

on Banking, Housing, and Urban Affairs.

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

#### NATIONAL MILITARY APPRECIATION MONTH

Mr. WARNER. Mr. President, I ask unanimous consent that the Judiciary Committee be discharged from further consideration of S. 1419, and the Senate then proceed to its immediate consideration.

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

The clerk will report the bill by title. The assistant legislative clerk read as follows:

A bill (S. 1419) to amend title 36, United States Code, to designate May as "National Military Appreciation Month."

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

Mr. WARNER. Mr. President, I ask unanimous consent the bill be read a third time and passed, the motion to reconsider be laid upon the table, and any statements relating to the bill be printed in the RECORD.

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

The bill (S. 1419) was read a third time and passed, as follows:

S. 1419

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

#### SECTION 1. NATIONAL MILITARY APPRECIATION MONTH.

(a) FINDINGS.—Congress makes the following findings:

(1) The freedom and security that citizens of the United States enjoy today are direct results of the vigilance of the United States Armed Forces.

(2) Recognizing contributions made by members of the United States Armed Forces will increase national awareness of the sacrifices that such members have made to preserve the freedoms and liberties that enrich this Nation.

(3) It is important to preserve and foster admiration and respect for the service provided by members of the United States Armed Forces.

(4) It is vital for youth in the United States to understand that the service provided by members of the United States Armed Forces has secured and protected the freedoms that United States citizens enjoy today.

(5) Recognizing the unfailing support that families of members of the United States Armed Forces have provided to such members during their service and how such support strengthens the vitality of our Nation is important.

(6) Recognizing the role that the United States Armed Forces plays in maintaining the superiority of the United States as a nation and in contributing to world peace will increase awareness of all contributions made by such Forces.

(7) It is appropriate to recognize the importance of maintaining a strong, equipped, well-educated, well-trained military for the United States to safeguard freedoms, humanitarianism, and peacekeeping efforts around the world.

(8) It is proper to foster and cultivate the honor and pride that citizens of the United States feel towards members of the United

States Armed Forces for the protection and service that such members provide.

(9) Recognizing the many sacrifices made by members of the United States Armed Forces is important.

(10) It is proper to recognize and honor the dedication and commitment of members of the United States Armed Forces, and to show appreciation for all contributions made by such members since the inception of such Forces.

(b) NATIONAL MILITARY APPRECIATION MONTH.—Chapter 1 of part A of subtitle I of title 36, United States Code, is amended by adding at the end the following:

"§ 144. National Military Appreciation Month  
"The President shall issue each year a proclamation—

"(1) designating May as 'National Military Appreciation Month'; and

"(2) calling on the people of the United States to honor the dedicated service provided by the members of the United States Armed Forces and to observe the month with appropriate ceremonies and activities."

(c) TABLE OF CONTENTS.—The table of contents in chapter 1 of part A of subtitle I of title 36, United States Code, is amended by inserting after the item relating to section 143 the following new item:

"144. National Military Appreciation Month."

#### RYAN WHITE CARE ACT AMENDMENTS OF 2000

Mr. WARNER. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of Calendar 548, S. 2311.

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

The assistant legislative clerk read as follows:

A bill (S. 2311) to revise and extend the Ryan White CARE Act programs under title XXVI of the Public Health Service Act, and for other purposes.

There being no objection, the Senate proceeded to consider the bill (S. 2311) to amend the Ryan White CARE Act to improve access to health care and the quality of care under such programs, and to provide for the development of increased capacity to provide health care and related support services to individuals and families with HIV disease, and for related purposes, which had been reported from the Committee on Health, Education, Labor, and Pensions, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

#### SECTION 1. SHORT TITLE.

*This Act may be cited as the "Ryan White CARE Act Amendments of 2000".*

#### SEC. 2. REFERENCES; TABLE OF CONTENTS.

(a) REFERENCES.—*Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Public Health Service Act (42 U.S.C. 201 et seq.).*

(b) Table of Contents.—*The table of contents of this Act is as follows:*

Sec. 1. Short title.

Sec. 2. References; table of contents.

#### TITLE I—AMENDMENTS TO HIV HEALTH CARE PROGRAM

##### Subtitle A—Amendments to Part A (Emergency Relief Grants)

Sec. 101. Duties of planning council, funding priorities, quality assessment.

Sec. 102. Quality management.

Sec. 103. Funded entities required to have health care relationships.

Sec. 104. Support services required to be health care-related.

Sec. 105. Use of grant funds for early intervention services.

Sec. 106. Replacement of specified fiscal years regarding the sunset on expedited distribution requirements.

Sec. 107. Hold harmless provision.

Sec. 108. Set-aside for infants, children, and women.

##### Subtitle B—Amendments to Part B (Care Grant Program)

Sec. 121. State requirements concerning identification of need and allocation of resources.

Sec. 122. Quality management.

Sec. 123. Funded entities required to have health care relationships.

Sec. 124. Support services required to be health care-related.

Sec. 125. Use of grant funds for early intervention services.

Sec. 126. Authorization of appropriations for HIV-related services for women and children.

Sec. 127. Repeal of requirement for completed Institute of Medicine report.

Sec. 128. Supplement grants for certain States.

Sec. 129. Use of treatment funds.

Sec. 130. Increase in minimum allotment.

Sec. 131. Set-aside for infants, children, and women.

##### Subtitle C—Amendments to Part C (Early Intervention Services)

Sec. 141. Amendment of heading; repeal of formula grant program.

Sec. 142. Planning and development grants.

Sec. 143. Authorization of appropriations for categorical grants.

Sec. 144. Administrative expenses ceiling; quality management program.

Sec. 145. Preference for certain areas.

Sec. 146. Technical amendment.

##### Subtitle D—Amendments to Part D (General Provisions)

Sec. 151. Research involving women, infants, children, and youth.

Sec. 152. Limitation on administrative expenses.

Sec. 153. Evaluations and reports.

Sec. 154. Authorization of appropriations for grants under parts A and B.

##### Subtitle E—Amendments to Part F (Demonstration and Training)

Sec. 161. Authorization of appropriations.

#### TITLE II—MISCELLANEOUS PROVISIONS

Sec. 201. Institute of Medicine study.

#### TITLE I—AMENDMENTS TO HIV HEALTH CARE PROGRAM

##### Subtitle A—Amendments to Part A (Emergency Relief Grants)

#### SEC. 101. DUTIES OF PLANNING COUNCIL, FUNDING PRIORITIES, QUALITY ASSESSMENT.

Section 2602 (42 U.S.C. 300ff-12) is amended—

(1) in subsection (b)—

(A) in paragraph (2)(C), by inserting before the semicolon the following: "including providers of housing and homeless services"; and

(B) in paragraph (4), by striking "shall—" and all that follows and inserting "shall have the responsibilities specified in subsection (d)."; and

(2) by adding at the end the following:

"(d) DUTIES OF PLANNING COUNCIL.—The planning council established under subsection (b) shall have the following duties:

"(1) PRIORITIES FOR ALLOCATION OF FUNDS.—The council shall establish priorities for the allocation of funds within the eligible area, including how best to meet each such priority and additional factors that a grantee should consider in allocating funds under a grant, based on the following factors:

“(A) The size and demographic characteristics of the population with HIV disease to be served, including, subject to subsection (e), the needs of individuals living with HIV infection who are not receiving HIV-related health services.

