I

112TH CONGRESS
1ST SESSION

H. R. 3053

To eliminate discrimination in the law for those who have tested positive for HIV, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 23, 2011

Ms. LEE of California (for herself, Mrs. CHRISTENSEN, Mr. HINCHEY, Mr. COHEN, Mr. SERRANO, Mr. CLARKE of Michigan, Ms. WOOLSEY, Mr. RANGEL, Ms. NORTON, Mr. JACKSON of Illinois, Mr. SABLAN, Mr. GRIJALVA, and Mr. QUIGLEY) introduced the following bill; which was referred to the Committee on the Judiciary, and in addition to the Committees on Energy and Commerce and Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To eliminate discrimination in the law for those who have tested positive for HIV, 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 ''Repeal Existing Poli-
5 cies that Encourage and Allow Legal HIV Discrimination
6 Act'', the ''REPEAL HIV Discrimination Act'', or the
7 ''REPEAL Act''.

1 **SEC. 2. DEFINITIONS.**

2 (a) HIV AND HIV/AIDS.—The terms ''HIV'' and
3 ''HIV/AIDS'' have the meanings given to such terms in
4 section 2689 of the Public Health Service Act (42 U.S.C.
5 300ff–88).

6 (b) STATE.—The term ''State'' includes the District
7 of Columbia, American Samoa, the Commonwealth of the
8 Northern Mariana Islands, Guam, Puerto Rico, and the
9 United States Virgin Islands.

10 **SEC. 3. FINDINGS.**

11 The Congress makes the following findings:

12 (1) At present, 34 States and 2 U.S. territories
13 have criminal statutes based on ''exposure'' to HIV.
14 Most of these laws were adopted before the avail-
15 ability of effective antiretroviral treatment for HIV/
16 AIDS.

17 (2) According to the Centers for Disease Con-
18 trol and Prevention (CDC), HIV cannot reproduce
19 outside the human body. HIV is not spread by air
20 or water, insects, saliva, tears, sweat, casual contact
21 (like shaking hands or sharing dishes), or kissing.

22 (3) HIV is primarily transmitted between per-
23 sons neither of whom is aware that one is infected
24 with HIV. Epidemiologically important routes of
25 transmission are unprotected vaginal or anal sexual
26 contact. HIV can also be transmitted via some types

1 of oral sex and also via blood transfusions, although
2 transmission via these routes is not common in the
3 United States.

4 (4) Prosecutions for ''exposure'', nondisclosure,
5 and/or transmission of HIV have occurred in at least
6 39 States under general assault or homicide laws
7 and/or HIV-specific laws.

8 (5) The Ryan White Comprehensive AIDS
9 Emergency Act of 1990 (CARE Act) mandated that
10 States prove the adequacy of their laws for criminal
11 prosecution of ''intentional transmission'' of HIV be-
12 fore they could receive Federal funding for HIV/
13 AIDS prevention.

14 (6) By 1993, approximately half the States had
15 HIV-specific criminal legislation. Most of these fel-
16 ony laws do not require that HIV transmission actu-
17 ally occur for a person to be charged and convicted.
18 Being unaware of one's HIV status is the primary
19 defense to prosecution under State criminal laws, be-
20 cause almost all statutes that criminalize exposure to
21 HIV do so only if the accused individual, prior to
22 the time of exposure, has been tested and informed
23 that he or she is infected with HIV.

24 (7) Over the past 3 decades, scientists have
25 learned much about HIV, its transmission, and the

1 treatment of those who become infected with it.
2 State and Federal law does not currently reflect the
3 medical advances and discoveries made with regards
4 to HIV/AIDS.

5 (8) Many people living with HIV have been
6 given sentences of 10 to 30 years even in the ab-
7 sence of HIV transmission, despite CDC acknowl-
8 edgment and other scientific resources concluding
9 that intentional HIV transmission is rare.

10 (9) In most States, any sexual exposure—re-
11 gardless of whether protection is used, if there is no
12 deliberate intent to transmit HIV, or without assess-
13 ment of risk—is subject to the same punishment as
14 actual transmission.

15 (10) According to the CDC, correct and con-
16 sistent male or female condom use greatly reduces
17 the risk of HIV transmission. Nonetheless, most
18 State HIV-specific laws and prosecutions do not
19 treat the use of a condom during sexual intercourse
20 as a mitigating factor or evidence that the defendant
21 did not intend to transmit HIV.

