

104TH CONGRESS
1ST SESSION

H. R. 42

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

IN THE HOUSE OF REPRESENTATIVES

JANUARY 4, 1995

Mr. WAXMAN introduced the following bill; which was referred to the
Committee on Commerce

A BILL

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

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

3 **SECTION 1. SHORT TITLE.**

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

6 **SEC. 2. REFERENCES.**

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

1 **SEC. 3. AMENDMENTS.**

2 (a) ESTABLISHMENT OF GRANT PROGRAM.—Section
3 2601 (42 U.S.C. 300ff–11) is amended by adding at the
4 end thereof the following new subsection:

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

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

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

19 (A) in paragraph (1), by striking “include”
20 and all that follows through the end thereof,
21 and inserting “be reflective of the demographics
22 of the HIV epidemic in the eligible area in-
23 volved, with particular consideration given to
24 disproportionately affected and historically un-
25 derserved groups.”;

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

3 “(C) CHAIRPERSON.—A planning council
4 may not be chaired solely by an employee of the
5 grantee.”;

6 (C) in paragraph (3)—

7 (i) by striking “and” at the end of
8 subparagraph (B);

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

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

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

21 (D) by redesignating paragraphs (2) and
22 (3) as paragraphs (3) and (4), respectively; and

23 (E) by inserting after paragraph (1), the
24 following new paragraph:

1 “(2) REPRESENTATION.—The HIV health serv-
2 ices planning council shall include representatives
3 of—

4 “(A) health care providers, including feder-
5 ally qualified health centers;

6 “(B) community-based organizations serv-
7 ing affected populations and AIDS service orga-
8 nizations;

9 “(C) social service providers;

10 “(D) mental health and substance abuse
11 providers;

12 “(E) local public health agencies;

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

15 “(G) affected communities, including peo-
16 ple of color, women, and gay and bisexual men;

17 “(H) individuals with HIV or AIDS;

18 “(I) nonelected community leaders;

19 “(J) State government (including the State
20 medicaid agency);

21 “(K) grantees under subpart II of part C;

22 “(L) grantees under section 2671, or, if
23 none are operating in the area, pediatric, youth,
24 and women’s service organizations operating in
25 the area; and

1 “(M) grantees under other Federal HIV
2 programs.”.

3 (2) DISTRIBUTION OF GRANTS.—Section 2603
4 (42 U.S.C. 300ff-13) is amended—

5 (A) in subsection (a)—

6 (i) in paragraph (2)—

7 (I) by striking “Not later
8 than—” and all that follows through
9 “the Secretary shall” and inserting
10 the following: “Not later than 60 days
11 after an appropriation becomes avail-
12 able to carry out this part for each of
13 the fiscal years 1996 through 2000,
14 the Secretary shall”; and

15 (II) by inserting “or the provi-
16 sions of subsection (a)(3)(D)” after
17 “section 2605(c)”;

18 (ii) in paragraph (3)(A)(ii)—

19 (I) by striking “product of 3” in
20 subclause (I), and inserting “product
21 of 9”; and

22 (II) by striking “equal to the
23 product” in subclause (II), and insert-
24 ing “amount equal to twice the prod-
25 uct”;

1 (iii) in paragraph (3)(B)(i), by strik-
2 ing “cumulative number of cases” and in-
3 sserting “for the 10 years prior to the fiscal
4 year in question”;

5 (iv) in paragraph (3)(C)—

6 (I) by striking “cumulative
7 cases” in clause (i), and inserting
8 “the number of cases reported and
9 confirmed for the 10 years prior to
10 the fiscal year in question”; and

11 (II) by striking “cumulative such
12 cases” in clause (ii), and inserting
13 “the number of cases reported and
14 confirmed for the 10 years prior to
15 the fiscal year in question”; and

16 (v) by adding at the end of paragraph
17 (3), the following new subparagraph:

18 “(D) MINIMUM AMOUNT.—No eligible area
19 shall receive an amount less than that awarded
20 under subsection (a) to such area in fiscal year
21 1995, except for cause, as determined by the
22 Secretary based on a finding of fraud or an
23 egregious violation by the grantee of the provi-
24 sions of this Act.”; and

25 (B) in subsection (b)(1)—

1 (i) by striking “and” at the end of
2 subparagraph (D);

3 (ii) by striking the period at the end
4 of subparagraph (E) and inserting a semi-
5 colon; and

6 (iii) by adding at the end thereof the
7 following new subparagraphs:

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

12 “(G) demonstrates the manner in which
13 the proposed services are consistent with the
14 Statewide coordinated statement of need.”.

15 (3) USE OF AMOUNTS.—Section 2604 (42
16 U.S.C. 300ff-14) is amended—

17 (A) in subsection (b)(1)(A), by inserting
18 “treatment education and prophylactic treat-
19 ment for opportunistic infections,” after “treat-
20 ment services,”; and

21 (B) in subsection (e) by striking “report-
22 ing, and program oversight functions” and in-
23 serting “reporting, and the assessment of pro-
24 gram effectiveness”.

1 (4) APPLICATION.—Section 2605(a) (42 U.S.C.
2 300ff-15(a)) is amended—

3 (A) in paragraph (1)(B), by striking “1-
4 year period” and all that follows through “eligi-
5 ble area” and inserting “preceding fiscal year”;

6 (B) in paragraph (4), by striking “and” at
7 the end thereof;

8 (C) in paragraph (5), by striking the pe-
9 riod at the end thereof and inserting “; and”;
10 and

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

13 “(6) that the applicant has participated, or will
14 agree to participate, in the Statewide coordinated
15 statement of need process where it has been initiated
16 by the State, and ensure that the services provided
17 under the comprehensive plan are consistent with
18 the Statewide coordinated statement of need.”.

19 (5) TECHNICAL ASSISTANCE.—Section 2606
20 (42 U.S.C. 300ff-16) is amended—

21 (A) by striking “may” and inserting
22 “shall”;

23 (B) by inserting after “technical assist-
24 ance” the following: “, including peer based as-
25 sistance to assist newly eligible metropolitan

1 areas in the establishment of HIV health serv-
2 ices planning councils and,”; and

3 (C) by adding at the end thereof the fol-
4 lowing new sentences: “The Administrator may
5 make planning grants available to metropolitan
6 areas projected to be eligible for funding under
7 section 2601 in the following fiscal year. Not to
8 exceed 1 percent of the amount appropriated
9 for a fiscal year under section 2608 may be
10 used to carry out this section.”.

11 (6) AUTHORIZATION OF APPROPRIATIONS.—
12 Section 2608 (42 U.S.C. 300ff-18) is amended by
13 striking “\$275,000,000” and all that follows
14 through the end of the section, and inserting “such
15 sums as may be necessary in each of the fiscal years
16 1996, 1997, 1998, 1999, and 2000.”.

17 (b) CARE GRANT PROGRAM.—

18 (1) INFANTS AND WOMEN.—Subsection (b) of
19 section 2612 (42 U.S.C. 300ff-22) is amended to
20 read as follows:

21 “(b) INFANTS AND WOMEN.—For each State in
22 which the infants, children, adolescents, and women com-
23 prise greater than 10 percent of the AIDS cases reported
24 to and confirmed by the Centers for Disease Control and
25 Prevention for the 2 most recent fiscal years in such State,

1 not less than 15 percent of funds allocated under this part
2 shall be used to provide health and support services to in-
3 fants, children, women, and families with HIV disease.
4 With respect to a State in which infants, children, youth,
5 and women comprise less than 10 percent of AIDS cases
6 reported to and confirmed by the Centers for Disease Con-
7 trol and Prevention for the 2 most recent fiscal years in
8 such State, planning activities under part B in such State
9 shall assess unmet needs and address the service needs
10 of such populations in their applications.”.