“(B) The documented needs of the population with HIV disease with particular attention being given to disparities in health services among affected subgroups within the eligible area.

“(C) The demonstrated or probable cost and outcome effectiveness of proposed strategies and interventions, to the extent that data are reasonably available.

“(D) Priorities of the communities with HIV disease for whom the services are intended.

“(E) The availability of other governmental and non-governmental resources, including the State Medicaid plan under title XIX of the Social Security Act and the State Children’s Health Insurance Program under title XXI of such Act to cover health care costs of eligible individuals and families with HIV disease.

“(F) Capacity development needs resulting from gaps in the availability of HIV services in historically underserved low-income communities.

“(2) **COMPREHENSIVE SERVICE DELIVERY PLAN.**—The council shall develop a comprehensive plan for the organization and delivery of health and support services described in section 2604. Such plan shall be compatible with any existing State or local plans regarding the provision of such services to individuals with HIV disease.

“(3) **ASSESSMENT OF FUND ALLOCATION EFFICIENCY.**—The council shall assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area.

“(4) **STATEWIDE STATEMENT OF NEED.**—The council shall participate in the development of the Statewide coordinated statement of need as initiated by the State public health agency responsible for administering grants under part B.

“(5) **COORDINATION WITH OTHER FEDERAL GRANTEEES.**—The council shall coordinate with Federal grantees providing HIV-related services within the eligible area.

“(6) **COMMUNITY PARTICIPATION.**—The council shall establish methods for obtaining input on community needs and priorities which may include public meetings, conducting focus groups, and convening ad-hoc panels.

“(e) **PROCESS FOR ESTABLISHING ALLOCATION PRIORITIES.**—

“(1) **IN GENERAL.**—Not later than 24 months after the date of enactment of the Ryan White CARE Act Amendments of 2000, the Secretary shall—

“(A) consult with eligible metropolitan areas, affected communities, experts, and other appropriate individuals and entities, to develop epidemiologic measures for establishing the number of individuals living with HIV disease who are not receiving HIV-related health services; and

“(B) provide advice and technical assistance to planning councils with respect to the process for establishing priorities for the allocation of funds under subsection (d)(1).

“(2) **EXCEPTION.**—Grantees under this part shall not be required to establish priorities for individuals not in care until epidemiologic measures are developed under paragraph (1).”.

#### **SEC. 102. QUALITY MANAGEMENT.**

(a) **FUNDS AVAILABLE FOR QUALITY MANAGEMENT.**—Section 2604 (42 U.S.C. 300ff-14) is amended—

(1) by redesignating subsections (c) through (f) as subsections (d) through (g), respectively; and

(2) by inserting after subsection (b) the following:

“(c) **QUALITY MANAGEMENT.**—

“(1) **REQUIREMENT.**—The chief elected official of an eligible area that receives a grant under this part shall provide for the establishment of

a quality management program to assess the extent to which medical services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infection and to develop strategies for improvements in the access to and quality of medical services.

“(2) **USE OF FUNDS.**—From amounts received under a grant awarded under this part, the chief elected official of an eligible area may use, for activities associated with its quality management program, not more than the lesser of—

“(A) 5 percent of amounts received under the grant; or

“(B) \$3,000,000.”.

(b) **QUALITY MANAGEMENT REQUIRED FOR ELIGIBILITY FOR GRANTS.**—Section 2605(a) (42 U.S.C. 300ff-15(a)) is amended—

(1) by redesignating paragraphs (3) through (6) as paragraphs (5) through (8), respectively; and

(2) by inserting after paragraph (2) the following:

“(3) that the chief elected official of the eligible area will satisfy all requirements under section 2604(c);”.

#### **SEC. 103. FUNDED ENTITIES REQUIRED TO HAVE HEALTH CARE RELATIONSHIPS.**

(a) **USE OF AMOUNTS.**—Section 2604(e)(1) (42 U.S.C. 300ff-14(d)(1)) (as so redesignated by section 102(a)) is amended by inserting “and the State Children’s Health Insurance Program under title XXI of such Act” after “Social Security Act”.

(b) **APPLICATIONS.**—Section 2605(a) (42 U.S.C. 300ff-15(a)) is amended by inserting after paragraph (3), as added by section 102(b), the following:

“(4) that funded entities within the eligible area that receive funds under a grant under section 2601(a) shall maintain appropriate relationships with entities in the area served that constitute key points of access to the health care system for individuals with HIV disease (including emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV counseling and testing sites, mental health programs, and homeless shelters) and other entities under section 2652(a) for the purpose of facilitating early intervention for individuals newly diagnosed with HIV disease and individuals knowledgeable of their status but not in care;”.

#### **SEC. 104. SUPPORT SERVICES REQUIRED TO BE HEALTH CARE-RELATED.**

(a) **IN GENERAL.**—Section 2604(b)(1) (42 U.S.C. 300ff-14(b)(1)) is amended—

(1) in the matter preceding subparagraph (A), by striking “HIV-related—” and inserting “HIV-related services, as follows;”;

(2) in subparagraph (A)—

(A) by striking “outpatient” and all that follows through “substance abuse treatment and” and inserting the following: “OUTPATIENT HEALTH SERVICES.—Outpatient and ambulatory health services, including substance abuse treatment.”; and

(B) by striking “; and” and inserting a period;

(3) in subparagraph (B), by striking “(B) inpatient case management” and inserting “(C) INPATIENT CASE MANAGEMENT SERVICES.—Inpatient case management.”; and

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

“(B) **OUTPATIENT SUPPORT SERVICES.**—Outpatient and ambulatory support services (including case management), to the extent that such services facilitate, enhance, support, or sustain the delivery, continuity, or benefits of health services for individuals and families with HIV disease.”.

(b) **CONFORMING AMENDMENT TO APPLICATION REQUIREMENTS.**—Section 2605(a) (42 U.S.C. 300ff-15(a)), as amended by section 102(b), is further amended—

(1) in paragraph (7) (as so redesignated), by striking “and” at the end thereof;

(2) in paragraph (8) (as so redesignated), by striking the period and inserting “; and”; and

(3) by adding at the end the following:

“(9) that the eligible area has procedures in place to ensure that services provided with funds received under this part meet the criteria specified in section 2604(b)(1).”.