22 (11) In addition, criminal laws and prosecutions
23 do not take into account the positive effects of con-
24 sistently taking antiretroviral medication, which can

1 lower viral load to undetectable levels and further re-
2 duce the risks of transmitting the virus.
3 (12) Although HIV/AIDS currently is viewed as
4 a chronic, treatable medical condition, people living
5 with HIV have been charged under aggravated as-
6 sault, attempted murder, and even bioterrorism stat-
7 utes because prosecutors, courts, and legislators con-
8 tinue to view and characterize the blood, semen, and
9 saliva of people living with HIV as a ''deadly weap-
10 on''.
11 (13) Studies amply demonstrate that HIV-spe-
12 cific laws do not influence the behavior of people liv-
13 ing with or at risk of HIV in those States where
14 these laws exist. Furthermore, placing legal respon-
15 sibility for preventing the transmission of HIV and
16 other pathogens exclusively on people diagnosed with
17 HIV undermines the public health message that all
18 people should practice behaviors that protect them-
19 selves and their partners from HIV and other sexu-
20 ally transmitted diseases.
21 (14) Approximately 13 States mandate that all
22 those who are aware that they have HIV must dis-
23 close their HIV status to partners, despite CDC pre-
24 vention guidelines that encourage States to devise
25 partner notification services that are voluntary, con-

1 fidential, and conducted in a collegial and coopera-
2 tive manner and are sensitive to potential con-
3 sequences of notification. Such consequences can in-
4 clude damage to relationships, loss of housing and
5 potential violence.

6 (15) Often, the identity of an individual accused
7 of violating any of these HIV-specific restrictions is
8 broadcast through media reports, potentially de-
9 stroying employment opportunities and relationships
10 and violating the person's right to privacy.

11 (16) In some States, individuals who are con-
12 victed under an HIV-specific statute are forced to
13 register as sex offenders, destroying their employ-
14 ability and fracturing family relationships, even in
15 cases where no actual HIV transmission occurred.

16 (17) The United Nations, including the Joint
17 United Nations Programme on HIV/AIDS
18 (UNAIDS), urges governments to "limit criminaliza-
19 tion to cases of intentional transmission. Such re-
20 quirement indicates a situation where a person
21 knows his or her HIV-positive status, acts with the
22 intention to transmit HIV, and does in fact transmit
23 it". UNAIDS also recommends that criminal law
24 should not be applied to cases where there is no sig-
25 nificant risk of transmission.

1 (18) The Global Commission on HIV and the
2 Law was launched in June 2010 to examine laws
3 and practices that criminalize people living with and
4 vulnerable to HIV and to develop evidence-based rec-
5 ommendations for effective HIV responses that pro-
6 mote and protect human rights.

7 (19) The National Alliance of State and Terri-
8 torial AIDS Directors released a statement in Feb-
9 ruary 2011 saying that ''HIV criminalization under-
10 cuts our most basic HIV prevention and sexual
11 health messages, and breeds ignorance, fear and dis-
12 crimination against people living with HIV''.
13 NASTAD further ''supports efforts to examine and
14 support level-headed, proven public health ap-
15 proaches that end punitive laws that single out HIV
16 over other STDs and that impose penalties for al-
17 leged nondisclosure, exposure and transmission that
18 are severely disproportionate to the actual resulting
19 harm''.

20 (20) In 2010, the President released a National
21 HIV/AIDS Strategy (NHAS), which addressed HIV-
22 specific criminal laws, stating: ''[W]hile we under-
23 stand the intent behind [these] laws, they may not
24 have the desired effect and they may make people
25 less willing to disclose their status by making people

1 feel at even greater risk of discrimination. In some
2 cases, it may be appropriate for legislators to recon-
3 sider whether existing laws continue to further the
4 public interest and public health. In many instances,
5 the continued existence and enforcement of these
6 types of laws run counter to scientific evidence about
7 routes of HIV transmission and may undermine the
8 public health goals of promoting HIV screening and
9 treatment.''.