11 (2) HIV CARE CONSORTIA.—Section 2613 (42
12 U.S.C. 300ff-23) is amended—

13 (A) in subsection (a)(2)(A), by inserting
14 “prophylactic treatment for opportunistic infec-
15 tions, treatment education,” after “monitor-
16 ing,”;

17 (B) in subsection (c)—

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

21 (ii) in paragraph (2)—

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

1 (II) in subparagraph (B), by
2 striking the period at the end and in-
3 sserting “; and”; and

4 (III) by adding after subpara-
5 graph (B), the following new subpara-
6 graph:

7 “(C) representatives of organizations with
8 a history of serving children, youth, and women
9 and operating in the community to be served.”;
10 and

11 (C) in subsection (d) to read as follows:

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

23 (3) PROVISION OF TREATMENTS.—Section 2616
24 (42 U.S.C. 300ff-26) is amended by striking sub-

1 section (c) and inserting the following new sub-
2 sections:

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

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

10 “(2) establish, in consultation with States, pro-
11 viders, and affected communities, a recommended
12 minimum formulary .

13 In carrying out paragraph (2), the Secretary shall identify
14 those treatments in the recommended minimum formulary
15 that are for the prevention of opportunistic infections (in-
16 cluding the prevention of active tuberculosis).

17 “(d) STATE DUTIES.—

18 “(1) IN GENERAL.—In implementing subsection
19 (a), States shall document the progress made in
20 making treatments described in subsection (c)(2)
21 available to individuals eligible for assistance under
22 this section, and to develop plans to implement fully
23 the recommended minimum formulary.

24 “(2) OTHER MECHANISMS FOR PROVIDING
25 TREATMENTS.—In meeting the standards of the rec-

1 ommended minimum formulary developed under sub-
2 section (c), a State may identify other mechanisms
3 such as consortia and public programs for providing
4 such treatments to individuals with HIV.”.

5 (4) STATE APPLICATION.—Section 2617(b) (42
6 U.S.C. 300ff–27(b)) is amended—

7 (A) in paragraph (2)—

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

10 (ii) by adding at the end thereof the
11 following new subparagraph:

12 “(C) a description of how the allocation
13 and utilization of resources are consistent with
14 the Statewide coordinated statement of need
15 (including the needs of children, adolescents,
16 and women) developed in partnership with other
17 grantees in the State that receive funding under
18 this title;”;

19 (B) by redesignating paragraph (3) as
20 paragraph (4); and

21 (C) by inserting after paragraph (2), the
22 following new paragraph:

23 “(3) the public health agency administering the
24 grant for the State shall convene a meeting at least
25 annually of representatives of grantees funded under

1 this title (including HIV health services planning
2 councils, early intervention programs, children,
3 youth and family service projects, special projects of
4 national significance, and HIV care consortia) and
5 other providers (including federally qualified health
6 centers) and public agency representatives within the
7 State currently delivering HIV services to affected
8 communities for the purpose of developing a State-
9 wide coordinated statement of need. The State shall
10 not be required to finance attendance at such meet-
11 ings.”.

12 (5) DISTRIBUTION OF FUNDS.—Section 2618
13 (42 U.S.C. 300ff–28) is amended—

14 (A) by striking subsection (a);

15 (B) by redesignating subsections (b), (c),
16 (d), and (e) as subsections (a), (b), (c), and (d),
17 respectively;

18 (C) by amending subsection (a), as so re-
19 designated, to read as follows:

20 “(a) AMOUNT OF GRANT.—

21 “(1) MINIMUM ALLOTMENT.—

22 “(A) IN GENERAL.—Subject to the amount
23 made available pursuant to section 2620, the
24 amount of a grant to be made under this part
25 for each of the 50 States, the District of Co-

1 lumbia, and Puerto Rico, shall be the greater
2 of—

3 “(i) \$250,000; and

4 “(ii) an amount determined under
5 paragraph (2).

