BASED ON RELATIVE NEED OF AREA.—

“(1) IN GENERAL.—In carrying out section 2601(a), the Secretary shall make a grant for each eligible area for which an application under section 2605(a) has been approved. Each such grant shall be made in an amount determined in accordance with paragraph (3).

“(2) EXPEDITED DISTRIBUTION.—Not later than—

“(A) 90 days after an appropriation becomes available to carry out this part for fiscal year 1991; and

“(B) 60 days after an appropriation becomes available to carry out this part for each of fiscal years 1992 through 1995;

the Secretary shall, except in the case of waivers granted under section 2605(c), disburse 50 percent of the amount appropriated

under section 2608 for such fiscal year through grants to eligible areas under section 2601(a).

“(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 for an eligible area shall be made in an amount equal to the sum of—

“(i) an amount determined in accordance with subparagraph (B); and

“(ii) an amount determined in accordance with subparagraph (C).

“(B) AMOUNT RELATING TO CUMULATIVE NUMBER OF CASES.—The amount referred to in clause (i) of subparagraph (A) is an amount equal to the product of—

“(i) an amount equal to 75 percent of the amounts available for distribution under paragraph (2) for the fiscal year involved; and

“(ii) a percentage equal to the quotient of—

“(I) the cumulative number of cases of acquired immune deficiency syndrome in the eligible area involved, as indicated by the number of such cases reported to and confirmed by the Director of the Centers for Disease Control on the applicable date described in section 2601(a); divided by

“(II) the sum of the cumulative number of such cases in all eligible areas for which an application for a grant under paragraph (1) has been approved.

“(C) AMOUNT RELATING TO PER CAPITA INCIDENCE OF CASES.—The amount referred to in clause (ii) of subparagraph (A) is an amount equal to the product of—

“(i) an amount equal to 25 percent of the amounts available for distribution under paragraph (2) for the fiscal year involved; and

“(ii) a percentage developed by the Secretary through consideration of the ratio of—

“(I) the per capita incidence of cumulative cases of acquired immune deficiency syndrome in the eligible area involved (computed on the basis of the most recently available data on the population of the area); to

“(II) the per capita incidence of such cumulative cases in all eligible areas for which an application for a grant under paragraph (1) has been approved (computed on the basis of the most recently available data on the population of such areas).

“(b) SUPPLEMENTAL GRANTS.—

“(1) IN GENERAL.—Not later than 150 days after the date on which appropriations are made under section 2608 for a fiscal year, the Secretary shall disburse the remainder of amounts not disbursed under section 2603(a)(2) for such fiscal year for the purpose of making grants under section 2601(a) to eligible areas whose application under section 2605(b)—

“(A) contains a report concerning the dissemination of emergency relief funds under subsection (a) and the plan for utilization of such funds;

Children and
youth.
Women.

“(B) demonstrates the severe need in such area for supplemental financial assistance to combat the HIV epidemic;

“(C) demonstrates the existing commitment of local resources of the area, both financial and in-kind, to combating the HIV epidemic;

“(D) demonstrates the ability of the area to utilize such supplemental financial resources in a manner that is immediately responsive and cost effective; and

“(E) demonstrates that resources will be allocated in accordance with the local demographic incidence of AIDS including appropriate allocations for services for infants, children, women, and families with HIV disease.

“(2) REMAINDER OF AMOUNTS.—In determining the amount of funds to be obligated under paragraph (1), the Secretary shall include amounts that are not paid to the eligible areas under expedited procedures under section 2603(a)(2) as a result of—

“(A) the failure of any eligible area to submit an application under section 2605(c); or

“(B) any eligible area informing the Secretary that such eligible area does not intend to expend the full amount of its grant under such section.

“(3) AMOUNT OF GRANT.—The amount of each grant made for purposes of this subsection shall be determined by the Secretary based on the application submitted by the eligible area under section 2605(b).

“(4) FAILURE TO SUBMIT.—

“(A) IN GENERAL.—The failure of an eligible area to submit an application for an expedited grant under section 2603(a)(2) shall not result in such area being ineligible for a grant under this subsection.

“(B) APPLICATION.—The application of an eligible area submitted under section 2605(b) shall contain the assurances required under subsection (a) of such section if such eligible area fails to submit an application for an expedited grants under section 2603(a)(2).

42 USC 300ff-14. “SEC. 2604. USE OF AMOUNTS.

“(a) REQUIREMENTS.—The Secretary may not make a grant under section 2601(a) to the chief elected official of an eligible area unless such political subdivision agrees that—

“(1) subject to paragraph (2), the allocation of funds and services within the eligible area will be made in accordance with the priorities established, pursuant to section 2602(b)(3)(A), by the HIV health services planning council that serves such eligible area; and

“(2) funds provided under section 2601 will be expended only for the purposes described in subsections (b) and (c).

“(b) PRIMARY PURPOSES.—

“(1) IN GENERAL.—The chief elected official shall use amounts received under a grant under section 2601 to provide direct financial assistance to entities described in paragraph (2) for the purpose of delivering or enhancing HIV-related—

“(A) outpatient and ambulatory health and support services, including case management and comprehensive treatment services, for individuals and families with HIV disease; and

“(B) inpatient case management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities.

“(2) APPROPRIATE ENTITIES.—

“(A) IN GENERAL.—Subject to subparagraph (B), direct financial assistance may be provided under paragraph (1) to public or nonprofit private entities, including hospitals (which may include Veterans Administration facilities), community-based organizations, hospices, ambulatory care facilities, community health centers, migrant health centers, and homeless health centers.

“(B) PRIORITY.—In providing direct financial assistance under paragraph (1) the chief elected official shall give priority to entities that are currently participating in Health Resources and Services Administration HIV health care demonstration projects.

“(c) LIMITED EXPENDITURES FOR PERSONNEL NEEDS.—

“(1) IN GENERAL.—A chief elected official, in accordance with paragraph (3), may use not to exceed 10 percent of amounts received under a grant under section 2601 to provide financial assistance or services, for the purposes described in paragraph (2), to any public or nonprofit private entity, including hospitals (which may include Veterans Administration facilities), nursing homes, subacute and transitional care facilities, and hospices that—

“(A) provide HIV-related care or services to a disproportionate share of low-income individuals and families with HIV disease;

“(B) incur uncompensated costs in the provision of such care or services to such individuals and families;

“(C) have established, and agree to implement, a plan to evaluate the utilization of services provided in the care of individuals and families with HIV disease; and

“(D) have established a system designed to ensure that such individuals and families are referred to the most medically appropriate level of care as soon as such referral is medically indicated.

“(2) USE.—A chief elected official may use amounts referred to in paragraph (1) to—

“(A) provide direct financial assistance to institutions and entities of the type referred to in such paragraph to assist such institutions and entities in recruiting or training and paying compensation to qualified personnel determined, under paragraph (3), to be necessary by the HIV health services planning council, specifically for the care of individuals with HIV disease; or

“(B) in lieu of providing direct financial assistance, make arrangements for the provision of the services of such qualified personnel to such institutions and entities.

“(3) REQUIREMENT OF DETERMINATION BY COUNCIL.—A chief elected official shall not use any of the amounts received under a grant under section 2601(a) to provide assistance or services under paragraph (2) unless the HIV health services planning council of the eligible area has made a determination that, with respect to the care of individuals with HIV disease—

“(A) a shortage of specific health, mental health or support service personnel exists within specific institutions or entities in the eligible area;

“(B) the shortage of such personnel has resulted in the inappropriate utilization of inpatient services within the area; and

“(C) assistance or services provided to an institution or entity under paragraph (2), will not be used to supplant the existing resources devoted by such institution or entity to the uses described in such paragraph.

“(d) REQUIREMENT OF STATUS AS MEDICAID PROVIDER.—

“(1) PROVISION OF SERVICE.—Subject to paragraph (2), the Secretary may not make a grant under section 2601(a) for the provision of services under this section in a State unless, in the case of any such service that is available pursuant to the State plan approved under title XIX of the Social Security Act for the State—

“(A) the political subdivision involved will provide the service directly, and the political subdivision has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

“(B) the political subdivision will enter into an agreement with a public or nonprofit private entity under which the entity will provide the service, and the entity has entered into such a participation agreement and is qualified to receive such payments.

“(2) WAIVER.—

“(A) IN GENERAL.—In the case of an entity making an agreement pursuant to paragraph (1)(B) regarding the provision of services, the requirement established in such paragraph shall be waived by the HIV health services planning council for the eligible area if the entity does not, in providing health care services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits program.

“(B) DETERMINATION.—A determination by the HIV health services planning council of whether an entity referred to in subparagraph (A) meets the criteria for a waiver under such subparagraph shall be made without regard to whether the entity accepts voluntary donations for the purpose of providing services to the public.

“(e) ADMINISTRATION AND PLANNING.—The chief executive officer of an eligible area shall not use in excess of 5 percent of amounts received under a grant awarded under this part for administration, accounting, reporting, and program oversight functions.

“(f) CONSTRUCTION.—A State may not use amounts received under a grant awarded under this part to purchase or improve land, or to purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or to make cash payments to intended recipients of services.

“SEC. 2605. APPLICATION.

“(a) IN GENERAL.—To be eligible to receive a grant under section 2601, an eligible area shall prepare and submit to the Secretary an application at such time, in such form, and containing such informa-

tion as the Secretary shall require, including assurances adequate to ensure—

“(1)(A) that funds received under a grant awarded under this part will be utilized to supplement not supplant State funds made available in the year for which the grant is awarded to provide HIV-related services to individuals with HIV disease;

“(B) that the political subdivisions within the eligible area will maintain the level of expenditures by such political subdivisions for HIV-related services for individuals with HIV disease at a level that is equal to the level of such expenditures by such political subdivisions for the 1-year period preceding the first fiscal year for which a grant is received by the eligible area; and

“(C) that political subdivisions within the eligible area will not use funds received under a grant awarded under this part in maintaining the level of expenditures for HIV-related services as required in subparagraph (B);

“(2) that the eligible area has an HIV health services planning council and has entered into intergovernmental agreements pursuant to section 2602, and has developed or will develop the comprehensive plan in accordance with section 2602(b)(3)(B);

“(3) that entities within the eligible area that will receive funds under a grant provided under section 2601(a) shall participate in an established HIV community-based continuum of care if such continuum exists within the eligible area;

“(4) that funds received under a grant awarded under this part will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service—

“(A) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

“(B) by an entity that provides health services on a prepaid basis; and

“(5) to the maximum extent practicable, that—

“(A) HIV health care and support services provided with assistance made available under this part will be provided without regard—

“(i) to the ability of the individual to pay for such services; and

“(ii) to the current or past health condition of the individual to be served;

“(B) such services will be provided in a setting that is accessible to low-income individuals with HIV-disease; and

“(C) a program of outreach will be provided to low-income individuals with HIV-disease to inform such individuals of such services.

“(b) **ADDITIONAL APPLICATION.**—An eligible area that desires to receive a grant under section 2603(b) shall prepare and submit to the Secretary an additional application at such time, in such form, and containing such information as the Secretary shall require, including the information required under such subsection and information concerning—

“(1) the number of individuals to be served within the eligible area with assistance provided under the grant;

“(2) demographic data on the population of such individuals;

Disadvantaged
persons.

“(3) the average cost of providing each category of HIV-related health services and the extent to which such cost is paid by third-party payors; and

“(4) the aggregate amounts expended for each such category of services.

“(c) DATE CERTAIN FOR SUBMISSION.—

“(1) REQUIREMENT.—Except as provided in paragraph (2), to be eligible to receive a grant under section 2601(a) for a fiscal year, an application under subsection (a) shall be submitted not later than 45 days after the date on which appropriations are made under section 2608 for the fiscal year.

“(2) EXCEPTION.—The Secretary may extend the time for the submission of an application under paragraph (1) for a period of not to exceed 60 days if the Secretary determines that the eligible area has made a good faith effort to comply with the requirement of such paragraph but has otherwise been unable to submit its application.

“(3) DISTRIBUTION BY SECRETARY.—Not later than 45 days after receiving an application that meets the requirements of subsection (a) from an eligible area, the Secretary shall distribute to such eligible area the amounts awarded under the grant for which the application was submitted.

“(4) REDISTRIBUTION.—Any amounts appropriated in any fiscal year under this part and not obligated to an eligible entity as a result of the failure of such entity to submit an application shall be redistributed by the Secretary to other eligible entities in proportion to the original grants made to such eligible areas under 2601(a).