10 (21) The NHAS also states that State legisla-
11 tures should consider reviewing HIV-specific crimi-
12 nal statutes to ensure that they are consistent with
13 current knowledge of HIV transmission and support
14 public health approaches to preventing and treating
15 HIV.

16 **SEC. 4. SENSE OF CONGRESS REGARDING LAWS OR REGU-**
17 **LATIONS DIRECTED AT PEOPLE LIVING WITH**
18 **HIV/AIDS.**

19 It is the sense of Congress that Federal and State
20 laws, policies, and regulations regarding people living with
21 HIV/AIDS—

22 (1) should not place unique or additional bur-
23 dens on such individuals solely as a result of their
24 HIV status; and

1 (2) should instead demonstrate a public health-
2 oriented, evidence-based, medically accurate, and
3 contemporary understanding of—
4 (A) the multiple factors that lead to HIV
5 transmission;
6 (B) the relative risk of HIV transmission
7 routes;
8 (C) the current health implications of liv-
9 ing with HIV;
10 (D) the associated benefits of treatment
11 and support services for people living with HIV;
12 and
13 (E) the impact of punitive HIV-specific
14 laws and policies on public health, on people liv-
15 ing with or affected by HIV, and on their fami-
16 lies and communities.

17 **SEC. 5. REVIEW OF FEDERAL AND STATE LAWS.**

18 (a) REVIEW OF FEDERAL AND STATE LAWS.—
19 (1) IN GENERAL.—No later than 90 days after
20 the date of the enactment of this Act, the Attorney
21 General, the Secretary of Health and Human Serv-
22 ices, and the Secretary of Defense acting jointly (in
23 this subsection and subsection (b) referred to as the
24 ''designated officials'') shall initiate a national re-
25 view of Federal and State laws, policies, regulations,

1 and judicial precedents and decisions regarding
2 criminal and related civil commitment cases involv-
3 ing people living with HIV/AIDS, including in re-
4 gards to the Uniform Code of Military Justice.

5 (2) CONSULTATION.—In carrying out the re-
6 view under paragraph (1), the designated officials
7 shall ensure diverse participation and consultation
8 from each State, including with—

9 (A) State attorneys general (or their rep-
10 resentatives);

11 (B) State public health officials (or their
12 representatives);

13 (C) State judicial and court system offi-
14 cers, including judges, district attorneys, pros-
15 ecutors, defense attorneys, law enforcement,
16 and correctional officers;

17 (D) members of the United States Armed
18 Forces, including members of other Federal
19 services subject to the Uniform Code of Military
20 Justice;

21 (E) people living with HIV/AIDS, particu-
22 larly those who have been subject to HIV-re-
23 lated prosecution or who are from communities
24 whose members have been disproportionately

1 subject to HIV-specific arrests and prosecu-
2 tions;
3 (F) legal advocacy and HIV/AIDS service
4 organizations that work with people living with
5 HIV/AIDS;
6 (G) nongovernmental health organizations
7 that work on behalf of people living with HIV/
8 AIDS; and
9 (H) trade organizations or associations
10 representing persons or entities described in
11 subparagraphs (A) through (G).
12 (3) RELATION TO OTHER REVIEWS.—In car-
13 rying out the review under paragraph (1), the des-
14 ignated officials may utilize other existing reviews of
15 criminal and related civil commitment cases involv-
16 ing people living with HIV/AIDS, including any such
17 review conducted by any Federal or State agency or
18 any public health, legal advocacy, or trade organiza-
19 tion or association if the designated officials deter-
20 mine that such reviews were conducted in accord-
21 ance with the principles set forth in section 4.
22 (b) REPORT.—No later than 180 days after initiating
23 the review required by subsection (a), the Attorney Gen-
24 eral shall transmit to the Congress and make publicly

1 available a report containing the results of the review,
2 which includes the following:
3 (1) For each State and for the Uniform Code
4 of Military Justice, a summary of the relevant laws,
5 policies, regulations, and judicial precedents and de-
6 cisions regarding criminal cases involving people liv-
7 ing with HIV/AIDS, including, if applicable, the fol-
8 lowing:
9 (A) A determination of whether such laws,
10 policies, regulations, and judicial precedents
11 and decisions place any unique or additional
12 burdens upon people living with HIV/AIDS.
13 (B) A determination of whether such laws,
14 policies, regulations, and judicial precedents
15 and decisions demonstrate a public health-ori-
16 ented, evidence-based, medically accurate, and
17 contemporary understanding of—
18 (i) the multiple factors that lead to
19 HIV transmission;
20 (ii) the relative risk of HIV trans-
21 mission routes;
22 (iii) the current health implications of
23 living with HIV;