#### **SEC. 105. USE OF GRANT FUNDS FOR EARLY INTERVENTION SERVICES.**

(a) **IN GENERAL.**—Section 2604(b)(1) (42 U.S.C. 300ff-14(b)(1)), as amended by section 104(a), is further amended by adding at the end the following:

“(D) **EARLY INTERVENTION SERVICES.**—Early intervention services as described in section 2651(b)(2), with follow-through referral, provided for the purpose of facilitating the access of individuals receiving the services to HIV-related health services, but only if the entity providing such services—

“(i)(I) is receiving funds under subparagraph (A) or (C); or

“(II) is an entity constituting a point of access to services, as described in section 2605(a)(4), that maintains a relationship with an entity described in subclause (I) and that is serving individuals at elevated risk of HIV disease;

“(ii) demonstrates to the satisfaction of the chief elected official that Federal, State, or local funds are inadequate for the early intervention services the entity will provide with funds received under this subparagraph; and

“(iii) demonstrates to the satisfaction of the chief elected official that funds will be utilized under this subparagraph to supplement not supplant other funds available for such services in the year for which such funds are being utilized.”.

(b) **CONFORMING AMENDMENTS TO APPLICATION REQUIREMENTS.**—Section 2605(a)(1) (42 U.S.C. 300ff-15(a)(1)) is amended—

(1) in subparagraph (A), by striking “services to individuals with HIV disease” and inserting “services as described in section 2604(b)(1)”;

(2) in subparagraph (B), by striking “services for individuals with HIV disease” and inserting “services as described in section 2604(b)(1)”.

#### **SEC. 106. REPLACEMENT OF SPECIFIED FISCAL YEARS REGARDING THE SUNSET ON EXPEDITED DISTRIBUTION REQUIREMENTS.**

Section 2603(a)(2) (42 U.S.C. 300ff-13(a)(2)) is amended by striking “for each of the fiscal years 1996 through 2000” and inserting “for a fiscal year”.

#### **SEC. 107. HOLD HARMLESS PROVISION.**

Section 2603(a)(4) (42 U.S.C. 300ff-13(a)(4)) is amended to read as follows:

“(4) **LIMITATION.**—With respect to each of fiscal years 2001 through 2005, the Secretary shall ensure that the amount of a grant made to an eligible area under paragraph (2) for such a fiscal year is not less than an amount equal to 98 percent of the amount the eligible area received for the fiscal year preceding the year for which the determination is being made.”.

#### **SEC. 108. SET-ASIDE FOR INFANTS, CHILDREN, AND WOMEN.**

Section 2604(b)(3) (42 U.S.C. 300ff-14(b)(3)) is amended—

(1) by inserting “for each population under this subsection” after “council”; and

(2) by striking “ratio of the” and inserting “ratio of each”.

#### **Subtitle B—Amendments to Part B (Care Grant Program)**

#### **SEC. 121. STATE REQUIREMENTS CONCERNING IDENTIFICATION OF NEED AND ALLOCATION OF RESOURCES.**

(a) **GENERAL USE OF GRANTS.**—Section 2612 (42 U.S.C. 300ff-22) is amended—

(1) by striking “A State” and inserting “(a) IN GENERAL.—A State”; and

(2) in the matter following paragraph (5)—

(A) by striking "Services" and inserting:

"(b) DELIVERY OF SERVICES.—Services";

(B) by striking "paragraph (1)" and inserting "subsection (a)(1)"; and

(C) by striking "paragraph (2)" and inserting "subsection (a)(2) and section 2613";

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

(1) in paragraph (1)(C)—

(A) by striking clause (i) and inserting the following:

"(i) the size and demographic characteristics of the population with HIV disease to be served, except that by not later than October 1, 2002, the State shall take into account the needs of individuals not in care, based on epidemiologic measures developed by the Secretary in consultation with the State, affected communities, experts, and other appropriate individuals (such State shall not be required to establish priorities for individuals not in care until such epidemiologic measures are developed);";

(B) in clause (iii), by striking "and" at the end; and

(C) by adding at the end the following:

"(v) the availability of other governmental and non-governmental resources;

"(vi) the capacity development needs resulting in gaps in the provision of HIV services in historically underserved low-income and rural low-income communities; and

"(vii) the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the State"; and

(2) in paragraph (2)—

(A) in subparagraph (B), by striking "and" at the end;

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

(C) by inserting after subparagraph (B), the following:

"(C) an assurance that capacity development needs resulting from gaps in the provision of services in underserved low-income and rural low-income communities will be addressed; and

"(D) with respect to fiscal year 2003 and subsequent fiscal years, assurances that, in the planning and allocation of resources, the State, through systems of HIV-related health services provided under paragraphs (1), (2), and (3) of section 2612(a), will make appropriate provision for the HIV-related health and support service needs of individuals who have been diagnosed with HIV disease but who are not currently receiving such services, based on the epidemiologic measures developed under paragraph (1)(C)(i);".

#### SEC. 122. QUALITY MANAGEMENT.

(a) STATE REQUIREMENT FOR QUALITY MANAGEMENT.—Section 2617(b)(4) (42 U.S.C. 300ff-27(b)(4)) is amended—

(1) by striking subparagraph (C) and inserting the following:

"(C) the State will provide for—

"(i) the establishment of a quality management program to assess the extent to which medical services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections and to develop strategies for improvements in the access to and quality of medical services; and

"(ii) a periodic review (such as through an independent peer review) to assess the quality and appropriateness of HIV-related health and support services provided by entities that receive funds from the State under this part";

(2) by redesignating subparagraphs (E) and (F) as subparagraphs (F) and (G), respectively;

(3) by inserting after subparagraph (D), the following:

"(E) an assurance that the State, through systems of HIV-related health services provided under paragraphs (1), (2), and (3) of section 2612(a), has considered strategies for working with providers to make optimal use of financial assistance under the State medicaid plan under

title XIX of the Social Security Act, the State Children's Health Insurance Program under title XXI of such Act, and other Federal grantees that provide HIV-related services, to maximize access to quality HIV-related health and support services";

(4) in subparagraph (F), as so redesignated, by striking "and" at the end; and

(5) in subparagraph (G), as so redesignated, by striking the period and inserting "; and".

(b) AVAILABILITY OF FUNDS FOR QUALITY MANAGEMENT.—

(1) AVAILABILITY OF GRANT FUNDS FOR PLANNING AND EVALUATION.—Section 2618(c)(3) (42 U.S.C. 300ff-28(c)(3)) is amended by inserting before the period "including not more than \$3,000,000 for all activities associated with its quality management program".

(2) EXCEPTION TO COMBINED CEILING ON PLANNING AND ADMINISTRATION FUNDS FOR STATES WITH SMALL GRANTS.—Paragraph (6) of section 2618(c) (42 U.S.C. 300ff-28(c)(6)) is amended to read as follows:

"(6) EXCEPTION FOR QUALITY MANAGEMENT.—Notwithstanding paragraph (5), a State whose grant under this part for a fiscal year does not exceed \$1,500,000 may use not to exceed 20 percent of the amount of the grant for the purposes described in paragraphs (3) and (4) if—

"(A) that portion of the amount that may be used for such purposes in excess of 15 percent of the grant is used for its quality management program; and

"(B) the State submits and the Secretary approves a plan (in such form and containing such information as the Secretary may prescribe) for use of funds for its quality management program.".