“(d) REQUIREMENTS REGARDING IMPOSITION OF CHARGES FOR SERVICES.—

“(1) IN GENERAL.—The Secretary may not make a grant under section 2601 to an eligible area unless the eligible area provides assurances that in the provision of services with assistance provided under the grant—

“(A) in the case of individuals with an income less than or equal to 100 percent of the official poverty line, the provider will not impose charges on any such individual for the provision of services under the grant;

“(B) in the case of individuals with an income greater than 100 percent of the official poverty line, the provider—

“(i) will impose a charge on each such individual for the provision of such services; and

“(ii) will impose the charge according to a schedule of charges that is made available to the public;

“(C) in the case of individuals with an income greater than 100 percent of the official poverty line and not exceeding 200 percent of such poverty line, the provider will not, for any calendar year, impose charges in an amount exceeding 5 percent of the annual gross income of the individual involved;

“(D) in the case of individuals with an income greater than 200 percent of the official poverty line and not exceeding 300 percent of such poverty line, the provider will not, for any calendar year, impose charges in an amount exceeding 7 percent of the annual gross income of the individual involved; and

“(E) in the case of individuals with an income greater than 300 percent of the official poverty line, the provider will not, for any calendar year, impose charges in an amount exceeding 10 percent of the annual gross income of the individual involved.

“(2) ASSESSMENT OF CHARGE.—With respect to compliance with the assurance made under paragraph (1), a grantee or entity receiving assistance under this part may, in the case of individuals subject to a charge for purposes of such paragraph—

“(A) assess the amount of the charge in the discretion of the grantee, including imposing only a nominal charge for the provision of services, subject to the provisions of such paragraph regarding public schedules and regarding limitations on the maximum amount of charges; and

“(B) take into consideration the medical expenses of individuals in assessing the amount of the charge, subject to such provisions.

“(3) APPLICABILITY OF LIMITATION ON AMOUNT OF CHARGE.—The Secretary may not make a grant under section 2601 to an eligible area unless the eligible area agrees that the limitations established in subparagraphs (C), (D) and (E) of paragraph (1) regarding the imposition of charges for services applies to the annual aggregate of charges imposed for such services, without regard to whether they are characterized as enrollment fees, premiums, deductibles, cost sharing, copayments, coinsurance, or other charges.

“(4) WAIVER REGARDING SECONDARY AGREEMENTS.—The requirements established in paragraphs (1) through (3) shall be waived in accordance with section 2604(d)(2).

“SEC. 2606. TECHNICAL ASSISTANCE.

42 USC 300ff-16.

“The Administrator of the Health Resources and Services Administration may, beginning on the date of enactment of this title, provide technical assistance to assist entities in complying with the requirements of this part in order to make such entities eligible to receive a grant under this part.

“SEC. 2607. DEFINITIONS.

42 USC 300ff-17.

“For purposes of this part:

“(1) ELIGIBLE AREA.—The term ‘eligible area’ means a metropolitan area described in section 2601(a)(1).

“(2) METROPOLITAN AREA.—The term ‘metropolitan area’ means an area referred to in the HIV/AIDS Surveillance Report of the Centers for Disease Control as a metropolitan area.

“SEC. 2608. AUTHORIZATION OF APPROPRIATIONS.

42 USC 300ff-18.

“There are authorized to be appropriated to make grants under this part, \$275,000,000 in each of the fiscal years 1991 and 1992, and such sums as may be necessary in each of the fiscal years 1993 through 1995.”

SEC. 102. TECHNICAL AND CONFORMING AMENDMENTS.

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended—

(1) in section 406(a)(2), by striking “2101” and inserting “2701”; 42 USC 284a.

(2) in section 465(f), by striking “2601” and inserting “2701”; 42 USC 286.

- 42 USC 287a. (3) in section 480(a)(2), by striking "2101" and inserting "2701";
- 42 USC 287c-2. (4) in section 485(a)(2), by striking "2101" and inserting "2701";
- 42 USC 289f. (5) in section 497, by striking "2601" and inserting "2701"; and
- 42 USC 290aa-3a. (6) in section 505(a)(2), by striking "2101" and inserting "2701"; and
- 42 USC 299c-5. (7) in section 926(b) (as added by section 6103(c)(1) of Public Law 101-239), by striking "2611" each place such term appears and inserting "2711".

TITLE II—HIV CARE GRANTS

SEC. 201. HIV CARE GRANTS.

Title XXVI of the Public Health Service Act (as added by section 101) is amended by adding at the end thereof the following new part:

State and local governments.

"PART B—CARE GRANT PROGRAM

42 USC 300ff-21.

"SEC. 2611. GRANTS.

"The Secretary shall, subject to the availability of appropriations, make grants to States to enable such States to improve the quality, availability and organization of health care and support services for individuals and families with HIV disease.

42 USC 300ff-22.

"SEC. 2612. GENERAL USE OF GRANTS.

"(a) IN GENERAL.—A State may use amounts provided under grants made under this part—

"(1) to establish and operate HIV care consortia within areas most affected by HIV disease that shall be designed to provide a comprehensive continuum of care to individuals and families with HIV disease in accordance with section 2613;

"(2) to provide home- and community-based care services for individuals with HIV disease in accordance with section 2614;

"(3) to provide assistance to assure the continuity of health insurance coverage for individuals with HIV disease in accordance with section 2615; and

"(4) to provide treatments, that have been determined to prolong life or prevent serious deterioration of health, to individuals with HIV disease in accordance with section 2616.

"(b) INFANTS AND WOMEN, ETC.—A State shall use not less than 15 percent of funds allocated under this part to provide health and support services to infants, children, women, and families with HIV disease.

42 USC 300ff-23.

"SEC. 2613. GRANTS TO ESTABLISH HIV CARE CONSORTIA.

"(a) CONSORTIA.—A State may use amounts provided under a grant awarded under this part to provide assistance under section 2612(a)(1) to an entity that—

"(1) is an association of one or more public, and one or more nonprofit private, health care and support service providers and community based organizations operating within areas determined by the State to be most affected by HIV disease; and

"(2) agrees to use such assistance for the planning, development and delivery, through the direct provision of services or

through entering into agreements with other entities for the provision of such services, of comprehensive outpatient health and support services for individuals with HIV disease, that may include—

“(A) essential health services such as case management services, medical, nursing, and dental care, diagnostics, monitoring, and medical follow-up services, mental health, developmental, and rehabilitation services, home health and hospice care; and

“(B) essential support services such as transportation services, attendant care, homemaker services, day or respite care, benefits advocacy, advocacy services provided through public and nonprofit private entities, and services that are incidental to the provision of health care services for individuals with HIV disease including nutrition services, housing referral services, and child welfare and family services (including foster care and adoption services).

An entity or entities of the type described in this subsection shall hereinafter be referred to in this title as a ‘consortium’ or ‘consortia’.

“(b) ASSURANCES.—

“(1) REQUIREMENT.—To receive assistance from a State under subsection (a), an applicant consortium shall provide the State with assurances that—

“(A) within any locality in which such consortium is to operate, the populations and subpopulations of individuals and families with HIV disease have been identified by the consortium;

“(B) the service plan established under subsection (c)(2) by such consortium addresses the special care and service needs of the populations and subpopulations identified under subparagraph (A); and

“(C) except as provided in paragraph (2), the consortium will be a single coordinating entity that will integrate the delivery of services among the populations and subpopulations identified under subparagraph (A).

“(2) EXCEPTION.—Subparagraph (C) of paragraph (1) shall not apply to any applicant consortium that the State determines will operate in a community or locality in which it has been demonstrated by the applicant consortium that—

“(A) subpopulations exist within the community to be served that have unique service requirements; and

“(B) such unique service requirements cannot be adequately and efficiently addressed by a single consortium serving the entire community or locality.

“(c) APPLICATION.—

“(1) IN GENERAL.—To receive assistance from the State under subsection (a), a consortium shall prepare and submit to the State, an application that—

“(A) demonstrates that the consortium includes agencies and community-based organizations—

“(i) with a record of service to populations and subpopulations with HIV disease requiring care within the community to be served; and

“(ii) that are representative of populations and subpopulations reflecting the local incidence of HIV

and that are located in areas in which such populations reside;

“(B) demonstrates that the consortium has carried out an assessment of service needs within the geographic area to be served and, after consultation with the entities described in paragraph (2), has established a plan to ensure the delivery of services to meet such identified needs that shall include—

“(i) assurances that service needs will be addressed through the coordination and expansion of existing programs before new programs are created;

“(ii) assurances that, in metropolitan areas, the geographic area to be served by the consortium corresponds to the geographic boundaries of local health and support services delivery systems to the extent practicable;

“(iii) assurances that, in the case of services for individuals residing in rural areas, the applicant consortium shall deliver case management services that link available community support services to appropriate specialized medical services; and

“(iv) assurances that the assessment of service needs and the planning of the delivery of services will include participation by individuals with HIV disease;

“(C) demonstrates that adequate planning has occurred to meet the special needs of families with HIV disease, including family centered care;

“(D) demonstrates that the consortium has created a mechanism to evaluate periodically—

“(i) the success of the consortium in responding to identified needs; and

“(ii) the cost-effectiveness of the mechanisms employed by the consortium to deliver comprehensive care; and

“(E) demonstrates that the consortium will report to the State the results of the evaluations described in subparagraph (D) and shall make available to the State or the Secretary, on request, such data and information on the program methodology that may be required to perform an independent evaluation.

“(2) CONSULTATION.—In establishing the plan required under paragraph (1)(B), the consortium shall consult with—

“(A)(i) the public health agency that provides or supports ambulatory and outpatient HIV-related health care services within the geographic area to be served; or

“(ii) in the case of a public health agency that does not directly provide such HIV-related health care services such agency shall consult with an entity or entities that directly provide ambulatory and outpatient HIV-related health care services within the geographic area to be served; and

“(B) not less than one community-based organization that is organized solely for the purpose of providing HIV-related support services to individuals with HIV disease.

The organization to be consulted under subparagraph (B) shall be at the discretion of the applicant consortium.

“(d) DEFINITION.—As used in this part, the term ‘family centered care’ means the system of services described in this section that is

Urban areas.
Suburban areas.

Rural areas.

targeted specifically to the special needs of infants, children, women, and families. Family centered care shall be based on a partnership between parents, professionals, and the community designed to ensure an integrated, coordinated, culturally sensitive, and community-based continuum of care for children, women, and families with HIV disease.

“(e) PRIORITY.—In providing assistance under subsection (a), the State shall, among applicants that meet the requirements of this section, give priority—

“(1) first to consortia that are receiving assistance from the Health Resources and Services Administration for adult and pediatric HIV-related care demonstration projects; and then

“(2) to any other existing HIV care consortia.

“SEC. 2614. GRANTS FOR HOME- AND COMMUNITY-BASED CARE.

42 USC 300ff-24.

“(a) USES.—A State may use amounts provided under a grant awarded under this part to make grants under section 2612(a)(2) to entities to—

“(1) provide home- and community-based health services for individuals with HIV disease pursuant to written plans of care prepared by a case management team, that shall include appropriate health care professionals, in such State for providing such services to such individuals;

“(2) provide outreach services to individuals with HIV disease, including those individuals in rural areas; and

“(3) provide for the coordination of the provision of services under this section with the provision of HIV-related health services provided by public and private entities.

“(b) PRIORITY.—In awarding grants under subsection (a), a State shall give priority to entities that provide assurances to the State that—

“(1) such entities will participate in HIV care consortia if such consortia exist within the State; and

“(2) such entities will utilize amounts provided under such grants for the provision of home- and community-based services to low-income individuals with HIV disease.

Disadvantaged persons.

“(c) DEFINITION.—As used in this part, the term ‘home- and community-based health services’—

“(1) means, with respect to an individual with HIV disease, skilled health services furnished to the individual in the individual’s home pursuant to a written plan of care established by a case management team, that shall include appropriate health care professionals, for the provision of such services and items described in paragraph (2);

“(2) includes—

“(A) durable medical equipment;

“(B) homemaker or home health aide services and personal care services furnished in the home of the individual;

“(C) day treatment or other partial hospitalization services;

“(D) home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy);

“(E) routine diagnostic testing administered in the home of the individual; and

“(F) appropriate mental health, developmental, and rehabilitation services; and

“(3) does not include—

“(A) inpatient hospital services; and

“(B) nursing home and other long term care facilities.

42 USC 300ff-25. “SEC. 2615. CONTINUUM OF HEALTH INSURANCE COVERAGE.

“(a) IN GENERAL.—A State may use amounts received under a grant awarded under this part to establish a program of financial assistance under section 2612(a)(3) to assist eligible low-income individuals with HIV disease in—

“(1) maintaining a continuity of health insurance; or

“(2) receiving medical benefits under a health insurance program, including risk-pools.

“(b) LIMITATIONS.—Assistance shall not be utilized under subsection (a)—

“(1) to pay any costs associated with the creation, capitalization, or administration of a liability risk pool (other than those costs paid on behalf of individuals as part of premium contributions to existing liability risk pools); and

“(2) to pay any amount expended by a State under title XIX of the Social Security Act.

42 USC 300ff-26. “SEC. 2616. PROVISION OF TREATMENTS.

“(a) IN GENERAL.—A State may use amounts provided under a grant awarded under this part to establish a program under section 2612(a)(4) to provide treatments that have been determined to prolong life or prevent the serious deterioration of health arising from HIV disease in eligible individuals.