6 “(B) VIRGIN ISLANDS.—The United States
7 Virgin Islands shall be eligible for an allotment
8 under subparagraph (A) if the Secretary cer-
9 tifies that the Virgin Islands has a program in
10 place to effectively utilize additional resources
11 provided under such allotment.

12 “(C) SUPPLEMENTAL ENHANCEMENT
13 GRANTS.—

14 “(i) IN GENERAL.—The Secretary
15 shall award supplemental grants to eligible
16 entities to enhance community-based care,
17 treatment, and supportive services through
18 the development and operation of consortia
19 and innovative approaches.

20 “(ii) ELIGIBILITY.—A State shall be
21 eligible for—

22 “(I) a tier I supplemental grant
23 in the amount of \$500,000 if the
24 number of AIDS cases (in the State)
25 reported to and confirmed by the Cen-

1 ters for Disease Control and Preven-
2 tion total not less than 1500 cases for
3 the 10 years prior to the fiscal year
4 for which the grant is to be awarded
5 and the State does not contain a met-
6 ropolitan area whose chief elected offi-
7 cial is a grantee for funding under
8 part A; or

9 “(II) a tier II supplemental grant
10 in the amount of \$250,000 if the
11 number of AIDS cases (in the State)
12 reported to and confirmed by the Cen-
13 ters for Disease Control and Preven-
14 tion total less than 1500 cases for the
15 10 years prior to the fiscal year for
16 which the grant is to be awarded and
17 the State does not contain a metro-
18 politan area whose chief elected offi-
19 cial is a grantee under part A and
20 whose formula grant exceeds the mini-
21 mum allotment described in subpara-
22 graph (A)(i).

23 “(iii) REDUCTION.—A State that re-
24 ceives a grant under clause (ii)(I), or
25 which would have been eligible to receive

1 such a grant in fiscal year 1995, that sub-
2 sequently contains a metropolitan area
3 that becomes eligible for funding under
4 part A, shall be subject to a 2-year phased
5 reduction in the amount of the grant under
6 clause (ii)(I) as follows:

7 “(I) With respect to the first
8 year in which the metropolitan area
9 receives funds under part A, the State
10 would receive \$500,000 under clause
11 (ii)(I).

12 “(II) With respect to the second
13 year in which the metropolitan area
14 receives funds under part A, the State
15 would receive \$250,000 under clause
16 (ii)(I).

17 “(III) The State would not be eli-
18 gible for funds under this subpara-
19 graph in years subsequent to the year
20 described in subclause (II).

21 “(iv) TERMS.—All terms and condi-
22 tions contained under subsections (b) and
23 (c) of section 2617 shall apply to funds re-
24 ceived under this subsection.

25 “(2) DETERMINATION.—

1 “(A) FORMULA.—The amount referred to
2 in paragraph (1)(A) shall be the product of—

3 “(i) an amount equal to the amount
4 appropriated under section 2620 for the
5 fiscal year involved less the amount needed
6 to carry out subparagraph (B); and

7 “(ii) the ratio of the distribution fac-
8 tor for the State or territory to the sum of
9 the distribution factors for all the States
10 or territories.

11 “(B) DISTRIBUTION FACTOR.—As used in
12 subparagraph (A), the term ‘distribution factor’
13 means the product of—

14 “(i) the number of cases of acquired
15 immune deficiency syndrome in the State
16 or territory, as indicated by the number of
17 cases reported to and confirmed by the
18 Centers for Disease Control and Preven-
19 tion for the 2 most recent fiscal years for
20 which such data are available; and

21 “(ii) the cube root of the ratio (based
22 on the most recent available data) of—

23 “(I) the average per capita in-
24 come of individuals in the United
25 States (including territories); to

1 “(II) the average per capita in-
2 come of individuals in the State or
3 territory.”;

4 (D) in subsection (b), as so redesignated—
5 (i) by amending paragraphs (3) and
6 (4) to read as follows:

7 “(3) PLANNING AND EVALUATIONS.—Subject to
8 paragraph (5), a State may not use more than 10
9 percent of amounts received under a grant awarded
10 under this part for planning and evaluation activi-
11 ties.