#### SEC. 123. FUNDED ENTITIES REQUIRED TO HAVE HEALTH CARE RELATIONSHIPS.

Section 2617(b)(4) (42 U.S.C. 300ff-27(b)(4)), as amended by section 122(a), is further amended by adding at the end the following:

"(H) that funded entities maintain appropriate relationships with entities in the area served that constitute key points of access to the health care system for individuals with HIV disease (including emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV counseling and testing sites, mental health programs, and homeless shelters), and other entities under section 2652(a), for the purpose of facilitating early intervention for individuals newly diagnosed with HIV disease and individuals knowledgeable of their status but not in care.".

#### SEC. 124. SUPPORT SERVICES REQUIRED TO BE HEALTH CARE-RELATED.

(a) TECHNICAL AMENDMENT.—Section 3(c)(2)(A)(iii) of the Ryan White CARE Act Amendments of 1996 (Public Law 104-146) is amended by inserting "before paragraph (2) as so redesignated" after "inserting".

(b) SERVICES.—Section 2612(a)(1) (42 U.S.C. 300ff-22(a)(1)), as so designated by section 121(a), is amended by striking "for individuals with HIV disease" and inserting ", subject to the conditions and limitations that apply under such section".

(c) CONFORMING AMENDMENT TO STATE APPLICATION REQUIREMENT.—Section 2617(b)(2) (42 U.S.C. 300ff-27(b)(2)), as amended by section 121(b), is further amended by inserting after subparagraph (D) the following:

"(E) an assurance that the State has procedures in place to ensure that services provided with funds received under this section meet the criteria specified in section 2604(b)(1)(B); and".

#### SEC. 125. USE OF GRANT FUNDS FOR EARLY INTERVENTION SERVICES.

Section 2612(a) (42 U.S.C. 300ff-22(a)), as amended by section 121, is further amended—

(1) in paragraph (4), by striking "and" at the end;

(2) in paragraph (5), by striking the period and inserting "; and"; and

(3) by adding at the end the following:

"(6) to provide, through systems of HIV-related health services provided under paragraphs (1), (2), and (3), early intervention services, as described in section 2651(b)(2), with follow-up referral, provided for the purpose of facilitating the access of individuals receiving the services to HIV-related health services, but only if the entity providing such services—

"(A)(i) is receiving funds under section 2612(a)(1); or

"(ii) is an entity constituting a point of access to services, as described in section 2617(b)(4), that maintains a referral relationship with an entity described in clause (i) and that is serving individuals at elevated risk of HIV disease;

"(B) demonstrates to the State's satisfaction that other Federal, State, or local funds are inadequate for the early intervention services the entity will provide with funds received under this paragraph; and

"(C) demonstrates to the satisfaction of the State that funds will be utilized under this paragraph to supplement not supplant other funds available for such services in the year for which such funds are being utilized.".

#### SEC. 126. AUTHORIZATION OF APPROPRIATIONS FOR HIV-RELATED SERVICES FOR WOMEN AND CHILDREN.

Section 2625(c)(2) (42 U.S.C. 300ff-33(c)(2)) is amended by striking "fiscal years 1996 through 2000" and inserting "fiscal years 2001 through 2005".

#### SEC. 127. REPEAL OF REQUIREMENT FOR COMPLETED INSTITUTE OF MEDICINE REPORT.

Section 2628 (42 U.S.C. 300ff-36) is repealed.

#### SEC. 128. SUPPLEMENTAL GRANTS FOR CERTAIN STATES.

Subpart I of part B of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-11 et seq.) is amended by adding at the end the following:

##### "SEC. 2622. SUPPLEMENTAL GRANTS.

"(a) IN GENERAL.—The Secretary shall award supplemental grants to States determined to be eligible under subsection (b) to enable such States to provide comprehensive services of the type described in section 2612(a) to supplement the services otherwise provided by the State under a grant under this subpart in emerging communities within the State that are not eligible to receive grants under part A.

"(b) ELIGIBILITY.—To be eligible to receive a supplemental grant under subsection (a) a State shall—

"(1) be eligible to receive a grant under this subpart;

"(2) demonstrate the existence in the State of an emerging community as defined in subsection (d)(1); and

"(3) submit the information described in subsection (c).

"(c) REPORTING REQUIREMENTS.—A State that desires a grant under this section shall, as part of the State application submitted under section 2617, submit a detailed description of the manner in which the State will use amounts received under the grant and of the severity of need. Such description shall include—

"(1) a report concerning the dissemination of supplemental funds under this section and the plan for the utilization of such funds in the emerging community;

"(2) a demonstration of the existing commitment of local resources, both financial and in-kind;

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

"(4) a demonstration of the ability of the State to utilize such supplemental financial resources in a manner that is immediately responsive and cost effective;

“(5) a demonstration that the 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;

“(6) a demonstration of the inclusiveness of the planning process, with particular emphasis on affected communities and individuals with HIV disease; and

“(7) a demonstration of the manner in which the proposed services are consistent with local needs assessments and the statewide coordinated statement of need.

“(d) DEFINITION OF EMERGING COMMUNITY.—In this section, the term ‘emerging community’ means a metropolitan area—

“(1) that is not eligible for a grant under part A; and

“(2) for which there has been reported to the Director of the Centers for Disease Control and Prevention a cumulative total of between 500 and 1999 cases of acquired immune deficiency syndrome for the most recent period of 5 calendar years for which such data are available.

“(e) FUNDING.—

“(1) IN GENERAL.—Subject to paragraph (2), with respect to each fiscal year beginning with fiscal year 2001, the Secretary, to carry out this section, shall utilize—

“(A) the greater of—

“(i) 25 percent of the amount appropriated under 2677 to carry out part B, excluding the amount appropriated under section 2618(b)(2)(H), for such fiscal year that is in excess of the amount appropriated to carry out such part in fiscal year preceding the fiscal year involved; or

“(ii) \$5,000,000;

to provide funds to States for use in emerging communities with at least 1000, but less than 2000, cases of AIDS as reported to and confirmed by the Director of the Centers for Disease Control and Prevention for the five year period preceding the year for which the grant is being awarded; and

“(B) the greater of—

“(i) 25 percent of the amount appropriated under 2677 to carry out part B, excluding the amount appropriated under section 2618(b)(2)(H), for such fiscal year that is in excess of the amount appropriated to carry out such part in fiscal year preceding the fiscal year involved; or

“(ii) \$5,000,000;

to provide funds to States for use in emerging communities with at least 500, but less than 1000, cases of AIDS reported to and confirmed by the Director of the Centers for Disease Control and Prevention for the five year period preceding the year for which the grant is being awarded.