“(b) ELIGIBLE INDIVIDUAL.—To be eligible to receive assistance from a State under this section an individual shall—

“(1) have a medical diagnosis of HIV disease; and

“(2) be a low-income individual, as defined by the State.

“(c) STATE DUTIES.—In carrying out this section the State shall—

“(1) determine, in accordance with guidelines issued by the Secretary, which treatments are eligible to be included under the program established under this section;

“(2) provide assistance for the purchase of treatments determined to be eligible under paragraph (1), and the provision of such ancillary devices that are essential to administer such treatments;

“(3) provide outreach to individuals with HIV disease, and as appropriate to the families of such individuals; and

“(4) facilitate access to treatments for such individuals.

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persons.

42 USC 300ff-27. “SEC. 2617. STATE APPLICATION.

“(a) IN GENERAL.—The Secretary shall not make a grant to a State under this part for a fiscal year unless the State prepares and submits, to the Secretary, an application at such time, in such form, and containing such agreements, assurances, and information as the Secretary determines to be necessary to carry out this part.

“(b) DESCRIPTION OF INTENDED USES AND AGREEMENTS.—The application submitted under subsection (a) shall contain—

“(1) a detailed description of the HIV-related services provided in the State to individuals and families with HIV disease during the year preceding the year for which the grant is requested, and the number of individuals and families receiving such services, that shall include—

“(A) a description of the types of programs operated or funded by the State for the provision of HIV-related services during the year preceding the year for which the grant is requested and the methods utilized by the State to finance such programs;

“(B) an accounting of the amount of funds that the State has expended for such services and programs during the year preceding the year for which the grant is requested; and

“(C) information concerning—

“(i) the number of individuals to be served with assistance provided under the grant;

“(ii) demographic data on the population of the individuals to be served;

“(iii) the average cost of providing each category of HIV-related health services and the extent to which such cost is paid by third-party payors; and

“(iv) the aggregate amounts expended for each such category of services;

“(2) a comprehensive plan for the organization and delivery of HIV health care and support services to be funded with assistance received under this part that shall include a description of the purposes for which the State intends to use such assistance, including—

“(A) the services and activities to be provided and an explanation of the manner in which the elements of the program to be implemented by the State with such assistance will maximize the quality of health and support services available to individuals with HIV disease throughout the State; and

“(B) a description of the manner in which services funded with assistance provided under this part will be coordinated with other available related services for individuals with HIV disease; and

“(3) an assurance by the State that—

“(A) the public health agency that is administering the grant for the State will conduct public hearings concerning the proposed use and distribution of the assistance to be received under this part;

“(B) the State will—

“(i) to the maximum extent practicable, ensure that HIV-related health care and support services delivered pursuant to a program established with assistance provided under this part will be provided without regard to the ability of the individual to pay for such services and without regard to the current or past health condition of the individual with HIV disease;

“(ii) ensure that such services will be provided in a setting that is accessible to low-income individuals with HIV disease;

“(iii) provide outreach to low-income individuals with HIV disease to inform such individuals of the services available under this part; and

“(iv) in the case of a State that intends to use amounts provided under the grant for purposes described in 2615, submit a plan to the Secretary that

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persons.

demonstrates that the State has established a program that assures that—

“(I) such amounts will be targeted to individuals who would not otherwise be able to afford health insurance coverage; and

“(II) income, asset, and medical expense criteria will be established and applied by the State to identify those individuals who qualify for assistance under such program, and information concerning such criteria shall be made available to the public;

“(C) the State will provide for periodic independent peer review to assess the quality and appropriateness of health and support services provided by entities that receive funds from the State under this part;

“(D) the State will permit and cooperate with any Federal investigations undertaken regarding programs conducted under this part;

“(E) the State will maintain HIV-related activities at a level that is equal to not less than the level of such expenditures by the State for the 1-year period preceding the fiscal year for which the State is applying to receive a grant under this part; and

“(F) the State will ensure that grant funds are not utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service—

“(i) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

“(ii) by an entity that provides health services on a prepaid basis.

“(c) REQUIREMENTS REGARDING IMPOSITION OF CHARGES FOR SERVICES.—

“(1) IN GENERAL.—The Secretary may not make a grant under section 2611 to a State unless the State provides assurances that in the provision of services with assistance provided under the grant—

“(A) in the case of individuals with an income less than or equal to 100 percent of the official poverty line, the provider will not impose charges on any such individual for the provision of services under the grant;

“(B) in the case of individuals with an income greater than 100 percent of the official poverty line, the provider—

“(i) will impose charges on each such individual for the provision of such services; and

“(ii) will impose charges according to a schedule of charges that is made available to the public;

“(C) in the case of individuals with an income greater than 100 percent of the official poverty line and not exceeding 200 percent of such poverty line, the provider will not, for any calendar year, impose charges in an amount exceeding 5 percent of the annual gross income of the individual involved;

“(D) in the case of individuals with an income greater than 200 percent of the official poverty line and not exceeding 300 percent of such poverty line, the provider will not,

Public
information.

Public
information.

for any calendar year, impose charges in an amount exceeding 7 percent of the annual gross income of the individual involved; and

“(E) in the case of individuals with an income greater than 300 percent of the official poverty line, the provider will not, for any calendar year, impose charges in an amount exceeding 10 percent of the annual gross income of the individual involved.

“(2) ASSESSMENT OF CHARGE.—With respect to compliance with the assurance made under paragraph (1), a grantee under this part may, in the case of individuals subject to a charge for purposes of such paragraph—

“(A) assess the amount of the charge in the discretion of the grantee, including imposing only a nominal charge for the provision of services, subject to the provisions of such paragraph regarding public schedules regarding limitation on the maximum amount of charges; and

“(B) take into consideration the medical expenses of individuals in assessing the amount of the charge, subject to such provisions.

“(3) APPLICABILITY OF LIMITATION ON AMOUNT OF CHARGE.—The Secretary may not make a grant under section 2611 unless the applicant of the grant agrees that the limitations established in subparagraphs (C), (D), and (E) of paragraph (1) regarding the imposition of charges for services applies to the annual aggregate of charges imposed for such services, without regard to whether they are characterized as enrollment fees, premiums, deductibles, cost sharing, copayments, coinsurance, or other charges.

“(4) WAIVER.—

“(A) IN GENERAL.—The State shall waive the requirements established in paragraphs (1) through (3) in the case of an entity that does not, in providing health care services, impose a charge or accept reimbursement from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits program.

“(B) DETERMINATION.—A determination by the State of whether an entity referred to in subparagraph (A) meets the criteria for a waiver under such subparagraph shall be made without regard to whether the entity accepts voluntary donations regarding the provision of services to the public.

“(d) REQUIREMENT OF MATCHING FUNDS REGARDING STATE ALLOTMENTS.—

“(1) IN GENERAL.—In the case of any State to which the criterion described in paragraph (3) applies, the Secretary may not make a grant under this part unless the State agrees that, with respect to the costs to be incurred by the State in carrying out the program for which the grant was awarded, the State will, subject to subsection (b)(2), make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount equal to—

“(A) for the first fiscal year of payments under the grant, not less than 16 $\frac{2}{3}$ percent of such costs (\$1 for each \$5 of Federal funds provided in the grant);

“(B) for any second fiscal year of such payments, not less than 20 percent of such costs (\$1 for each \$4 of Federal funds provided in the grant);

“(C) for any third fiscal year of such payments, not less than 25 percent of such costs (\$1 for each \$3 of Federal funds provided in the grant);

“(D) for any fourth fiscal year of such payments, not less than 33 $\frac{1}{3}$ percent of such costs (\$1 for each \$2 of Federal funds provided in the grant); and

“(E) for any subsequent fiscal year of such payments, not less than 33 $\frac{1}{3}$ percent of such costs (\$1 for each \$2 of Federal funds provided in the grant).

“(2) DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTION.—

“(A) IN GENERAL.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, and any portion of any service subsidized by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

“(B) INCLUSION OF CERTAIN AMOUNTS.—

“(i) In making a determination of the amount of non-Federal contributions made by a State for purposes of paragraph (1), the Secretary shall, subject to clause (ii), include any non-Federal contributions provided by the State for HIV-related services, without regard to whether the contributions are made for programs established pursuant to this title;

“(ii) In making a determination for purposes of clause (i), the Secretary may not include any non-Federal contributions provided by the State as a condition of receiving Federal funds under any program under this title (except for the program established in this part) or under other provisions of law.

“(3) APPLICABILITY OF REQUIREMENT.—

“(A) NUMBER OF CASES.—A State referred to in paragraph (1) is any State for which the number of cases of acquired immune deficiency syndrome reported to and confirmed by the Director of the Centers for Disease Control for the period described in subparagraph (B) constitutes in excess of 1 percent of the aggregate number of such cases reported to and confirmed by the Director for such period for the United States.

“(B) PERIOD OF TIME.—The period referred to in subparagraph (A) is the 2-year period preceding the fiscal year for which the State involved is applying to receive a grant under subsection (a).

“(C) PUERTO RICO.—For purposes of paragraph (1), the number of cases of acquired immune deficiency syndrome reported and confirmed for the Commonwealth of Puerto Rico for any fiscal year shall be deemed to be less than 1 percent.

“(4) DIMINISHED STATE CONTRIBUTION.—With respect to a State that does not make available the entire amount of the non-Federal contribution referred to in paragraph (1), the State shall continue to be eligible to receive Federal funds under a

grant under this part, except that the Secretary in providing Federal funds under the grant shall provide such funds (in accordance with the ratios prescribed in paragraph (1)) only with respect to the amount of funds contributed by such State.

“SEC. 2618. DISTRIBUTION OF FUNDS.

42 USC 300ff-28.

“(a) SPECIAL PROJECTS OF A NATIONAL SIGNIFICANCE.—

“(1) IN GENERAL.—Of the amount appropriated under section 2620 for each fiscal year, the Secretary shall use not to exceed 10 percent of such amount to establish and 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.

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

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

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

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

“(3) SPECIAL PROJECTS.—Special projects of a national significance may include those that are designed to—

“(A) establish a system designed to increase the number of health care facilities willing and able to serve low-income individuals and families with HIV disease;

“(B) deliver drug abuse treatment and HIV health care services at a single location, through either an outpatient or residential facility;

“(C) provide support and respite care for participants in family-based care networks critical to the delivery of comprehensive HIV care in the minority community;

“(D) deliver an enhanced spectrum of comprehensive health care and support services to underserved hemophilia populations, including minorities and those in rural and underserved areas, utilizing established networks of hemophilia diagnostic and treatment centers and community-based outreach systems;

“(E) deliver HIV health care and support services to Indians with HIV disease and their families;

“(F) improve the provision of HIV health care and support services to individuals and families with HIV disease located in rural areas;

“(G) deliver HIV health care and support services to homeless individuals and families with HIV disease; and

“(H) deliver HIV health care and support services to individuals with HIV disease who are incarcerated.

“(b) AMOUNT OF GRANT TO STATE.—

“(1) MINIMUM ALLOTMENT.—Subject to the extent of amounts made available under section 2620, 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) \$100,000, and

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

District of
Columbia.

Territories, U.S.

“(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 2620 for the fiscal year involved; and

“(ii) the ratio of the distribution factor for the State or territory to the sum of the distribution factors for all the States or territories.

“(B) DISTRIBUTION FACTOR.—As used in subparagraph (A)(ii), the term ‘distribution factor’ means—

“(i) in the case of a State, the product of—

“(I) the number of cases of acquired immune deficiency syndrome in the State, as indicated by the number of cases reported to and confirmed by the Secretary for the 2 most recent fiscal years for which such data are available; and

“(II) the cube root of the ratio (based on the most recent available data) of—

“(aa) the average per capita income of individuals in the United States (including the territories); to

“(bb) the average per capita income of individuals in the State; and

“(ii) in the case of a territory of the United States the number of additional cases of such syndrome in the specific territory, as indicated by the number of cases reported to and confirmed by the Secretary for the 2 most recent fiscal years for which such data is available.

“(3) DEFINITIONS.—As used in this subsection—

“(A) the term ‘State’ means each of the 50 States, the District of Columbia and the Commonwealth of Puerto Rico; and

“(B) the term ‘territory of the United States’ means the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and the Republic of the Marshall Islands.

“(c) ALLOCATION OF ASSISTANCE BY STATES.—

“(1) CONSORTIA.—In a State that has reported 1 percent or more of all AIDS cases reported to and confirmed by the Centers for Disease Control in all States, not less than 50 percent of the amount received by the State under a grant awarded under this part shall be utilized for the creation and operation of community-based comprehensive care consortia under section 2613, in those areas within the State in which the largest number of individuals with HIV disease reside.

“(2) ALLOWANCES.—Prior to allocating assistance under this subsection, a State shall consider the unmet needs of those areas that have not received financial assistance under part A.