12 “(4) ADMINISTRATION.—Subject to paragraph
13 (5), a State may not use more than 10 percent of
14 amounts received under a grant awarded under this
15 part for administration, accounting, reporting, and
16 program oversight functions.”;

17 (ii) by redesignating paragraph (5) as
18 paragraph (6); and

19 (iii) by inserting after paragraph (4),
20 the following new paragraph (5):

21 “(5) LIMITATION ON USE OF FUNDS.—A State
22 may not use more than a total of 15 percent of
23 amounts received under a grant awarded under this
24 part for the purposes described in paragraphs (3)
25 and (4).”

1 (6) TECHNICAL ASSISTANCE.—Section 2619
2 (42 U.S.C. 300ff-29) is amended—

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

5 (B) by inserting before the period the fol-
6 lowing: “, including technical assistance for the
7 development and implementation of Statewide
8 coordinated statements of need”.

9 (7) AUTHORIZATION OF APPROPRIATIONS.—
10 Section 2620 (42 U.S.C. 300ff-30), by striking
11 “\$275,000,000” and all that follows through the end
12 of the section, and inserting “such sums as may be
13 necessary in each of the fiscal years 1996, 1997,
14 1998, 1999, and 2000.”.

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

19 **“SEC. 2621. GRIEVANCE PROCEDURES.**

20 “Not later than 90 days after the date of enactment
21 of this section, the Administration, in consultation with
22 affected parties, shall establish grievance procedures, spe-
23 cific to each part of this title, to address allegations of
24 egregious violations of each such part or the intent of the

1 provisions of each such part. Such procedures shall include
2 an appropriate enforcement mechanism.

3 **“SEC. 2622. COORDINATION.**

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

16 (c) EARLY INTERVENTION SERVICES.—

17 (1) AUTHORIZATION OF APPROPRIATIONS.—

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

23 (2) REQUIRED AGREEMENTS.—Section 2664(g)

24 (42 U.S.C. 300ff-64(g)) is amended—

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

3 (B) in paragraph (3)—

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

7 (ii) by striking the period and insert-
8 ing “; and”; and

9 (C) by adding at the end thereof the fol-
10 lowing new paragraph:

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

16 (d) GENERAL PROVISIONS.—Section 2671 (42
17 U.S.C. 300ff-71) is amended—

18 (1) by amending the title to read as follows:

19 **“SEC. 2671. GRANTS FOR COORDINATED SERVICES AND AC-**
20 **CESS TO RESEARCH FOR CHILDREN, YOUTH,**
21 **WOMEN, AND FAMILIES.”;**

22 (2) in subsection (a)—

23 (i) by striking “demonstration”;

1 (ii) by striking “and the Director”
2 and inserting “, in coordination with the
3 Director”;

4 (iii) by striking paragraph (1), and in-
5 serting the following new paragraph:

6 “(1) supporting, at the health facilities of such
7 entities, access to and linkages with clinical research
8 on therapies for pediatric patients, youth, and
9 women with HIV disease, and special initiatives re-
10 lated to clinical research and care findings;”;

11 (iv) by amending paragraph (2) to
12 read as follows:

13 “(2) providing and coordinating outpatient
14 health care services and systems of care, directly or
15 through contractual arrangements, to children,
16 youth, and women and their families.”;

17 (3) in subsection (c)—

18 (A) in paragraph (1), to read as follows:

19 “(1) LINKAGES TO RESEARCH.—The Secretary
20 may not make a grant to an applicant under sub-
21 section (a) unless the applicant enters into an agree-
22 ment with an appropriately qualified entity with ex-
23 pertise in biomedical or behavioral research to en-
24 hance voluntary access to research.”; and