“(2) TRIGGER OF FUNDING.—This section shall be effective only for fiscal years beginning in the first fiscal year in which the amount appropriated under 2677 to carry out part B, excluding the amount appropriated under section 2618(b)(2)(H), exceeds by at least \$20,000,000 the amount appropriated under 2677 to carry out part B in fiscal year 2000, excluding the amount appropriated under section 2618(b)(2)(H).

“(3) MINIMUM AMOUNT IN FUTURE YEARS.—Beginning with the first fiscal year in which amounts provided for emerging communities under paragraph (1)(A) equals \$5,000,000 and under paragraph (1)(B) equals \$5,000,000, the Secretary shall ensure that amounts made available under this section for the types of emerging communities described in each such paragraph in subsequent fiscal years is at least \$5,000,000.

“(4) DISTRIBUTION.—The amount of a grant awarded to a State under this section shall be determined by the Secretary based on the formula described in section 2618(b)(2), except that in applying such formula, the Secretary shall—

“(A) substitute ‘1.0’ for ‘.80’ in subparagraph (A)(ii)(I) of such section; and

“(B) not consider the provisions of subparagraphs (A)(ii)(II) and (C) of such section.”.

#### SEC. 129. USE OF TREATMENT FUNDS.

(a) STATE DUTIES.—Section 2616(c) (42 U.S.C. 300ff-26(c)) is amended—

(1) in the matter preceding paragraph (1), by striking “shall—” and inserting “shall use funds made available under this section to—”;

(2) by redesignating paragraphs (1) through (5) as subparagraphs (A) through (E), respectively and realigning the margins of such subparagraphs appropriately;

(3) in subparagraph (D) (as so redesignated), by striking “and” at the end;

(4) in subparagraph (E) (as so redesignated), by striking the period and inserting “; and”;

and

(5) by adding at the end the following:“(F) encourage, support, and enhance adherence to and compliance with treatment regimens, including related medical monitoring.”;

(6) by striking “In carrying” and inserting the following:

“(1) IN GENERAL.—In carrying”;

(7) by adding at the end the following:

“(2) LIMITATIONS.—

“(A) IN GENERAL.—No State shall use funds under paragraph (1)(F) unless the limitations on access to HIV/AIDS therapeutic regimens as defined in subsection (e)(2) are eliminated.

“(B) AMOUNT OF FUNDING.—No State shall use in excess of 10 percent of the amount set-aside for use under this section in any fiscal year to carry out activities under paragraph (1)(F) unless the State demonstrates to the Secretary that such additional services are essential and in no way diminish access to therapeutics.”.

(b) SUPPLEMENT GRANTS.—Section 2616 (42 U.S.C. 300ff-26) is amended by adding at the end the following:

“(e) SUPPLEMENTAL GRANTS FOR THE PROVISION OF TREATMENTS.—

“(1) IN GENERAL.—From amounts made available under paragraph (5), the Secretary shall award supplemental grants to States determined to be eligible under paragraph (2) to enable such States to increase access to therapeutics to treat HIV disease as provided by the State under subsection (c)(1)(B) for individuals at or below 200 percent of the Federal poverty line.

“(2) CRITERIA.—The Secretary shall develop criteria for the awarding of grants under paragraph (1) to States that demonstrate a severe need. In determining the criteria for demonstrating State severity of need, the Secretary shall consider eligibility standards and formula composition.

“(3) STATE REQUIREMENT.—The Secretary may not make a grant to a State under this subsection unless the State agrees that—

“(A) the State will make available (directly or through donations from public or private entities) non-Federal contributions toward the activities to be carried out under the grant in an amount equal to \$1 for each \$4 of Federal funds provided in the grant; and

“(B) the State will not impose eligibility requirements for services or scope of benefits limitations under subsection (a) that are more restrictive than such requirements in effect as of January 1, 2000.

“(4) USE AND COORDINATION.—Amounts made available under a grant under this subsection shall only be used by the State to provide HIV/AIDS-related medications. The State shall coordinate the use of such amounts with the amounts otherwise provided under this section in order to maximize drug coverage.

“(5) FUNDING.—

“(A) RESERVATION OF AMOUNT.—The Secretary shall reserve 3 percent of any amount referred to in section 2618(b)(2)(H) that is appropriated for a fiscal year, to carry out this subsection.

“(B) MINIMUM AMOUNT.—In providing grants under this subsection, the Secretary shall ensure that the amount of a grant to a State under this part is not less than the amount the State received under this part in the previous fiscal year, as a result of grants provided under this subsection.”.

(c) SUPPLEMENT AND NOT SUPPLANT.—Section 2616 (42 U.S.C. 300ff-26(c)), as amended by subsection (b), is further amended by adding at the end the following:

“(f) SUPPLEMENT NOT SUPPLANT.—Notwithstanding any other provision of law, amounts made available under this section shall be used to supplement and not supplant other funding available to provide treatments of the type that may be provided under this section.”.

#### SEC. 130. INCREASE IN MINIMUM ALLOTMENT.

(a) IN GENERAL.—Section 2618(b)(1)(A)(i) (42 U.S.C. 300ff-28(b)(1)(A)(i)) is amended—

(1) in subclause (I), by striking “\$100,000” and inserting “\$200,000”; and

(2) in subclause (II), by striking “\$250,000” and inserting “\$500,000”.

(b) TERRITORIES.—Section 2618(b)(1)(B) (42 U.S.C. 300ff-28(b)(1)(B)) is amended by inserting “the greater of \$50,000 or” after “shall be”.

(c) TECHNICAL AMENDMENT.—Section 2618(b)(3)(B) (42 U.S.C. 300ff-28(b)(3)(B)) is amended by striking “and the Republic of the Marshall Islands” and inserting “, the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau, and only for purposes of paragraph (1) the Commonwealth of Puerto Rico”.

#### SEC. 131. SET-ASIDE FOR INFANTS, CHILDREN, AND WOMEN.

Section 2611(b) (42 U.S.C. 300ff-21(b)) is amended—

(1) by inserting “for each population under this subsection” after “State shall use”; and

(2) by striking “ratio of the” and inserting “ratio of each”.

#### Subtitle C—Amendments to Part C (Early Intervention Services)

#### SEC. 141. AMENDMENT OF HEADING; REPEAL OF FORMULA GRANT PROGRAM.

(a) AMENDMENT OF HEADING.—The heading of part C of title XXVI is amended to read as follows:

“PART C—EARLY INTERVENTION AND PRIMARY CARE SERVICES”.

(b) REPEAL.—Part C of title XXVI (42 U.S.C. 300ff-41 et seq.) is amended—

(1) by repealing subpart I; and

(2) by redesignating subparts II and III as subparts I and II.

(c) CONFORMING AMENDMENTS.—

(1) INFORMATION REGARDING RECEIPT OF SERVICES.—Section 2661(a) (42 U.S.C. 300ff-61(a)) is amended by striking “unless—” and all that follows through “(2) in the case of” and inserting “unless, in the case of”.