“(3) PLANNING AND EVALUATIONS.—A State may not use in excess of 5 percent of amounts received under a grant awarded under this part for planning and evaluation activities.

“(4) **ADMINISTRATION.**—A State may not use in excess of 5 percent of amounts received under a grant awarded under this part for administration, accounting, reporting, and program oversight functions.

“(5) **CONSTRUCTION.**—A State may not use amounts received under a grant awarded under this part to purchase or improve land, or to purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or to make cash payments to intended recipients of services.

“(d) **EXPEDITED DISTRIBUTION.**—

“(1) **IN GENERAL.**—Not less than 75 percent of the amounts received under a grant awarded to a State under this part shall be obligated to specific programs and projects and made available for expenditure not later than—

“(A) in the case of the first fiscal year for which amounts are received, 150 days after the receipt of such amounts by the State; and

“(B) in the case of succeeding fiscal years, 120 days after the receipt of such amounts by the State.

“(2) **PUBLIC COMMENT.**—Within the time periods referred to in paragraph (1), the State shall invite and receive public comment concerning methods for the utilization of such amounts.

“(e) **REALLOCATION.**—Any amounts appropriated in any fiscal year and made available to a State under this part that have not been obligated as described in subsection (d) shall be repaid to the Secretary and reallocated to other States in proportion to the original grants made to such States.

“**SEC. 2619. TECHNICAL ASSISTANCE.**

42 USC 300ff-29.

“The Secretary may provide technical assistance in administering and coordinating the activities authorized under section 2612.

“**SEC. 2620. AUTHORIZATION OF APPROPRIATIONS.**

42 USC 300ff-30.

“There are authorized to be appropriated to make grants under this part, \$275,000,000 in each of the fiscal years 1991 and 1992, and such sums as may be necessary in each of the fiscal years 1993 through 1995.”

TITLE III—EARLY INTERVENTION SERVICES

SEC. 301. GRANTS FOR PROVISION OF SERVICES.

Contracts.

(a) **IN GENERAL.**—Title XXVI of the Public Health Service Act (as amended by section 201) is further amended by adding at the end the following new part:

“PART C—EARLY INTERVENTION SERVICES

“Subpart I—Formula Grants for States

“**SEC. 2641. ESTABLISHMENT OF PROGRAM.**

42 USC 300ff-41.

“(a) **ALLOTMENTS FOR STATES.**—For the purposes described in subsection (b), the Secretary, acting through the Director of the Centers for Disease Control and in consultation with the Administrator of the Health Resources and Services Administration, shall

for each of the fiscal years 1991 through 1995 make an allotment for each State in an amount determined in accordance with section 2649. The Secretary shall make payments, as grants, to each State from the allotment for the State for the fiscal year involved if the Secretary approves for the fiscal year an application submitted by the State pursuant to section 2665.

“(b) PURPOSES OF GRANTS.—

“(1) IN GENERAL.—The Secretary may not make a grant under subsection (a) unless the State involved agrees to expend the grant for the purposes of providing, on an outpatient basis, each of the early intervention services specified in paragraph (2) with respect to HIV disease.

“(2) SPECIFICATION OF EARLY INTERVENTION SERVICES.—The early intervention services referred to in paragraph (1) are—

“(A) counseling individuals with respect to HIV disease in accordance with section 2662;

“(B) testing individuals with respect to such disease, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease;

“(C) referrals described in paragraph (3);

“(D) other clinical and diagnostic services with respect to HIV disease, and periodic medical evaluations of individuals with the disease; and

“(E) providing the therapeutic measures described in subparagraph (B).

“(3) REFERRALS.—The services referred to in paragraph (2)(C) are referrals of individuals with HIV disease to appropriate providers of health and support services, including, as appropriate—

“(A) to entities receiving amounts under part A or B for the provision of such services;

“(B) to biomedical research facilities of institutions of higher education that offer experimental treatment for such disease, or to community-based organizations or other entities that provide such treatment; or

“(C) to grantees under section 2671, in the case of pregnant women.

“(4) REQUIREMENT OF AVAILABILITY OF ALL EARLY INTERVENTION SERVICES THROUGH EACH GRANTEE.—The Secretary may not make a grant under subsection (a) unless the State involved agrees that each of the early intervention services specified in paragraph (2) will be available through the State. With respect to compliance with such agreement, a State may expend the grant to provide the early intervention services directly, and may expend the grant to enter into agreements with public or nonprofit private entities under which the entities provide the services.

“(5) OPTIONAL SERVICES.—A State receiving a grant under subsection (a)—

“(A) may expend not more than 5 percent of the grant to provide early intervention services through making grants to hospitals that—

“(i) for the most recent fiscal year for which the data is available, have admitted—

“(I) not fewer than 250 individuals with acquired immune deficiency syndrome; or

“(II) a number of such individuals constituting 20 percent of the number of inpatients of the hospital admitted during such period;

“(ii) agree to offer and encourage such services with respect to inpatients of the hospitals; and

“(iii) agree that subsections (c) and (d) of section 2644 will apply to the hospitals to the same extent and in the same manner as such subsections apply to entities described in such section;

“(B) may expend the grant to provide outreach services to individuals who may have HIV disease, or may be at risk of the disease, and who may be unaware of the availability and potential benefits of early treatment of the disease, and to provide outreach services to health care professionals who may be unaware of such availability and potential benefits; and

“(C) may, in the case of individuals who seek early intervention services from the grantee, expend the grant—

“(i) for case management to provide coordination in the provision of health care services to the individuals and to review the extent of utilization of the services by the individuals; and

“(ii) to provide assistance to the individuals regarding establishing the eligibility of the individuals for financial assistance and services under Federal, State, or local programs providing for health services, mental health services, social services, or other appropriate services.

“(6) ALLOCATIONS.—

“(A) Subject to subparagraphs (B) and (C), the Secretary may not make a grant under subsection (a) unless the State involved agrees—

“(i) to expend not less than 35 percent of the grant to provide the early intervention services specified in subparagraphs (A) through (C) of paragraph (2); and

“(ii) to expend not less than 35 percent of the grant to provide the early intervention services specified in subparagraphs (D) and (E) of such paragraph.

“(B) With respect to compliance with the agreement under subparagraph (A), amounts reserved by a State for fiscal year 1991 for purposes of clauses (i) and (ii) of such subparagraph may be expended to provide the services specified in paragraph (5).

“(C) The Secretary shall ensure that, of the amounts appropriated under section 2650 for fiscal year 1991, an amount equal to \$130,000,000 is expended to provide the early intervention services specified in subparagraphs (A) through (C) of paragraph (2).

“SEC. 2642. PROVISION OF SERVICES THROUGH MEDICAID PROVIDERS. 42 USC 300ff-42.

“(a) IN GENERAL.—Subject to subsection (b), the Secretary may not make a grant under section 2641 to a State unless, in the case of any service described in subsection (b) of such section that is available

pursuant to the State plan approved under title XIX of the Social Security Act for the State—

“(1) the State will provide the service through a State entity, and the State entity has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

“(2) the State will enter into an agreement with a public or nonprofit private entity under which the entity will provide the service, and the entity has entered into such a participation agreement and is qualified to receive such payments.

“(b) **WAIVER REGARDING CERTAIN SECONDARY AGREEMENTS.—**

“(1) **IN GENERAL.—**In the case of an entity making an agreement pursuant to subsection (a)(2) regarding the provision of services, the requirement established in such subsection regarding a participation agreement shall be waived by the Secretary if the entity does not, in providing health care services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits program.

“(2) **ACCEPTANCE OF VOLUNTARY DONATIONS.—**A determination by the Secretary of whether an entity referred to in paragraph (1) meets the criteria for a waiver under such subparagraph shall be made without regard to whether the entity accepts voluntary donations for the purpose of providing services to the public.

42 USC 300ff-43. “**SEC. 2643. REQUIREMENT OF MATCHING FUNDS.**

“(a) **IN GENERAL.—**In the case of any State to which the criterion described in subsection (c) applies, the Secretary may not make a grant under section 2641 unless the State agrees that, with respect to the costs to be incurred by the State in carrying out the purpose referred to in such subsection, the State will, subject to subsection (b)(2), make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount equal to—

“(1) for the first fiscal year for which such criterion applies to the State, not less than 16 $\frac{2}{3}$ percent of such costs (\$1 for each \$5 of Federal funds provided in the grant);

“(2) for any second such fiscal year, not less than 20 percent of such costs (\$1 for each \$4 of Federal funds provided in the grant);

“(3) for any third such fiscal year, not less than 25 percent of such costs (\$1 for each \$3 of Federal funds provided in the grant); and

“(4) for any subsequent fiscal year, not less than 33 $\frac{1}{3}$ percent of such costs (\$1 for each \$2 of Federal funds provided in the grant).

“(b) **DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTION.—**

“(1) **IN GENERAL.—**Non-Federal contributions required in subsection (a) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, and any portion of any service subsidized by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

“(2) **INCLUSION OF CERTAIN AMOUNTS.—**

“(A) In making a determination of the amount of non-Federal contributions made by a State for purposes of subsection (a), the Secretary shall, subject to subparagraph (B), include any non-Federal contributions provided by the State for HIV-related services, without regard to whether the contributions are made for programs established pursuant to this title.

“(B) In making a determination for purposes of subparagraph (A), the Secretary may not include any non-Federal contributions provided by the State as a condition of receiving Federal funds under any program under this title (except for the program established in section 2641) or under other provisions of law.

“(c) **APPLICABILITY OF MATCHING REQUIREMENT.**—

“(1) **PERCENTAGE OF NATIONAL NUMBER OF CASES.**—

“(A) The criterion referred to in subsection (a) is, with respect to a State, that the number of cases of acquired immune deficiency syndrome reported to and confirmed by the Director of the Centers for Disease Control for the State for the period described in subparagraph (B) constitutes more than 1 percent of the number of such cases reported to and confirmed by the Director for the United States for such period.

“(B) The period referred to in subparagraph (A) is the 2-year period preceding the fiscal year for which the State involved is applying to receive a grant under section 2641.

“(2) **EXEMPTION.**—For purposes of paragraph (1), the number of cases of acquired immune deficiency syndrome reported and confirmed for the Commonwealth of Puerto Rico for any fiscal year shall be deemed to be less than 1 percent.

Puerto Rico.

“(d) **DIMINISHED STATE CONTRIBUTION.**—With respect to a State that does not make available the entire amount of the non-Federal contribution referred to in subsection (a), the State shall continue to be eligible to receive Federal funds under a grant under section 2641, except that the Secretary in providing Federal funds under the grant shall provide such funds (in accordance with the ratios prescribed in paragraph (1)) only with respect to the amount of funds contributed by such State.

“**SEC. 2644. OFFERING AND ENCOURAGING EARLY INTERVENTION SERVICES.**

42 USC 300ff-44.

“(a) **IN GENERAL.**—The Secretary may not make a grant under section 2641 unless, in the case of entities to which the State provides amounts from the grant for the provision of early intervention services, the State involved agrees that—

“(1) if the entity is a health care provider that regularly provides treatment for sexually transmitted diseases, the entity will offer and encourage such services with respect to individuals to whom the entity provides such treatment;

“(2) if the entity is a health care provider that regularly provides treatment for intravenous substance abuse, the entity will offer and encourage such services with respect to individuals to whom the entity provides such treatment;

“(3) if the entity is a family planning clinic, the entity will offer and encourage such services with respect to individuals to whom the entity provides family planning services and whom the entity has reason to believe has HIV disease; and

“(4) if the entity is a health care provider that provides treatment for tuberculosis, the entity will offer and encourage such services with respect to individuals to whom the entity provides such treatment.

“(b) SUFFICIENCY OF AMOUNT OF GRANT.—With respect to compliance with the agreement made under subsection (a), an entity to which subsection (a) applies may be required to offer, encourage, and provide early intervention services only to the extent that the amount of the grant is sufficient to pay the costs of offering, encouraging, and providing the services.

“(c) CRITERIA FOR OFFERING AND ENCOURAGING.—Subject to section 2641(b)(4), an entity to which subsection (a) applies is, for purposes of such subsection, offering and encouraging early intervention services with respect to the individuals involved if the entity—

“(1) offers such services to the individuals, and encourages the individuals to receive the services, as a regular practice in the course of providing the health care involved; and

“(2) provides the early intervention services only with the consent of the individuals.

42 USC 300ff-45. “SEC. 2645. NOTIFICATION OF CERTAIN INDIVIDUALS RECEIVING BLOOD TRANSFUSIONS.

“(a) IN GENERAL.—The Secretary may not make a grant under section 2641 unless the State involved provides assurances satisfactory to the Secretary that, with respect to individuals in the State receiving, between January 1, 1978, and April 1, 1985 (inclusive), a transfusion of whole blood or a blood-clotting factor, the State will provide public education and information for the purpose of—

“(1) encouraging the population of such individuals to receive early intervention services; and

“(2) informing such population of any health facilities in the geographic area involved that provide such services.