25 (B) in paragraph (2)—

1 (i) by inserting after “through the”
2 the following: “Director of the Adminis-
3 trator of the Health Resources and Serv-
4 ices Administration, and in coordination
5 with the”;

6 (ii) in subparagraph (A), by striking
7 “; and” and inserting a semicolon;

8 (iii) in subparagraph (B), by striking
9 the period at the end and inserting “;
10 and”;

11 (iv) by inserting after subparagraph
12 (B), the following new subparagraph:

13 “(C) may provide training and technical
14 assistance including peer-based assistance
15 through the Health Resources and Services Ad-
16 ministration.”;

17 (4) in subsections (d), (e), and (f), by striking
18 “pediatric patient” each place such term appears
19 and inserting “children and youth”;

20 (5) in subsection (f), by inserting before the pe-
21 riod the following: “, including coordination and ac-
22 cess to child welfare services, support services, kin-
23 ship care services, and other appropriate services for
24 orphans of the AIDS epidemic.”;

25 (6) in subsection (h), to read as follows:

1 “(h) COORDINATION.—The Secretary may not make
2 a grant under subsection (c) unless the applicant submits
3 evidence that the proposed program is consistent with the
4 Statewide coordinated statement of need and the applicant
5 agrees to annually participate in the ongoing revision pro-
6 cess of such statement of need.”; and

7 (7) in subsection (j), by striking “\$20,000,000”
8 and all that follows through the end of the section,
9 and inserting “such sums as may be necessary in
10 each of the fiscal years 1996, 1997, 1998, 1999, and
11 2000.”.

12 (e) SPECIAL PROJECTS OF NATIONAL SIGNIFI-
13 CANCE.—Title XXVI is amended by adding at the end,
14 the following new part:

15 **“PART F—SPECIAL PROJECTS OF NATIONAL**

16 **SIGNIFICANCE**

17 **“SEC. 2701. SPECIAL PROJECTS OF NATIONAL SIGNIFI-**
18 **CANCE.**

19 “(a) IN GENERAL.—Of the amount appropriated
20 under each of parts A, B, and C of this title for each fiscal
21 year, the Secretary shall use the greater of \$20,000,000
22 or 3 percent of such amount appropriated under each such
23 part, but not to exceed \$25,000,000, to administer a spe-
24 cial projects of national significance program to award di-
25 rect grants to public and nonprofit private entities includ-

1 ing community-based organizations to fund special pro-
2 grams for the care and treatment of individuals with HIV
3 disease.

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

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

9 “(2) the innovative nature of the proposed ac-
10 tivity; and

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

13 “(c) SPECIAL PROJECTS.—Special projects of na-
14 tional significance may include the development and as-
15 sessment of innovative service delivery models that are de-
16 signed to—

17 “(1) address the needs of special populations;
18 and

19 “(2) assist in the development of essential com-
20 munity-based service delivery infrastructure.

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

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

3 “(2) adolescents with HIV disease;

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

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

8 “(5) hemophiliacs with HIV disease; and

9 “(6) incarcerated individuals with HIV disease.

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

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

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

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

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

1 “(f) DISTRIBUTION OF FUNDS.—Fifty percent of the
2 funds made available under this section shall be provided
3 to geographic areas that are not eligible for funds under
4 section 2603 except that existing grantees shall continue
5 to receive funding for the length of the project period.

6 “(g) COORDINATION.—The Secretary may not make
7 a grant under this section unless the applicant submits
8 evidence that the proposed program is consistent with the
9 Statewide coordinated statement of need, and the appli-
10 cant agrees to participate in the ongoing revision process
11 of such statement of need.

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

19 **SEC. 4. EFFECTIVE DATE.**

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

1 (b) ELIGIBLE AREAS.—The amendments made by
2 subsections (a) and (b)(4)(A) of section 3 become effective
3 on the date of enactment of this Act.

○

HR 42 IH—2

HR 42 IH—3