(2) ADDITIONAL AGREEMENTS.—Section 2664 (42 U.S.C. 300ff-64) is amended—

(A) in subsection (e)(5), by striking “2642(b) or”;

(B) in subsection (f)(2), by striking “2642(b) or”;

(C) by striking subsection (h).

#### SEC. 142. PLANNING AND DEVELOPMENT GRANTS.

(a) ALLOWING PLANNING AND DEVELOPMENT GRANT TO EXPAND ABILITY TO PROVIDE PRIMARY CARE SERVICES.—Section 2654(c) (42 U.S.C. 300ff-54(c)) is amended—

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

“(1) IN GENERAL.—The Secretary may provide planning and development grants to public and nonprofit private entities for the purpose of—

“(A) enabling such entities to provide HIV early intervention services; or

“(B) assisting such entities to expand the capacity, preparedness, and expertise to deliver primary care services to individuals with HIV disease in underserved low-income communities on the condition that the funds are not used to purchase or improve land or to purchase, construct, or permanently improve (other than minor remodeling) any building or other facility.”; and

(2) in paragraphs (2) and (3) by striking “paragraph (1)” each place that such appears and inserting “paragraph (1)(A)”.

(b) AMOUNT; DURATION.—Section 2654(c) (42 U.S.C. 300ff-54(c)), as amended by subsection (a), is further amended—

(1) by redesignating paragraph (4) as paragraph (5); and

(2) by inserting after paragraph (3) the following:

“(4) AMOUNT AND DURATION OF GRANTS.—

“(A) EARLY INTERVENTION SERVICES.—A grant under paragraph (1)(A) may be made in an amount not to exceed \$50,000.

“(B) CAPACITY DEVELOPMENT.—

“(i) AMOUNT.—A grant under paragraph (1)(B) may be made in an amount not to exceed \$150,000.

“(ii) DURATION.—The total duration of a grant under paragraph (1)(B), including any renewal, may not exceed 3 years.”.

(c) INCREASE IN LIMITATION.—Section 2654(c)(5) (42 U.S.C. 300ff-54(c)(5)), as so redesignated by subsection (b), is amended by striking “1 percent” and inserting “5 percent”.

**SEC. 143. AUTHORIZATION OF APPROPRIATIONS FOR CATEGORICAL GRANTS.**

Section 2655 (42 U.S.C. 300ff-55) is amended by striking “1996” and all that follows through “2000” and inserting “2001 through 2005”.

**SEC. 144. ADMINISTRATIVE EXPENSES CEILING; QUALITY MANAGEMENT PROGRAM.**

Section 2664(g) (42 U.S.C. 300ff-64(g)) is amended—

(1) in paragraph (3), to read as follows:

“(3) the applicant will not expend more than 10 percent of the grant for costs of administrative activities with respect to the grant;”;

(2) in paragraph (4), by striking the period and inserting “; and”; and

(3) by adding at the end the following:

“(5) the applicant will provide for the establishment of a quality management program to assess the extent to which medical services funded under this title that are provided to patients are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections and that improvements in the access to and quality of medical services are addressed.”.

**SEC. 145. PREFERENCE FOR CERTAIN AREAS.**

Section 2651 (42 U.S.C. 300ff-51) is amended by adding at the end the following:

“(d) PREFERENCE IN AWARDING GRANTS.—In awarding new grants under this section, the Secretary shall give preference to applicants that will use amounts received under the grant to serve areas that are determined to be rural and underserved for the purposes of providing health care to individuals infected with HIV or diagnosed with AIDS.”.

**SEC. 146. TECHNICAL AMENDMENT.**

Section 2652(a) (42 U.S.C. 300ff-52(a)) is amended—

(1) by striking paragraphs (1) and (2) and inserting the following:

“(1) health centers under section 330;”;

(2) by redesignating paragraphs (3) through (6) as paragraphs (2) through (5), respectively.

**Subtitle D—Amendments to Part D (General Provisions)**

**SEC. 151. RESEARCH INVOLVING WOMEN, INFANTS, CHILDREN, AND YOUTH.**

(a) ELIMINATION OF REQUIREMENT TO ENROLL SIGNIFICANT NUMBERS OF WOMEN AND CHILDREN.—Section 2671(b) (42 U.S.C. 300ff-71(b)) is amended—

(1) in paragraph (1), by striking subparagraphs (C) and (D); and

(2) by striking paragraphs (3) and (4).

(b) INFORMATION AND EDUCATION.—Section 2671(d) (42 U.S.C. 300ff-71(d)) is amended by adding at the end the following:

“(4) The applicant will provide individuals with information and education on opportunities to participate in HIV/AIDS-related clinical research.”.

(c) QUALITY MANAGEMENT; ADMINISTRATIVE EXPENSES CEILING.—Section 2671(f) (42 U.S.C. 300ff-71(f)) is amended—

(1) by striking the subsection heading and designation and inserting the following:

“(f) ADMINISTRATION.—

“(1) APPLICATION.—”; and

(2) by adding at the end the following:

“(2) QUALITY MANAGEMENT PROGRAM.—A grantee under this section shall implement a quality management program.”.

(d) COORDINATION.—Section 2671(g) (42 U.S.C. 300ff-71(g)) is amended by adding at the end the following: “The Secretary acting through the Director of NIH, shall examine the distribution and availability of ongoing and appropriate HIV/AIDS-related research projects to existing sites under this section for purposes of enhancing and expanding voluntary access to HIV-related research, especially within communities that are not reasonably served by such projects. Not later than 12 months after the date of enactment of the Ryan White CARE Act Amendments of 2000, the Secretary shall prepare and submit to the appropriate committees of Congress a report that describes the findings made by the Director and the manner in which the conclusions based on those findings can be addressed.”.

(e) AUTHORIZATION OF APPROPRIATIONS.—Section 2671(j) (42 U.S.C. 300ff-71(j)) is amended by striking “fiscal years 1996 through 2000” and inserting “fiscal years 2001 through 2005”.

**SEC. 152. LIMITATION ON ADMINISTRATIVE EXPENSES.**

Section 2671 (42 U.S.C. 300ff-71) is amended—

(1) by redesignating subsections (i) and (j), as subsections (j) and (k), respectively; and

(2) by inserting after subsection (h), the following:

“(i) LIMITATION ON ADMINISTRATIVE EXPENSES.—

“(1) DETERMINATION BY SECRETARY.—Not later than 12 months after the date of enactment of the Ryan White CARE Act Amendments of 2000, the Secretary, in consultation with grantees under this part, shall conduct a review of the administrative, program support, and direct service-related activities that are carried out under this part to ensure that eligible individuals have access to quality, HIV-related health and support services and research opportunities under this part, and to support the provision of such services.