1 (iv) the associated benefits of treat-
2 ment and support services for people living
3 with HIV; and
4 (v) the impact of punitive HIV-spe-
5 cific laws and policies on public health, on
6 people living with or affected by HIV, and
7 on their families and communities.
8 (C) An analysis of the public health and
9 legal implications of such laws, policies, regula-
10 tions, and judicial precedents, including an
11 analysis of the consequences of having a similar
12 penal scheme applied to comparable situations
13 involving other communicable diseases.
14 (D) An analysis of the proportionality of
15 punishments imposed under HIV-specific laws,
16 policies, regulations, and judicial precedents,
17 taking into consideration penalties attached to
18 violation of State laws against similar degrees
19 of endangerment or harm, such as driving while
20 intoxicated (DWI) or transmission of other
21 communicable diseases, or more serious harms,
22 such as vehicular manslaughter offenses.
23 (2) An analysis of common elements shared be-
24 tween State laws, policies, regulations, and judicial
25 precedents.

1 (3) A set of best practice recommendations di-
2 rected to State governments, including State attor-
3 neys general, public health officials, and judicial offi-
4 cers, in order to ensure that laws, policies, regula-
5 tions, and judicial precedents regarding people living
6 with HIV/AIDS are in accordance with the prin-
7 ciples set forth in section 4.
8 (4) Recommendations for adjustments to the
9 Uniform Code of Military Justice, as may be nec-
10 essary, in order to ensure that laws, policies, regula-
11 tions, and judicial precedents regarding people living
12 with HIV/AIDS are in accordance with the prin-
13 ciples set forth in section 4.
14 (c) GUIDANCE.—Within 90 days of the release of the
15 report required by subsection (b), the Attorney General
16 and the Secretary of Health and Human Services, acting
17 jointly, shall develop and publicly release updated guid-
18 ance for States based on the set of best practice rec-
19 ommendations required by subsection (b)(3) in order to
20 assist States dealing with criminal and related civil com-
21 mitment cases regarding people living with HIV/AIDS.
22 (d) MONITORING AND EVALUATION SYSTEM.—With-
23 in 60 days of the release of the guidance required by sub-
24 section (c), the Attorney General and the Secretary of
25 Health and Human Services, acting jointly, shall establish

an integrated monitoring and evaluation system which includes, where appropriate, objective and quantifiable performance goals and indicators to measure progress towards statewide implementation in each State of the best practice recommendations required in subsection (b)(3), including to monitor, track, and evaluate the effectiveness of assistance provided pursuant to section 6.

(e) ADJUSTMENTS TO FEDERAL LAWS, POLICIES, OR REGULATIONS.—Within 90 days of the release of the report required by subsection (b), the Attorney General, the Secretary of Health and Human Services, and the Secretary of Defense, acting jointly, shall develop and transmit to the President and the Congress, and make publicly available, such proposals as may be necessary to implement adjustments to Federal laws, policies, or regulations, including to the Uniform Code of Military Justice, based on the recommendations required by subsection (b)(4), either through executive order or through changes to statutory law.

(f) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There are authorized to be appropriated such sums as may be necessary for the purpose of carrying out this section. Amounts authorized to be appropriated by the preceding sen-

tence are in addition to amounts otherwise authorized to be appropriated for such purpose.

(2) AVAILABILITY OF FUNDS.—Amounts appropriated pursuant to the authorization of appropriations in paragraph (1) are authorized to remain available until expended.

SEC. 6. AUTHORIZATION TO PROVIDE GRANTS.

(a) GRANTS BY ATTORNEY GENERAL.—

(1) IN GENERAL.—The Attorney General may provide assistance to eligible State and local entities and eligible nongovernmental organizations for the purpose of incorporating the best practice recommendations developed under section 5(b)(3) within relevant State laws, policies, regulations, and judicial decisions regarding people living with HIV/AIDS.