“(b) RULE OF CONSTRUCTION.—An agreement made under subsection (a) may not be construed to require that, in carrying out the activities described in such subsection, a State receiving a grant under section 2641 provide individual notifications to the individuals described in such subsection.

42 USC 300ff-46. “SEC. 2646. REPORTING AND PARTNER NOTIFICATION.

Classified
information.

“(a) REPORTING.—The Secretary may not make a grant under section 2641 unless, with respect to testing for HIV disease, the State involved provides assurances satisfactory to the Secretary that the State will require that any entity carrying out such testing confidentially report to the State public health officer information sufficient—

“(1) to perform statistical and epidemiological analyses of the incidence in the State of cases of such disease;

“(2) to perform statistical and epidemiological analyses of the demographic characteristics of the population of individuals in the State who have the disease; and

“(3) to assess the adequacy of early intervention services in the State.

“(b) PARTNER NOTIFICATION.—The Secretary may not make a grant under section 2641 unless the State involved provides assurances satisfactory to the Secretary that the State will require that the public health officer of the State, to the extent appropriate in

the determination of the officer, carry out a program of partner notification regarding cases of HIV disease.

“(c) RULES OF CONSTRUCTION.—An agreement made under this section may not be construed—

“(1) to require or prohibit any State from providing that identifying information concerning individuals with HIV disease is required to be submitted to the State; or

“(2) to require any State to establish a requirement that entities other than the public health officer of the State are required to make the notifications referred to in subsection (b).

“SEC. 2647. REQUIREMENT OF STATE LAW PROTECTION AGAINST INTENTIONAL TRANSMISSION.

42 USC 300ff-47.

“(a) IN GENERAL.—The Secretary may not make a grant under section 2641 to a State unless the chief executive officer determines that the criminal laws of the State are adequate to prosecute any HIV infected individual, subject to the condition described in subsection (b), who—

“(1) makes a donation of blood, semen, or breast milk, if the individual knows that he or she is infected with HIV and intends, through such donation, to expose another HIV in the event that the donation is utilized;

“(2) engages in sexual activity if the individual knows that he or she is infected with HIV and intends, through such sexual activity, to expose another to HIV; and

“(3) injects himself or herself with a hypodermic needle and subsequently provides the needle to another person for purposes of hypodermic injection, if the individual knows that he or she is infected and intends, through the provision of the needle, to expose another to such etiologic agent in the event that the needle is utilized.

“(b) CONSENT TO RISK OF TRANSMISSION.—The State laws described in subsection (a) need not apply to circumstances under which the conduct described in paragraphs (1) through (3) of subsection (a) if the individual who is subjected to the behavior involved knows that the other individual is infected and provides prior informed consent to the activity.

“(c) STATE CERTIFICATION WITH RESPECT TO REQUIRED LAWS.—With respect to complying with subsection (a) as a condition of receiving a grant under section 2601, the Secretary may not require a State to enact any statute, or to issue any regulation, if the chief executive officer of the State are adequate. The existence of a criminal law of general application, which can be applied to the conduct described in paragraphs (1) through (3) of subsection (a) is sufficient for compliance with this section.

“(d) TIME LIMITATIONS WITH RESPECT TO REQUIRED LAWS.—With respect to receiving a grant under section 2601, if a State is unable to certify compliance with subsection (a), the Secretary may make a grant to a State under such section if—

“(1) for each of the fiscal years 1991 and 1992, the State provides assurances satisfactory to the Secretary that by not later than October 1, 1992, the State has in place or will establish the prohibitions described in subsection (a); and

“(2) for fiscal year 1993 and subsequent fiscal years, the State has established such prohibitions.

42 USC 300ff-49. "SEC. 2649. DETERMINATION OF AMOUNT OF ALLOTMENTS.

District of
Columbia.
Puerto Rico.
Territories, U.S.

"(a) **MINIMUM ALLOTMENT.**—Subject to the extent of amounts made available in appropriations Acts, the amount of an allotment under section 2641(a) for a State for a fiscal year shall be the greater of—

"(1) \$100,000 for each of the several States, the District of Columbia, and the Commonwealth of Puerto Rico, and \$50,000 for each of the territories of the United States other than the Commonwealth of Puerto Rico; and

"(2) an amount determined under subsection (b).

"(b) **DETERMINATION UNDER FORMULA.**—The amount referred to in subsection (a)(2) is the product of—

"(1) an amount equal to the amount appropriated under subsection (a) of section 2650 for the fiscal year involved; and

"(2) a percentage equal to the quotient of—

"(A) an amount equal to the number of cases of acquired immune deficiency syndrome reported to and confirmed by the Director of the Centers for Disease Control for the State involved for the most recent fiscal year for which such data is available; divided by

"(B) an amount equal to the number of cases of acquired immune deficiency syndrome reported to and confirmed by the Director of the Centers for Disease Control for the United States for the most recent fiscal year for which such data is available.

"(c) **CERTAIN ALLOCATIONS BY SECRETARY.**—After determining the amount of an allotment under this subsection (a) for a fiscal year, the Secretary shall reduce the amount of the allotment of each State by 10 percent. From the amounts available as a result of such reductions, the Secretary shall, on a discretionary basis, make grants to States receiving allotments for the fiscal year involved. Such grants shall be made subject to each of the agreements and assurances required as a condition of receiving grants under section 2641.

"(d) **DISPOSITION OF CERTAIN FUNDS APPROPRIATED FOR ALLOTMENTS.**—

"(1) **IN GENERAL.**—Any amounts available pursuant to paragraph (2) shall, in accordance with paragraph (3), be allotted by the Secretary each fiscal year to States receiving payments under section 2641(a) for the fiscal year (other than any State referred to in paragraph (2)(C)). The Secretary shall make payments, as grants, to each such State from any such allotment for the State for the fiscal year involved.

"(2) **SPECIFICATION OF AMOUNTS.**—The amounts referred to in paragraph (1) are any amounts that are not paid to States under section 2641(a) as a result of—

"(A) the failure of any State to submit an application under section 2651;

"(B) the failure, in the determination of the Secretary, of any State to prepare the application in compliance with such section or to submit the application within a reasonable period of time; or

"(C) any State informing the Secretary that the State does not intend to expend the full amount of the allotment made to the State.

“(3) AMOUNT OF ALLOTMENT.—The amount of an allotment under paragraph (1) for a State for a fiscal year shall be an amount equal to the product of—

“(A) an amount equal to the amount available pursuant to paragraph (2) for the fiscal year involved; and

“(B) the percentage determined under subsection (b)(2) for the State.

“(e) TRANSITION RULES.—

“(1) For the fiscal years 1991 through 1993, the amount of an allotment under section 2641 shall be the greater of the amount determined under subsection (a) and an amount equal to the amount applicable under paragraph (2) for the fiscal year involved.

“(2) For purposes of paragraph (1)—

“(A) the amount applicable for fiscal year 1991 is an amount equal to the amount received by the State involved from the Secretary, acting through the Director of the Centers for Disease Control, for fiscal year 1990 for the provision of counseling and testing services with respect to HIV;

“(B) the amount applicable for fiscal year 1992 is 85 percent of the amount specified in subparagraph (A); and

“(C) the amount applicable for fiscal year 1993 is 70 percent of the amount specified in subparagraph (A).

“SEC. 2649A. MISCELLANEOUS PROVISIONS.

42 USC
300ff-49a.

The Secretary may not make a grant under section 2641 unless—

“(1) the State involved submits to the Secretary a comprehensive plan for the organization and delivery of the early intervention services to be funded with the grant that includes a description of the purposes for which the State intends to use such assistance, including—

“(A) the services and activities to be provided and an explanation of the manner in which the elements of the program to be implemented by the State with the grant will maximize the quality of early intervention services available to individuals with HIV disease throughout the State; and

“(B) a description of the manner in which services funded with the grant will be coordinated with other available related services for individuals with HIV disease; and

“(2) the State agrees that—

“(A) the public health agency administering the grant will conduct public hearings regarding the proposed use and distribution of the grant;

“(B) to the maximum extent practicable, early intervention services delivered pursuant to the grant will be provided without regard to the ability of the individual to pay for such services and without regard to the current or past health condition of the individual with HIV disease;

“(C) early intervention services under the grant will be provided in settings accessible to low-income individuals with HIV disease; and

“(D) outreach to low-income individuals with HIV disease will be provided to inform such individuals of the services available pursuant to the grant.

Disadvantaged
persons.

42 USC 300ff-50. "SEC. 2650. AUTHORIZATION OF APPROPRIATIONS.

"For the purpose of making grants under section 2641, there are authorized to be appropriated \$230,000,000 for fiscal year 1991, and such sums as may be necessary for each of the fiscal years 1992 through 1995.

"Subpart II—Categorical Grants

42 USC 300ff-51. "SEC. 2651. ESTABLISHMENT OF PROGRAM.

"(a) IN GENERAL.—For the purposes described in subsection (b), the Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to public and nonprofit private entities specified in section 2652(a)(1).

"(b) PURPOSES OF GRANTS.—

Contracts.

"(1) IN GENERAL.—The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees to expend the grant for the purposes of providing, on an outpatient basis, each of the early intervention services specified in paragraph (2) with respect to HIV disease.

"(2) SPECIFICATION OF EARLY INTERVENTION SERVICES.—The early intervention services referred to in paragraph (1) are—

"(A) counseling individuals with respect to HIV disease in accordance with section 2662;

"(B) testing individuals with respect to such disease, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease;

"(C) referrals described in paragraph (3);

"(D) other clinical and diagnostic services regarding HIV disease, and periodic medical evaluations of individuals with the disease;

"(E) providing the therapeutic measures described in subparagraph (B).

"(3) REFERRALS.—The services referred to in paragraph (2)(C) are referrals of individuals with HIV disease to appropriate providers of health and support services, including, as appropriate—

"(A) to entities receiving amounts under part A or B for the provision of such services;

"(B) to biomedical research facility of institutions of higher education that offer experimental treatment for such disease, or to community-based organizations or other entities that provide such treatment; or

"(C) to grantees under section 2671, in the case of a pregnant woman.

Contracts.

"(4) REQUIREMENT OF AVAILABILITY OF ALL EARLY INTERVENTION SERVICES THROUGH EACH GRANTEE.—The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees that each of the early intervention services specified in paragraph (2) will be available through the grantee. With respect to compliance with such agreement, such a grantee may expend the grant to provide the early intervention services directly, and may expend the grant to enter into agreements

with public or nonprofit private entities under which the entities provide the services.

“(5) **OPTIONAL SERVICES.**—A grantee under subsection (a)—

“(A) may expend the grant to provide outreach services to individuals who may have HIV disease or may be at risk of the disease, and who may be unaware of the availability and potential benefits of early treatment of the disease, and to provide outreach services to health care professionals who may be unaware of such availability and potential benefits; and

“(B) may, in the case of individuals who seek early intervention services from the grantee, expend the grant—

“(i) for case management to provide coordination in the provision of health care services to the individuals and to review the extent of utilization of the services by the individuals; and

“(ii) to provide assistance to the individuals regarding establishing the eligibility of the individuals for financial assistance and services under Federal, State, or local programs providing for health services, mental health services, social services, or other appropriate services.

“(c) **PARTICIPATION IN CERTAIN CONSORTIUM.**—The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees to make reasonable efforts to participate in a consortium established with a grant under section 2612(a)(1) regarding comprehensive services to individuals with HIV disease, if such a consortium exist in the geographic area with respect to which the applicant is applying to receive such a grant.

“**SEC. 2652. MINIMUM QUALIFICATIONS OF GRANTEES.**

42 USC 300ff-52.

“(a) **IN GENERAL.**—The entities referred to in subsection (b) are public entities and nonprofit private entities that are—

“(A) migrant health centers under section 329 or community health centers under section 330;

“(B) grantees under section 340 (regarding health services for the homeless);

“(C) grantees under section 1001 (regarding family planning) other than States;

“(D) comprehensive hemophilia diagnostic and treatment centers;

“(E) Federally-qualified health centers under section 1905(l)(2)(B) of the Social Security Act; or

“(F) a nonprofit private entity that provides comprehensive primary care services to populations at risk of HIV disease.

“(b) **STATUS AS MEDICAID PROVIDER.**—

Contracts.

“(1) **IN GENERAL.**—Subject to paragraph (2), the Secretary may not make a grant under section 2651 for the provision of services described in subsection (b) of such section in a State unless, in the case of any such service that is available pursuant to the State plan approved under title XIX of the Social Security Act for the State—

“(A) the applicant for the grant will provide the service directly, and the applicant has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

“(B) the applicant for the grant will enter into an agreement with a public or nonprofit private entity under which the entity will provide the service, and the entity has entered into such a participation agreement and is qualified to receive such payments.