“(2) REQUIREMENTS.—

“(A) IN GENERAL.—Not later than 180 days after the expiration of the 12-month period referred to in paragraph (1) the Secretary, in consultation with grantees under this part, shall determine the relationship between the costs of the activities referred to in paragraph (1) and the access of eligible individuals to the services and research opportunities described in such paragraph.

“(B) LIMITATION.—After a final determination under subparagraph (A), the Secretary may not make a grant under this part unless the grantee complies with such requirements as may be included in such determination.”.

**SEC. 153. EVALUATIONS AND REPORTS.**

Section 2674(c) (42 U.S.C. 399ff-74(c)) is amended by striking “1991 through 1995” and inserting “2001 through 2005”.

**SEC. 154. AUTHORIZATION OF APPROPRIATIONS FOR GRANTS UNDER PARTS A AND B.**

Section 2677 (42 U.S.C. 300ff-77) is amended to read as follows:

“**SEC. 2677. AUTHORIZATION OF APPROPRIATIONS.**

“There are authorized to be appropriated—

“(1) such sums as may be necessary to carry out part A for each of the fiscal years 2001 through 2005; and

“(2) such sums as may be necessary to carry out part B for each of the fiscal years 2001 through 2005.”.

**Subtitle E—Amendments to Part F (Demonstration and Training)**

**SEC. 161. AUTHORIZATION OF APPROPRIATIONS.**

(a) SCHOOLS; CENTERS.—Section 2692(c)(1) (42 U.S.C. 300ff-111(c)(1)) is amended by striking

“fiscal years 1996 through 2000” and inserting “fiscal years 2001 through 2005”.

(b) DENTAL SCHOOLS.—Section 2692(c)(2) (42 U.S.C. 300ff-111(c)(2)) is amended by striking “fiscal years 1996 through 2000” and inserting “fiscal years 2001 through 2005”.

(c) DENTAL SCHOOLS AND PROGRAMS.—Section 2692(b) of the Public Health Service Act (42 U.S.C. 300ff-111(b)) is amended—

(1) in paragraph (1), by striking “777(b)(4)(B)” and inserting “777(b)(4)(B) (as such section existed on the day before the date of enactment of the Health Professions Education Partnerships Act of 1998 (Public Law 105-392)) and dental hygiene programs that are accredited by the Commission on Dental Accreditation”; and

(2) in paragraph (2), by striking “777(b)(4)(B)” and inserting “777(b)(4)(B) (as such section existed on the day before the date of enactment of the Health Professions Education Partnerships Act of 1998 (Public Law 105-392))”.

**TITLE II—MISCELLANEOUS PROVISIONS**

**SEC. 201. INSTITUTE OF MEDICINE STUDY.**

(a) IN GENERAL.—Not later than 120 days after the date of enactment of this Act, the Secretary of Health and Human Services shall enter into a contract with the Institute of Medicine for the conduct of a study concerning the appropriate epidemiological measures and their relationship to the financing and delivery of primary care and health-related support services for low-income, uninsured, and under-insured individuals with HIV disease.

(b) REQUIREMENTS.—

(1) COMPLETION.—The study under subsection (a) shall be completed not later than 21 months after the date on which the contract referred to in such subsection is entered into.

(2) ISSUES TO BE CONSIDERED.—The study conducted under subsection (a) shall consider—

(A) the availability and utility of health outcomes measures and data for HIV primary care and support services and the extent to which those measures and data could be used to measure the quality of such funded services;

(B) the effectiveness and efficiency of service delivery (including the quality of services, health outcomes, and resource use) within the context of a changing health care and therapeutic environment as well as the changing epidemiology of the epidemic;

(C) existing and needed epidemiological data and other analytic tools for resource planning and allocation decisions, specifically for estimating severity of need of a community and the relationship to the allocations process; and

(D) other factors determined to be relevant to assessing an individual's or community's ability to gain and sustain access to quality HIV services.

(c) REPORT.—Not later than 90 days after the date on which the study is completed under subsection (a), the Secretary of Health and Human Services shall prepare and submit to the appropriate committees of Congress a report describing the manner in which the conclusions and recommendations of the Institute of Medicine can be addressed and implemented.

AMENDMENT NO. 3190

Mr. WARNER. Mr. President, Senator JEFFORDS has an amendment at the desk for himself and others.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Virginia (Mr. WARNER), for Mr. JEFFORDS, Mr. KENNEDY and Mr. FRIST, proposes an amendment numbered 3190.

(The text of the amendment is printed in today's RECORD under “Amendments Submitted.”)

Mr. JEFFORDS. Mr. President, it gives me great pleasure today that the Senate is considering the Ryan White Comprehensive AIDS Resources and Emergency Act Amendments of 2000, a measure that will reauthorize a national program providing primary health care services to people living with HIV and AIDS. I especially want to commend Senators HATCH and KENNEDY for the leadership they have provided since the inauguration of the legislation establishing the Ryan White programs over a decade ago. I also want to commend Senator FRIST whose medical expertise played a critical role in key provisions of the bill and continues to be an invaluable resource to our efforts on the range of health issues that come before the Senate. I want to recognize Senator DODD for his unwavering support for this legislation and people living with HIV and AIDS. Finally, I want to acknowledge Senator ENZI's recognition of the growing burden that AIDS and HIV have placed on rural communities throughout the country and the need to address those gaps in services.

Since its inception in 1990, the Ryan White program has enjoyed broad bipartisan support. During the last reauthorization of the Ryan White CARE Act in 1996, the measure garnered a vote of 97 to 3 on its final passage. As evidence that strong bipartisan support continues, I am happy to report that last month this reauthorization bill was passed unanimously out of committee. The bipartisan support for this important legislation underlines the critical need for the assistance this Act provides across the nation.

With this reauthorization, we mark the ten years through which the Ryan White CARE Act has provided needed health care and support services to HIV positive people around the country. Titles I and II have provided much needed relief to cities and states hardest hit by this disease, while Titles III and IV have had a direct role in providing healthcare services to underserved communities. Ryan White program dollars provide the foundation of care so necessary in fighting this epidemic and have allowed States and communities around the country to successfully address the needs of people affected by HIV disease.

In a recently released report, the General Accounting Office found that CARE Act funds are reaching the infected groups that have typically been underserved, including the poor, the uninsured, women, and ethnic minorities. In fact, these groups form a majority of CARE Act clients and are being served by the CARE Act in higher proportions than their representation in the AIDS population. The GAO also found that CARE Act funds support a wide array of primary care and support services, including the provision of powerful therapeutic regimens for people with HIV/AIDS that have dramatically reduced AIDS diagnoses and deaths.

Much has occurred to change the course of the AIDS epidemic since the last reauthorization. During the last reauthorization, Congressman Coburn and our colleague, Senator FRIST, focused our attention on the needs of women living with HIV/AIDS and the problems associated with perinatal transmission of HIV. Since then, the CARE Act has helped to dramatically reduce mother-to-child transmission through more effective outreach, counseling, and voluntary testing of mothers at risk for HIV infection. Between 1993 and 1998, perinatal-acquired AIDS cases declined 74% in the U.S. In this bill, I have continued to support efforts to reach women in need of care for their HIV disease and have included provisions to ensure that women, infants and children receive resources in accordance with the prevalence of the infection among them.