(2) AUTHORIZED ACTIVITIES.—The assistance authorized by paragraph (1) may include—

(A) direct technical assistance to eligible State and local entities in order to develop, disseminate, or implement State laws, policies, regulations, or judicial decisions that conform with the best practice recommendations developed under section 5(b)(3);

1 (B) direct technical assistance to eligible
2 nongovernmental organizations in order to pro-
3 vide education and training, including through
4 classes, conferences, meetings, and other edu-
5 cational activities, to eligible State and local en-
6 tities; and

7 (C) subcontracting authority to allow eligi-
8 ble State and local entities and eligible non-
9 governmental organizations to seek technical as-
10 sistance from legal and public health experts
11 with a demonstrated understanding of the prin-
12 ciples underlying the best practice recommenda-
13 tions developed under section 5(b)(3).

14 (b) GRANTS BY SECRETARY OF HHS.—

15 (1) IN GENERAL.—The Secretary of Health and
16 Human Services, acting through the Director of the
17 Centers for Disease Control and Prevention, may
18 provide assistance to State and local public health
19 departments and eligible nongovernmental organiza-
20 tions for the purpose of supporting eligible State and
21 local entities to incorporate the best practice rec-
22 ommendations developed under section 5(b)(3) with-
23 in relevant State laws, policies, regulations, and judi-
24 cial decisions regarding people living with HIV/
25 AIDS.

1 (2) AUTHORIZED ACTIVITIES.—The assistance
2 authorized by paragraph (1) may include—
3 (A) direct technical assistance to State and
4 local public health departments in order to sup-
5 port the development, dissemination, or imple-
6 mentation of State laws, policies, regulations, or
7 judicial decisions that conform with the set of
8 best practice recommendations developed under
9 section 5(b)(3);
10 (B) direct technical assistance to eligible
11 nongovernmental organizations in order to pro-
12 vide education and training, including through
13 classes, conferences, meetings, and other edu-
14 cational activities, to State and local public
15 health departments; and
16 (C) subcontracting authority to allow State
17 and local public health departments and eligible
18 nongovernmental organizations to seek technical
19 assistance from legal and public health experts
20 with a demonstrated understanding of the prin-
21 ciples underlying the best practice recommenda-
22 tions developed under section 5(b)(3).
23 (c) LIMITATION.—As a condition of receiving assist-
24 ance through this section, eligible State and local entities,

1 State and local public health departments, and eligible
2 nongovernmental organizations shall agree—
3 (1) not to place any unique or additional bur-
4 dens on people living with HIV/AIDS solely as a re-
5 sult of their HIV status; and
6 (2) that if the entity, department, or organiza-
7 tion promulgates any laws, policies, regulations, or
8 judicial decisions regarding people living with HIV/
9 AIDS, such actions shall demonstrate a public
10 health-oriented, evidence-based, medically accurate,
11 and contemporary understanding of—
12 (A) the multiple factors that lead to HIV
13 transmission;
14 (B) the relative risk of HIV transmission
15 routes;
16 (C) the current health implications of liv-
17 ing with HIV;
18 (D) the associated benefits of treatment
19 and support services for people living with HIV;
20 and
21 (E) the impact of punitive HIV-specific
22 laws and policies on public health, on people liv-
23 ing with or affected by HIV, and on their fami-
24 lies and communities.

1 (d) REPORT.—No later than 1 year after the date
2 of the enactment of this Act, and annually thereafter, the
3 Attorney General and the Secretary of Health and Human
4 Services, acting jointly, shall transmit to Congress and
5 make publicly available a report describing, for each State,
6 the impact and effectiveness of the assistance provided
7 through this Act. Each such report shall include—
8 (1) a detailed description of the progress each
9 State has made, if any, in implementing the best
10 practice recommendations developed under section
11 5(b)(3) as a result of the assistance provided under
12 this section, and based on the performance goals and
13 indicators established as part of the monitoring and
14 evaluation system in section (5)(d);
15 (2) a brief summary of any outreach efforts un-
16 dertaken during the prior year by the Attorney Gen-
17 eral and the Secretary of Health and Human Serv-
18 ices to encourage States to seek assistance under
19 this section in order to implement the best practice
20 recommendations developed under section 5(b)(3);
21 (3) a summary of how assistance provided
22 through this section is being utilized by eligible
23 State and local entities, State and local public health
24 departments, and eligible nongovernmental organiza-
25 tions and, if applicable, any contractors, including

1 with respect to nongovernmental organizations, the
2 type of technical assistance provided, and an evalua-
3 tion of the impact of such assistance on eligible
4 State and local entities; and

5 (4) a summary and description of eligible State
6 and local entities, State and local public health de-
7 partments, and eligible nongovernmental organiza-
8 tions receiving assistance through this section, in-
9 cluding if applicable, a summary and description of
10 any contractors selected to assist in implementing
11 such assistance.