“(2) WAIVER REGARDING CERTAIN SECONDARY AGREEMENTS.—

“(A) In the case of an entity making an agreement pursuant to paragraph (1)(B) regarding the provision of services, the requirement established in such paragraph regarding a participation agreement shall be waived by the Secretary if the entity does not, in providing health care services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits program.

“(B) A determination by the Secretary of whether an entity referred to in subparagraph (A) meets the criteria for a waiver under such subparagraph shall be made without regard to whether the entity accepts voluntary donations regarding the provision of services to the public.

42 USC 300ff-53. “SEC. 2653. PREFERENCES IN MAKING GRANTS.

“(a) IN GENERAL.—In making grants under section 2651, the Secretary shall give preference to any qualified applicant experiencing an increase in the burden of providing services regarding HIV disease, as indicated by the factors specified in subsection (b).

“(b) SPECIFICATION OF FACTORS.—

“(1) IN GENERAL.—In the case of the geographic area with respect to which the entity involved is applying for a grant under section 2651, the factors referred to in subsection (a), as determined for the period specified in paragraph (2), are—

“(A) the number of cases of acquired immune deficiency syndrome;

“(B) the rate of increase in such cases;

“(C) the lack of availability of early intervention services;

“(D) the number of other cases of sexually transmitted diseases, and the number of cases of tuberculosis and of drug abuse;

“(E) the rate of increase in each of the cases specified in subparagraph (D);

“(F) the lack of availability of primary health services from providers other than such applicant; and

“(G) the distance between such area and the nearest community that has an adequate level of availability of appropriate HIV-related services, and the length of time required to travel such distance.

“(2) RELEVANT PERIOD OF TIME.—The period referred to in paragraph (1) is the 2-year period preceding the fiscal year for which the entity involved is applying to receive a grant under section 2651.

“(c) EQUITABLE ALLOCATIONS.—In providing preferences for purposes of subsection (b), the Secretary shall equitably allocate the preferences among urban and rural areas.

Urban areas.
Rural areas.

42 USC 300ff-54. “SEC. 2654. MISCELLANEOUS PROVISIONS.

“(a) SERVICES FOR INDIVIDUALS WITH HEMOPHILIA.—In making grants under section 2651, the Secretary shall ensure that any such

grants made regarding the provision of early intervention services to individuals with hemophilia are made through the network of comprehensive hemophilia diagnostic and treatment centers.

“(b) TECHNICAL ASSISTANCE.—The Secretary may, directly or through grants or contracts, provide technical assistance to non-profit private entities regarding the process of submitting to the Secretary applications for grants under section 2651, and may provide technical assistance with respect to the planning, development, and operation of any program or service carried out pursuant to such section.

“SEC. 2655. AUTHORIZATION OF APPROPRIATIONS.

42 USC 300ff-55.

“For the purpose of making grants under section 2651, there are authorized to be appropriated \$75,000,000 for fiscal years 1991, and such sums as may be necessary for each of the fiscal years 1992 through 1995.

“Subpart III—General Provisions

“SEC. 2661. CONFIDENTIALITY AND INFORMED CONSENT.

42 USC 300ff-61.

“(a) CONFIDENTIALITY.—The Secretary may not make a grant under this part unless—

“(1) in the case of any State applying for a grant under section 2641, the State agrees to ensure that information regarding the receipt of early intervention services is maintained confidentially pursuant to law or regulations in a manner not inconsistent with applicable law; and

“(2) in the case of any entity applying for a grant under section 2651, the entity agrees to ensure that information regarding the receipt of early intervention services pursuant to the grant is maintained confidentially in a manner not inconsistent with applicable law.

“(b) INFORMED CONSENT.—

“(1) IN GENERAL.—The Secretary may not make a grant under this part unless the applicant for the grant agrees that, in testing an individual for HIV disease, the applicant will test an individual only after obtaining from the individual a statement, made in writing and signed by the individual, declaring that the individual has undergone the counseling described in section 2662(a) and that the decision of the individual with respect to undergoing such testing is voluntarily made.

“(2) PROVISIONS REGARDING ANONYMOUS TESTING.—

“(A) If, pursuant to section 2664(b), an individual will undergo testing pursuant to this part through the use of a pseudonym, a grantee under such section shall be considered to be in compliance with the agreement made under paragraph (1) if the individual signs the statement described in such subsection using the pseudonym.

“(B) If, pursuant to section 2664(b), an individual will undergo testing pursuant to this part without providing any information relating to the identity of the individual, a grantee under such section shall be considered to be in compliance with the agreement made under paragraph (1) if the individual orally provides the declaration described in such paragraph.

42 USC 300ff-62. "SEC. 2662. PROVISION OF CERTAIN COUNSELING SERVICES.

"(a) COUNSELING BEFORE TESTING.—The Secretary may not make a grant under this part unless the applicant for the grant agrees that, before testing an individual for HIV disease, the applicant will provide to the individual appropriate counseling regarding the disease (based on the most recently available scientific data), including counseling on—

"(1) measures for the prevention of exposure to, and the transmission of, HIV;

"(2) the accuracy and reliability of the results of testing for HIV disease;

"(3) the significance of the results of such testing, including the potential for developing acquired immune deficiency syndrome;

"(4) encouraging the individual, as appropriate, to undergo such testing;

"(5) the benefits of such testing, including the medical benefits of diagnosing HIV disease in the early stages and the medical benefits of receiving early intervention services during such stages;

"(6) provisions of law relating to the confidentiality of the process of receiving such services, including information regarding any disclosures that may be authorized under applicable law and information regarding the availability of anonymous counseling and testing pursuant to section 2664(b); and

"(7) provisions of applicable law relating to discrimination against individuals with HIV disease.

"(b) COUNSELING OF INDIVIDUALS WITH NEGATIVE TEST RESULTS.—The Secretary may not make a grant under this part unless the applicant for the grant agrees that, if the results of testing conducted for HIV disease indicate that an individual does not have the disease, the applicant will review for the individual the information provided pursuant to subsection (a), including—

"(1) the information described in paragraphs (1) through (3) of such subsection; and

"(2) the appropriateness of further counseling, testing, and education of the individual regarding such disease.

"(c) COUNSELING OF INDIVIDUALS WITH POSITIVE TEST RESULTS.—The Secretary may not make a grant under this part unless the applicant for the grant agrees that, if the results of testing for HIV disease indicate that the individual has the disease, the applicant will provide to the individual appropriate counseling regarding such disease, including—

"(1) reviewing the information described in paragraphs (1) through (3) of subsection (a);

"(2) reviewing the appropriateness of further counseling, testing, and education of the individual regarding such disease; and

"(3) providing counseling on—

"(A) the availability, through the applicant, of early intervention services;

"(B) the availability in the geographic area of appropriate health care, mental health care, and social and support services, including providing referrals for such services, as appropriate;

"(C) the benefits of locating and counseling any individual by whom the infected individual may have been ex-

posed to HIV and any individual whom the infected individual may have exposed to HIV; and

“(D) the availability of the services of public health authorities with respect to locating and counseling any individual described in subparagraph (C).

“(d) **ADDITIONAL REQUIREMENTS REGARDING APPROPRIATE COUNSELING.**—The Secretary may not make a grant under this part unless the applicant for the grant agrees that, in counseling individuals with respect to HIV disease, the applicant will ensure that the counseling is provided under conditions appropriate to the needs of the individuals.

“(e) **COUNSELING OF EMERGENCY RESPONSE EMPLOYEES.**—The Secretary may not make a grant under this part to a State unless the State agrees that, in counseling individuals with respect to HIV disease, the State will ensure that, in the case of emergency response employees, the counseling is provided to such employees under conditions appropriate to the needs of the employees regarding the counseling.

“(f) **RULE OF CONSTRUCTION REGARDING COUNSELING WITHOUT TESTING.**—Agreements made pursuant to this section may not be construed to prohibit any grantee under this part from expending the grant for the purpose of providing counseling services described in this section to an individual who does not undergo testing for HIV disease as a result of the grantee or the individual determining that such testing of the individual is not appropriate.

“**SEC. 2663. APPLICABILITY OF REQUIREMENTS REGARDING CONFIDENTIALITY, INFORMED CONSENT, AND COUNSELING.** 42 USC 300ff-63.

“The Secretary may not make a grant under this part unless the applicant for the grant agrees that, with respect to testing for HIV disease, any such testing carried out by the applicant will, without regard to whether such testing is carried out with Federal funds, be carried out in accordance with conditions described in sections 2661 and 2662.

“**SEC. 2664. ADDITIONAL REQUIRED AGREEMENTS.** 42 USC 300ff-64.

“(a) **REPORTS TO SECRETARY.**—The Secretary may not make a grant under this part unless—

“(1) the applicant submits to the Secretary—

“(A) a specification of the expenditures made by the applicant for early intervention services for the fiscal year preceding the fiscal year for which the applicant is applying to receive the grant; and

“(B) an estimate of the number of individuals to whom the applicant has provided such services for such fiscal year; and

“(2) the applicant agrees to submit to the Secretary a report providing— Reports.

“(A) the number of individuals to whom the applicant provides early intervention services pursuant to the grant;

“(B) epidemiological and demographic data on the population of such individuals;

“(C) the extent to which the costs of HIV-related health care for such individuals are paid by third-party payors;

“(D) the average costs of providing each category of early intervention service; and

“(E) the aggregate amounts expended for each such category.

“(b) **PROVISION OF OPPORTUNITIES FOR ANONYMOUS COUNSELING AND TESTING.**—The Secretary may not make a grant under this part unless the applicant for the grant agrees that, to the extent permitted under State law, regulation or rule, the applicant will offer substantial opportunities for an individual—

“(1) to undergo counseling and testing regarding HIV disease without being required to provide any information relating to the identity of the individual; and

“(2) to undergo such counseling and testing through the use of a pseudonym.

“(c) **PROHIBITION AGAINST REQUIRING TESTING AS CONDITION OF RECEIVING OTHER HEALTH SERVICES.**—The Secretary may not make a grant under this part unless the applicant for the grant agrees that, with respect to an individual seeking health services from the applicant, the applicant will not require the individual to undergo testing for HIV as a condition of receiving any health services unless such testing is medically indicated in the provision of the health services sought by the individual.

“(d) **MAINTENANCE OF SUPPORT.**—The Secretary may not make a grant under this part unless the applicant for the grant agrees to maintain the expenditures of the applicant for early intervention services at a level equal to not less than the level of such expenditures maintained by the State for the fiscal year preceding the fiscal year for which the applicant is applying to receive the grant.

“(e) **REQUIREMENTS REGARDING IMPOSITION OF CHARGES FOR SERVICES.**—

“(1) **IN GENERAL.**—The Secretary may not make a grant under this part unless, subject to paragraph (5), the applicant for the grant agrees that—

“(A) in the case of individuals with an income less than or equal to 100 percent of the official poverty line, the applicant will not impose a charge on any such individual for the provision of early intervention services under the grant;

“(B) in the case of individuals with an income greater than 100 percent of the official poverty line, the applicant—

“(i) will impose a charge on each such individual for the provision of such services; and

“(ii) will impose the charge according to a schedule of charges that is made available to the public.

“(2) **LIMITATION ON CHARGES REGARDING INDIVIDUALS SUBJECT TO CHARGES.**—With respect to the imposition of a charge for purposes of paragraph (1)(B)(ii), the Secretary may not make a grant under this part unless, subject to paragraph (5), the applicant for the grant agrees that—

“(A) in the case of individuals with an income greater than 100 percent of the official poverty line and not exceeding 200 percent of such poverty line, the applicant will not, for any calendar year, impose charges in an amount exceeding 5 percent of the annual gross income of the individual involved;

“(B) in the case of individuals with an income greater than 200 percent of the official poverty line and not exceeding 300 percent of such poverty line, the applicant will not, for any calendar year, impose charges in an

amount exceeding 7 percent of the annual gross income of the individual involved; and

“(C) in the case of individuals with an income greater than 300 percent of the official poverty line, the applicant will not, for any calendar year, impose charges in an amount exceeding 10 percent of the annual gross income of the individual involved.

“(3) **ASSESSMENT OF CHARGE.**—With respect to compliance with the agreement made under paragraph (1), a grantee under this part may, in the case of individuals subject to a charge for purposes of such paragraph—

“(A) assess the amount of the charge in the discretion of the grantee, including imposing only a nominal charge for the provision of services, subject to the provisions of such paragraph regarding public schedules and of paragraph (2) regarding limitations on the maximum amount of charges; and

“(B) take into consideration the medical expenses of individuals in assessing the amount of the charge, subject to such provisions.

“(4) **APPLICABILITY OF LIMITATION ON AMOUNT OF CHARGE.**—The Secretary may not make a grant under this part unless the applicant for the grant agrees that the limitations established in paragraph (2) regarding the imposition of charges for services applies to the annual aggregate of charges imposed for such services, without regard to whether they are characterized as enrollment fees, premiums, deductibles, cost sharing, copayments, coinsurance, or similar charges.

“(5) **WAIVER REGARDING CERTAIN SECONDARY AGREEMENTS.**—The requirement established in paragraph (1)(B)(i) shall be waived by the Secretary in the case of any entity for whom the Secretary has granted a waiver under section 2642(b) or 2652(b)(2).

“(f) **RELATIONSHIP TO ITEMS AND SERVICES UNDER OTHER PROGRAMS.**—

“(1) **IN GENERAL.**—The Secretary may not make a grant under this part unless the applicant for the grant agrees that, subject to paragraph (2), the grant will not be expended by the applicant, or by any entity receiving amounts from the applicant for the provision of early intervention services, to make payment for any such service to the extent that payment has been made, or can reasonably be expected to be made, with respect to such service—

“(A) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

“(B) by an entity that provides health services on a prepaid basis.

“(2) **APPLICABILITY TO CERTAIN SECONDARY AGREEMENTS FOR PROVISION OF SERVICES.**—An agreement made under paragraph (1) shall not apply in the case of an entity through which a grantee under this part provides early intervention services if the Secretary has provided a waiver under section 2642(b) or 2652(b)(2) regarding the entity.

“(g) **ADMINISTRATION OF GRANT.**—The Secretary may not make a grant under this part unless the applicant for the grant agrees that—

“(1) the applicant will not expend amounts received pursuant to this part for any purpose other than the purposes described in the subpart under which the grant involved is made;

“(2) the applicant will establish such procedures for fiscal control and fund accounting as may be necessary to ensure proper disbursement and accounting with respect to the grant; and

“(3) the applicant will not expend more than 5 percent of the grant for administrative expenses with respect to the grant.

“(h) CONSTRUCTION.—A State may not use amounts received under a grant awarded under section 2641 to purchase or improve land, or to purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or to make cash payments to intended recipients of services.

42 USC 300ff-65. “SEC. 2665. REQUIREMENT OF SUBMISSION OF APPLICATION CONTAINING CERTAIN AGREEMENTS AND ASSURANCES.

“The Secretary may not make a grant under this part unless—

“(1) an application for the grant is submitted to the Secretary containing agreements and assurances in accordance with this part and containing the information specified in section 2664(a)(1);

“(2) with respect to such agreements, the application provides assurances of compliance satisfactory to the Secretary; and

“(3) the application otherwise 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 part.

42 USC 300ff-66. “SEC. 2666. PROVISION BY SECRETARY OF SUPPLIES AND SERVICES IN LIEU OF GRANT FUNDS.

“(a) IN GENERAL.—Upon the request of a grantee under this part, the Secretary may, subject to subsection (b), provide supplies, equipment, and services for the purpose of aiding the grantee in providing early intervention services and, for such purpose, may detail to the State any officer or employee of the Department of Health and Human Services.

“(b) LIMITATION.—With respect to a request described in subsection (a), the Secretary shall reduce the amount of payments under the grant involved by an amount equal to the costs of detailing personnel and the fair market value of any supplies, equipment, or services provided by the Secretary. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

42 USC 300ff-67. “SEC. 2667. USE OF FUNDS.

“Counseling programs carried out under this part—

“(1) shall not be designed to promote or encourage, directly, intravenous drug abuse or sexual activity, homosexual or heterosexual;

“(2) shall be designed to reduce exposure to and transmission of HIV disease by providing accurate information; and

“(3) shall provide information on the health risks of promiscuous sexual activity and intravenous drug abuse.”

(b) REVISION, EXTENSION, AND TRANSFER OF PROGRAM OF PRISON TESTING ACT OF 1988.—

Public information.

Sexual activities.
Drugs and drug abuse.

(1) **TRANSFER OF PROGRAM.**—Section 902 of Public Law 100-607—

42 USC 300ee-6,
300ff-48.

- (A) is transferred to part C of title XXVI of the Public Health Service Act, as added by subsection (a) of this Act;
(B) is redesignated as section 2648; and
(C) is inserted after section 2647 of such part C.

42 USC 300ff-48.

(2) **EXTENSION OF AUTHORIZATION OF APPROPRIATIONS FOR PROGRAM.**—Section 2648(g) of the Public Health Service Act, as transferred and added by paragraph (1) of this subsection, is amended by striking “1990” and inserting “1995”.

(3) **REVISION OF PROGRAM.**—Section 2648 of the Public Health Service Act, as transferred and added by paragraph (1) of this subsection, is amended by striking subsections (a) through (f) and inserting the following:

Prisoners.

“(a) **IN GENERAL.**—In addition to grants under section 2641, the Secretary may make grants to States for the purpose of assisting the States in providing early intervention services to individuals sentenced by the State to a term of imprisonment. The Secretary may make such a grant only if the State involved requires, subject to subsection (d), that—

“(1) the services be provided to such individuals; and

“(2) each such individual be informed of the requirements of subsection (c) regarding testing and be informed of the results of such testing of the individual.

“(b) **REQUIREMENT OF MATCHING FUNDS.**—

“(1) **IN GENERAL.**—The Secretary may not make a grant under subsection (a) unless the State involved agrees that, with respect to the costs to be incurred by the State in carrying out the purpose described in such subsection, the State will make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount equal to—

“(A) for the first fiscal year of payments under the grant, not less than \$1 for each \$2 of Federal funds provided in the grant; and

“(B) for any subsequent fiscal year of such payments, not less than \$1 for each \$1 of Federal funds provided in the grant.

“(2) **DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTION.**—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, and services (or portions of services) subsidized by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

“(c) **TESTING.**—The Secretary may not make a grant under subsection (a) unless—

“(1) the State involved requires that, subject to subsection (d), any individual sentenced by the State to a term of imprisonment be tested for HIV disease—

“(A) upon entering the State penal system; and

“(B) during the 30-day period preceding the date on which the individual is released from such system;

“(2) with respect to informing employees of the penal system of the results of such testing of the individual, the State—

“(A) upon the request of any such employee, provides the results to the employee in any case in which the medical

officer of the prison determines that there is a reasonable basis for believing that the employee has been exposed by the individual to such disease; and

“(B) informs the employees of the availability to the employees of such results under the conditions described in subparagraph (A);

“(3) with respect to informing the spouse of the individual of the results of such testing of the individual, the State—

“(A) upon the request of the spouse, provides such results to the spouse prior to any conjugal visit and provides such results to the spouse during the period described in paragraph (1)(B); and

“(B) informs the spouse of the availability to the spouse of such results under the conditions described in subparagraph (A);

“(4) with respect to such testing upon entering the State penal system of such an individual who has been convicted of rape or aggravated sexual assault, the State—

“(A) upon the request of the victim of the rape or assault, provides such results to the victim; and

“(B) informs the victim of the availability to the victim of such results; and

“(5) the State, except as provided in any of paragraphs (2) through (4), maintains the confidentiality of the results of testing for HIV disease in each prison operated by the State or with amounts provided by the State, and makes disclosures of such results only as medically necessary.

“(d) DETERMINATION OF PRISONS SUBJECT TO REQUIREMENT.—

“(1) IN GENERAL.—The Secretary may not make a grant under subsection (a) unless the State involved agrees that the requirement established in such subsection regarding the provision of early intervention services to inmates will apply only to inmates who are incarcerated in prisons with respect to which the State public health officer, after consultation with the chief State correctional officer, has, on the basis of the criteria described in paragraph (2), determined that the provision of such services is appropriate with respect to the public health and safety.

“(2) DESCRIPTION OF CRITERIA.—The criteria to be considered for purposes of paragraph (1) are—

“(A) with respect to the geographic areas in which inmates of the prison involved resided before incarceration in the prison—

“(i) the severity of the epidemic of HIV disease in the areas during the period in which the inmates resided in the areas; and

“(ii) the incidence, in the areas during such period, of behavior that places individuals at significant risk of developing HIV disease; and

“(B) the extent to which medical examinations conducted by the State for inmates of the prison involved indicate that the inmates have engaged in such behavior.

“(e) APPLICABILITY OF PROVISIONS REGARDING INFORMED CONSENT, COUNSELING, AND OTHER MATTERS.—The Secretary may not make a grant under subsection (a) unless the State involved agrees that sections 2641(b)(4), 2662, and 2664(c) will apply to the provision of early intervention services pursuant to the grant in the same

Classified
information.

manner and to the same extent as such sections apply to the provision of such services by grantees under section 2641.

“(f) REQUIREMENT OF 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.

“(g) RULE OF CONSTRUCTION.—With respect to testing inmates of State prisons for HIV disease without the consent of the inmates, the agreements made under this section may not be construed to authorize, prohibit, or require any State to conduct such testing, except as provided in subparagraphs (A) and (B) of subsection (c)(1).”.

(4) TECHNICAL AMENDMENTS.—Section 2648 of the Public Health Service Act, as transferred and added by paragraph (1) of this subsection, is amended by striking the heading and inserting the following: “TESTING AND OTHER EARLY INTERVENTION SERVICES FOR STATE PRISONERS.”.

TITLE IV—GENERAL PROVISIONS, REPORTS AND EVALUATIONS

Subtitle A—General Provisions

SEC. 401. GENERAL PROVISIONS.

Title XXVI of the Public Health Service Act (as added by section 101 and amended by sections 201 and 301) is further amended by adding at the end thereof the following new part:

“PART D—GENERAL PROVISIONS

“SEC. 2671. DEMONSTRATION GRANTS FOR RESEARCH AND SERVICES FOR PEDIATRIC PATIENTS REGARDING ACQUIRED IMMUNE DEFICIENCY SYNDROME.

42 USC 300ff-71.

“(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration and the Director of the National Institutes of Health, shall make demonstration grants to community health centers, and other appropriate public or nonprofit private entities that provide primary health care to the public, for the purpose of—

Health care facilities.

“(1) conducting, at the health facilities of such entities, clinical research on therapies for pediatric patients with HIV disease as well as pregnant women with HIV disease; and

Women.

“(2) with respect to the pediatric patients who participate in such research, providing health care on an outpatient basis to such patients and the families of such patients.

“(b) MINIMUM QUALIFICATIONS OF GRANTEEES.—The Secretary may not make a grant under subsection (a) unless the health facility operated by the applicant for the grant serves a significant number of pediatric patients and pregnant women with HIV disease.

Women.

“(c) COOPERATION WITH BIOMEDICAL INSTITUTIONS.—

“(1) DESIGN OF RESEARCH PROTOCOL.—The Secretary may not make a grant under subsection (a) unless the applicant for the grant—

“(A) has entered into a cooperative agreement or contract with an appropriately qualified entity with expertise in biomedical research under which the entity will assist the applicant in designing and conducting a protocol for the research to be conducted pursuant to the grant; and

“(B) agrees to provide the clinical data developed in the research to the Director of the National Institutes of Health.

“(2) ANALYSIS AND EVALUATION.—The Secretary, acting through the Director of the National Institutes of Health—

“(A) may assist grantees under subsection (a) in designing and conducting protocols described in subparagraph (A) of paragraph (1); and

“(B) shall analyze and evaluate the data submitted to the Director pursuant to subparagraph (B) of such paragraph.

“(d) CASE MANAGEMENT.—The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees to provide for the case management of the pediatric patient involved and the family of the patient.

“(e) REFERRALS FOR ADDITIONAL SERVICES.—The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees to provide for the pediatric patient involved and the family of the patient—

“(1) referrals for inpatient hospital services, treatment for substance abuse, and mental health services; and

“(2) referrals for other social and support services, as appropriate.

“(f) INCIDENTAL SERVICES.—The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees to provide the family of the pediatric patient involved with such transportation, child care, and other incidental services as may be necessary to enable the pediatric patient and the family of the patient to participate in the program established by the applicant pursuant to such subsection.

“(g) 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.

“(h) EVALUATIONS.—The Secretary shall, directly or through contracts with public and private entities, provide for evaluations of programs carried out pursuant to subsection (a).

“(i) DEFINITION.—For purposes of this section, the term ‘community health center’ has the meaning given such term in section 330(a).

“(j) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$20,000,000 for fiscal year 1991, and such sums as may be necessary for each of the fiscal years 1992 through 1995.

Contracts.

42 USC 300ff-72.

“SEC. 2672. PROVISIONS RELATING TO BLOOD BANKS.

“(a) INFORMATIONAL AND TRAINING PROGRAMS.—The Secretary shall—

Safety.

“(1) develop and make available to technical and supervisory personnel employed at blood banks and facilities that produce blood products, materials and information concerning measures that may be implemented to protect the safety of the blood

supply with respect to the activities of such personnel, including—

“(A) state-of-the-art diagnostic and testing procedures relating to pathogens in the blood supply; and

“(B) quality assurance procedures relating to the safety of the blood supply and of blood products; and

“(2) develop and implement a training program that is designed to increase the number of employees of the Department of Health and Human Services who are qualified to conduct inspections of blood banks and facilities that produce blood products.

“(b) UPDATES.—The Secretary shall periodically review and update the materials and information made available under informational or training programs conducted under subsection (a).