12 (e) DEFINITIONS.—For the purposes of this section:

13 (1) ELIGIBLE STATE AND LOCAL ENTITIES.—
14 The term "eligible State and local entities" means
15 the relevant individuals, offices, or organizations
16 that directly participate in the development, dissemi-
17 nation, or implementation of State laws, policies,
18 regulations, or judicial decisions, including—

19 (A) State governments, including State at-
20 torneys general, State departments of justice,
21 and State National Guards, or their equiva-
22 lents;

23 (B) State judicial and court systems, in-
24 cluding trial courts, appellate courts, State su-

1 preme courts and courts of appeal, and State
2 correctional facilities, or their equivalents; and
3 (C) local governments, including city and
4 county governments, district attorneys, and
5 local law enforcement departments, or their
6 equivalents.
7 (2) STATE AND LOCAL PUBLIC HEALTH DE-
8 PARTMENTS.—The term ''State and local public
9 health departments'' means the following:
10 (A) State public health departments, or
11 their equivalents, including the chief officer of
12 such departments and infectious disease and
13 communicable disease specialists within such
14 departments.
15 (B) Local public health departments, or
16 their equivalents, including city and county
17 public health departments, the chief officer of
18 such departments, and infectious disease and
19 communicable disease specialists within such
20 departments.
21 (C) Public health departments or officials,
22 or their equivalents, within State or local cor-
23 rectional facilities.

1 (D) Public health departments or officials,
2 or their equivalents, within State National
3 Guards.
4 (E) Any other recognized State or local
5 public health organization or entity charged
6 with carrying out official State or local public
7 health duties.
8 (3) ELIGIBLE NONGOVERNMENTAL ORGANIZA-
9 TIONS.—The term ''eligible nongovernmental organi-
10 zations'' means the following:
11 (A) Nongovernmental organizations, in-
12 cluding trade organizations or associations that
13 represent—
14 (i) State attorneys general, or their
15 equivalents;
16 (ii) State public health officials, or
17 their equivalents;
18 (iii) State judicial and court officers,
19 including judges, district attorneys, pros-
20 ecutors, defense attorneys, law enforce-
21 ment, and correctional officers;
22 (iv) State National Guards;
23 (v) people living with HIV/AIDS;

1 (vi) legal advocacy and HIV/AIDS
2 service organizations that work with people
3 living with HIV/AIDS; and
4 (vii) nongovernmental health organi-
5 zations that work on behalf of people living
6 with HIV/AIDS.
7 (B) Nongovernmental organizations, in-
8 cluding trade organizations or associations that
9 demonstrate a public health oriented, evidence-
10 based, medically accurate, and contemporary
11 understanding of—
12 (i) the multiple factors that lead to
13 HIV transmission;
14 (ii) the relative risk of HIV trans-
15 mission routes;
16 (iii) the current health implications of
17 living with HIV;
18 (iv) the associated benefits of treat-
19 ment and support services for people living
20 with HIV; and
21 (v) the impact of punitive HIV-spe-
22 cific laws and policies on public health, on
23 people living with or affected by HIV, and
24 on their families and communities.
25 (f) AUTHORIZATION OF APPROPRIATIONS.—

1 (1) IN GENERAL.—In addition to amounts oth-
2 erwise made available, there are authorized to be ap-
3 propriated to the Attorney General and the Sec-
4 retary of Health and Human Services such sums as
5 may be necessary to carry out this section for each
6 of the fiscal years 2012 through 2016.
7 (2) AVAILABILITY OF FUNDS.—Amounts appro-
8 priated pursuant to the authorizations of appropria-
9 tions in paragraphs (1) and (2) are authorized to re-
10 main available until expended.

○