“(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, \$1,500,000 for fiscal year 1991, and such sums as may be necessary in each of the fiscal years 1992 through 1995.

“SEC. 2673. RESEARCH, EVALUATION, AND ASSESSMENT PROGRAM.

42 USC 300ff-73.

“(a) ESTABLISHMENT.—The Secretary, acting through the Agency for Health Care Policy and Research, shall establish a program to enable independent research to be conducted by individuals and organizations with appropriate expertise in the fields of health, health policy, and economics (particularly health care economics) to develop—

“(1) a comparative assessment of the impact and cost-effectiveness of major models for organizing and delivering HIV-related health care, mental health care, early intervention, and support services, that shall include a report concerning patient outcomes, satisfaction, perceived quality of care, and total cumulative cost, and a review of the appropriateness of such models for the delivery of health and support services to infants, children, women, and families with HIV disease;

“(2) through a review of private sector financing mechanisms for the delivery of HIV-related health and support services, an assessment of strategies for maintaining private health benefits for individuals with HIV disease and an assessment of specific business practices or regulatory barriers that could serve to reduce access to private sector benefit programs;

“(3) an assessment of the manner in which different points-of-entry to the health care system affect the cost, quality, and outcome of the care and treatment of individuals and families with HIV disease; and

“(4) a summary report concerning the major and continuing unmet needs in health care, mental health care, early intervention, and support services for individuals and families with HIV disease in urban and rural areas.

Reports.

“(b) REPORT.—Not later than 2 years after the date of enactment of this title, and periodically thereafter, the Secretary shall prepare and submit, to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate, a progress report that contains the findings and assessments developed under subsection (a).

“(c) 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 1991 through 1995.

42 USC 300ff-74. "SEC. 2674. EVALUATIONS AND REPORTS.

Contracts.

"(a) EVALUATIONS.—The Secretary shall, directly or through grants and contracts, evaluate programs carried out under this title.

"(b) REPORT TO CONGRESS.—The Secretary shall, not later than 1 year after the date on which amounts are first appropriated under this title, and annually thereafter, prepare and submit to the appropriate Committees of Congress a report—

"(1) summarizing all of the reports that are required to be submitted to the Secretary under this title;

"(2) recommending criteria to be used in determining the geographic areas with the most substantial need for HIV-related health services;

"(3) summarizing all of the evaluations carried out pursuant to subsection (a) during the period for which the report under this subsection is prepared; and

"(4) making such recommendations for administrative and legislative initiatives with respect to this title as the Secretary determines to be appropriate.

"(c) 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 1991 through 1995.

42 USC 300ff-75. "SEC. 2675. COORDINATION.

"(a) REQUIREMENT.—The Secretary shall assure that the Health Resources and Services Administration and the Centers for Disease Control will coordinate the planning of the funding of programs authorized under this title to assure that health support services for individuals with HIV disease are integrated with each other and that the continuity of care of individuals with HIV disease is enhanced. In coordinating the allocation of funds made available under this title the Health Resources and Services Administration and the Centers for Disease Control shall utilize planning information submitted to such agencies by the States and entities eligible for support.

"(b) INTEGRATION BY STATE.—As a condition of receipt of funds under this title, a State shall assure the Secretary that health support services funded under this title will be integrated with each other, that programs will be coordinated with other available programs (including Medicaid) and that the continuity of care of individuals with HIV disease is enhanced.

"(c) INTEGRATION BY LOCAL OR PRIVATE ENTITIES.—As a condition of receipt of funds under this title, a local government or private nonprofit entity shall assure the Secretary that services funded under this title will be integrated with each other, that programs will be coordinated with other available programs (including Medicaid) and that the continuity of care of individuals with HIV is enhanced.

42 USC 300ff-76. "SEC. 2676. DEFINITIONS.

"For purposes of this title:

"(1) COUNSELING.—The term 'counseling' means such counseling provided by an individual trained to provide such counseling.

"(2) DESIGNATED OFFICER OF EMERGENCY RESPONSE EMPLOYEES.—The term 'designated officer of emergency response employees' means an individual designated under section 26____ by the public health officer of the State involved.

“(3) **EMERGENCY.**—The term ‘emergency’ means an emergency involving injury or illness.

“(4) **EMERGENCY RESPONSE EMPLOYEE.**—The term ‘emergency response employees’ means firefighters, law enforcement officers, paramedics, emergency medical technicians, and other individuals (including employees of legally organized and recognized volunteer organizations, without regard to whether such employees receive nominal compensation) who, in the course of professional duties, respond to emergencies in the geographic area involved.

“(5) **EMPLOYER OF EMERGENCY RESPONSE EMPLOYEES.**—The term ‘employer of emergency response employees’ means an organization that, in the course of professional duties, responds to emergencies in the geographic area involved.

“(6) **EXPOSED.**—The term ‘exposed’, with respect to HIV disease or any other infectious disease, means to be in circumstances in which there is a significant risk of becoming infected with the etiologic agent for the disease involved.

“(7) **FAMILIES WITH HIV DISEASE.**—The term ‘families with HIV disease’ means families in which one or more members have HIV disease.

“(8) **HIV.**—The term ‘HIV’ means infection with the etiologic agent for acquired immune deficiency syndrome.

“(9) **HIV DISEASE.**—The term ‘HIV disease’ means infection with the etiologic agent for acquired immune deficiency syndrome, and includes any condition arising from such syndrome.

“(10) **OFFICIAL POVERTY LINE.**—The term ‘official poverty line’ means the poverty line established by the Director of the Office of Management and Budget and revised by the Secretary in accordance with section 673(a) of the Omnibus Budget Reconciliation Act of 1981.

“(11) **PERSON.**—The term ‘person’ includes one or more individuals, governments (including the Federal Government and the governments of the States), governmental agencies, political subdivisions, labor unions, partnerships, associations, corporations, legal representatives, mutual companies, joint-stock companies, trusts, unincorporated organizations, receivers, trustees, and trustees in cases under title 11, United States Code.

“(12) **STATE.**—The term ‘State’, except as otherwise specifically provided, means each of the 50 States, the District of Columbia, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, Puerto Rico, and the Republic of the Marshall Islands.”

SEC. 402. STUDY REGARDING PARTNER NOTIFICATION.

42 USC 300ff-46
note.

(a) **IN GENERAL.**—The Secretary shall conduct a study of programs of HIV partner notification for the purpose of determining—

(1) in the case of individuals who have been notified under such programs, the percentage of such individuals who undergo counseling and testing regarding HIV disease;

(2) in the case of such individuals who have undergone HIV testing, the number of such individuals determined through such tests to have HIV disease;

(3) the extent to which such programs have, in the case of such individuals, resulted in behavioral changes that are effec-

tive regarding the prevention of exposure to, and the transmission of, HIV disease; and

(4) the extent to which such programs represent a cost effective use of available HIV-related resources.

(b) **REPORT.**—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall complete the study required under subsection (a) and prepare and submit, to the appropriate committees of Congress, a report describing the findings made as a result of such study.

42 USC 300ff-11
note.

SEC. 403. STUDY REGARDING HIV DISEASE IN RURAL AREAS.

(a) **IN GENERAL.**—The Secretary of Health and Human Services, after consultation with the Director of the Office of Rural Health Policy, shall—

(1) conduct a study for the purpose of estimating the incidence and prevalence in rural areas of cases of acquired immune deficiency syndrome and cases of infection with the etiologic agent for such syndrome; and

(2) in carrying out such study, determine the adequacy in rural areas of services for diagnosing such cases and providing treatment for such cases that are in the early stages of infection.

(b) **REPORT.**—Not later than 1 year after the date of the enactment of this Act, the Secretary of Health and Human Services shall complete the study required under subsection (a) and prepare and submit, to the appropriate committees of Congress a report describing the findings made as a result of such study.

(c) **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 1991 through 1995.

Subtitle B—Emergency Response Employees

SEC. 411. ESTABLISHMENT OF PROGRAM.

(a) **IN GENERAL.**—Title XXVI of the Public Health Service Act (as amended by section 401) is further amended by adding at the end the following new part:

“PART E—EMERGENCY RESPONSE EMPLOYEES

“SUBPART I—GUIDELINES AND MODEL CURRICULUM

42 USC 300ff-80. **“SEC. 2680. GRANTS FOR IMPLEMENTATION.**

“(a) **IN GENERAL.**—With respect to the recommendations contained in the guidelines and the model curriculum developed under section 253 of Public Law 100-607, the Secretary shall make grants to States and political subdivisions of States for the purpose of assisting grantees regarding the initial implementation of such portions of the recommendations as are applicable to emergency response employees.

“(b) **REQUIREMENT OF 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.

“(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$5,000,000 for each of the fiscal years 1991 through 1995.

“SUBPART II—NOTIFICATIONS OF POSSIBLE EXPOSURE TO INFECTIOUS DISEASES

“SEC. 2681. INFECTIOUS DISEASES AND CIRCUMSTANCES RELEVANT TO NOTIFICATION REQUIREMENTS. 42 USC 300ff-81.

“(a) IN GENERAL.—Not later than 180 days after the date of the enactment of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, the Secretary shall complete the development of—

“(1) a list of potentially life-threatening 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 2683(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.

Public
information.
42 USC 300ff-82.

“SEC. 2682. 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), 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.

42 USC 300ff-83. "SEC. 2683. REQUEST FOR NOTIFICATIONS 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 2681(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 2681(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 2681(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 subpart 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 paragraph (1), but not later than 48 hours after receipt of the request, the public health officer shall complete the evaluation required in such para-

graph 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).

Health care
facilities.
42 USC 300ff-84.

“SEC. 2684. PROCEDURES FOR NOTIFICATION OF EXPOSURE.

“(a) CONTENTS OF NOTIFICATION TO OFFICER.—In making a notification required under section 2682 or section 2683(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 2682 or section 2683(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.

42 USC 300ff-85.

“SEC. 2685. NOTIFICATION OF EMPLOYEE.

“(a) IN GENERAL.—After receiving a notification for purposes of section 2682 or 2683(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 2683, 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. 2686. SELECTION OF DESIGNATED OFFICERS.

42 USC 300ff-86.

“(a) IN GENERAL.—For the purposes of receiving notifications and responses and making requests under this subpart 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. 2687. LIMITATIONS WITH RESPECT TO DUTIES OF MEDICAL FACILITIES.

42 USC 300ff-87.

“The duties established in this subpart 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 victim 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 2683(c) received by a medical facility before the expiration of such 30-day period.

“SEC. 2688. RULES OF CONSTRUCTION.

42 USC 300ff-88.

“(a) LIABILITY OF MEDICAL FACILITIES AND DESIGNATED OFFICERS.—This subpart may not be construed to authorize any cause of action for damages or any civil penalty against any medical facility, or any designated officer, for failure to comply with the duties established in this subpart.

“(b) TESTING.—This subpart 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 subpart 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 subpart may not be construed to authorize any emergency response employee to fail to respond, or to deny services, to any victim of an emergency.

42 USC 300ff-89. “SEC. 2689. **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 subpart.

“(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 subpart. As appropriate, the Secretary shall investigate alleged such violations and seek appropriate injunctive relief.

42 USC 300ff-90. “SEC. 2690. **APPLICABILITY OF SUBPART.**

“This subpart 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 in substantial compliance with this subpart.”.

42 USC 300ff-80
note.

(b) **EFFECTIVE DATE.**—Sections 2680 and 2681 of part E of title XXVI of the Public Health Service Act, as added by subsection (a) of this section, shall take effect upon the date of the enactment of this Act. Such part shall otherwise take effect upon the expiration of the 30-day period beginning on the date on which the Secretary issues guidelines under section 2681(a).

Subtitle C—Miscellaneous Provisions

42 USC 300x-4
note.

SEC. 421. **ADAMHA IV DRUG ABUSE WAIVER.**

Any State that received a waiver under section 1916(c)(7) of the Public Health Service Act (42 U.S.C. 300x-4(a)(7)) of \$100,000 or less for fiscal year 1989 shall be granted a waiver under such section for fiscal years 1990 and 1991.

42 USC 300ff-1.

SEC. 422. **PROHIBITION ON USE OF FUNDS.**

None of the funds made available under this Act, or an amendment made by this Act, shall be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.

Approved August 18, 1990.

LEGISLATIVE HISTORY—S. 2240 (H.R. 4785):

HOUSE REPORTS: No. 101-511 accompanying H.R. 4785 (Comm. on Energy and Commerce) and No. 101-652 (Comm. of Conference).

SENATE REPORTS: No. 101-273 (Comm. on Labor and Human Resources).

CONGRESSIONAL RECORD, Vol. 136 (1990):

May 15, 16, considered and passed Senate.

June 13, H.R. 4785 considered and passed House; S. 2240, amended, passed in lieu.

Aug. 3, House receded and agreed to conference report.

Aug. 4, Senate agreed to conference report.