Another key success has been the AIDS Drug Assistance Program. This program has provided people with HIV and AIDS access to newly developed, highly effective therapeutics. Because of these drugs, people are maintaining their health and living longer. The AIDS death rate and the number of new AIDS cases have been dramatically reduced. From 1996 to 1998, deaths from AIDS dropped 54% while new AIDS cases have been reduced by 27%. However, these treatments are very expensive, do not provide a cure, and do not work for everyone.

AIDS, HIV, the people it infects and families that it has affected are not in the news today as often as they have been in the past. But for too many of us, this lack of bad news has created a false sense of complacency. While the rate of decline in new AIDS cases and deaths is leveling off, HIV infection rates continue to rise in many areas; becoming increasingly prevalent in rural and underserved urban areas; and also among women, youth, and minority communities. Local and state healthcare systems face an increasing burden of disease, despite our success in treating and caring for people living with HIV and AIDS. Unfortunately, rural and underserved urban areas are often unable to address the complex medical and support services needs of people with HIV infection. Thus, Ryan White programs remain as vital to the public health of this nation as it was in 1990 and in 1996. As the AIDS epidemic reaches into rural areas and into underserved urban communities across the country, this legislation will allow us to adapt our care systems to meet the most urgent needs in the communities hardest hit by the epidemic.

The bill being considered today was developed on a bipartisan basis, working with other Committee Members, community stakeholders and elected officials at the state and local levels from whom we sought input to ensure that we addressed the most important problems facing communities of people with HIV infection. I held a hearing in March before the Committee on

Health, Education, Labor and Pensions to learn whether the program has been successful and whether it needed to be changed. We received testimony from Ryan White's mother, Jeanne White, from Surgeon General David Satcher, from a person living with AIDS, as well as state and local officials familiar with the importance of this program. I especially want to commend Dr. Chris Grace of Vermont who testified as to the particular challenges of providing care to people living with HIV/AIDS in rural, and sometimes remote, parts of the country. It was clear from our witnesses' statements that, despite the successes, challenges remain.

To address these challenges, we have developed a bill that will improve access to care in underserved urban and rural areas. My bill will double the minimum base funding available to states through the CARE Act to assist them in developing systems of care for people struggling with HIV and AIDS. The bill also includes a new supplemental state grant to target assistance to small and mid-sized metropolitan areas to help them address the increasing number of people with HIV/AIDS living outside of urban areas that receive assistance under Title I of the Act. Rural and underserved areas receive a preference for planning, early intervention, and capacity development grants under title III. In order to assist states in expanding access to appropriate HIV/AIDS therapeutics to low-income people with HIV/AIDS, a supplemental grant has been added to the AIDS Drug Assistance Program.

The bill remains primarily a system of grants to State and local jurisdictions, thereby ensuring that grantees can respond to local needs. States, EMAs, and the affected communities will still decide how to best prioritize and address the healthcare needs of their HIV-positive citizens. This bill reinforces the ability of States and EMAs to identify and meet local needs.

Finally, in recognition of the changing nature of the epidemic, I have asked the Institute of Medicine to complete a study of the financing and delivery of primary care and support services for low income, uninsured, and under-insured individuals with HIV disease, within 21 months after the enactment of this Act. Changes in HIV surveillance and case reporting, and the effects of these changes on program funding, will be included in this study. The recommendations from this study will help Congress and the Secretary of Health and Human Services to ensure the most effective and efficient use of Federal funds for HIV and AIDS care and support.

I intend to see this bill become law this year so that the people struggling to overcome the challenges of HIV and AIDS continue to benefit from high quality medical care and access to life-saving drugs. We have made incredible progress in the fight against HIV/AIDS and I want to be sure that every person in America in need of assistance benefits from our tremendous advances.



Many groups and individuals have contributed significantly to crafting this bill, but I want to acknowledge those at the Health Resources and Services Administration, especially Dr. Joseph O'Neill, Associate Administrator of the HIV/AIDS bureau; John Paleniczek, Director of the Office of Policy and Program Development; Doug Morgan, Director of the Division of Service Systems; and Howard Lerner, Principal Adviser for Telehealth and International Collaboration, HIV/AIDS. All of the groups united under the umbrella of the National Organizations Responding to AIDS (NORA) deserve recognition. Representing a diverse community of people with AIDS, CARE Act service providers, and administrative agencies, NORA clearly and effectively communicated to Congress the needs and priorities of their constituents.

I also want to thank several staff members who have worked long and hard to craft this bill and to address the concerns and needs of the affected communities. Sean Donohue and William Oscar Fleming have guided this effort from the beginning, building consensus across the many policy issues, resulting in a bill that meets the pressing needs of people with HIV and AIDS and enjoys broad bipartisan support. Stephanie Robinson and Idalia Sanchez, for Senator KENNEDY, were key to reaching agreement on this bill and have provided invaluable assistance and support throughout the development of this legislation. I would also like to recognize Dave Larson and Mary Sumpter Johnson, of Senator FRIST's office, for their support for the needs of rural and underserved communities throughout the nation. Similarly, Jeannie Ireland with Senator DODD's office, Helen Rhee, working for Senator DEWINE, Libby Rolfe, for Mr. SESSIONS, and Raissa Geary and Mary Jordan in Senator ENZI's office, provided valuable input. Without the efforts of these staff members, we would not have such a strong, well-balanced, and targeted reauthorization bill before us today.

Mr. WARNER. Mr. President, I ask unanimous consent that the amendment be agreed to, the committee substitute be agreed to, as amended, the bill be read a third time and passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill be printed in the RECORD.

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

The amendment (No. 3190) was agreed to.

The committee amendment in the nature of a substitute, as amended, was agreed to.

The bill (S. 2311), as amended, was passed, as follows:

S. 2311

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

**SECTION 1. SHORT TITLE.**

This Act may be cited as the "Ryan White CARE Act Amendments of 2000".

**SEC. 2. REFERENCES; TABLE OF CONTENTS.**

(a) REFERENCES.—Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Public Health Service Act (42 U.S.C. 201 et seq.).

(b) Table of Contents.—The table of contents of this Act is as follows:

Sec. 1. Short title.

Sec. 2. References; table of contents.

**TITLE I—AMENDMENTS TO HIV HEALTH CARE PROGRAM**

**Subtitle A—Amendments to Part A (Emergency Relief Grants)**

Sec. 101. Duties of planning council, funding priorities, quality assessment.

Sec. 102. Quality management.

Sec. 103. Funded entities required to have health care relationships.

Sec. 104. Support services required to be health care-related.

Sec. 105. Use of grant funds for early intervention services.

Sec. 106. Replacement of specified fiscal years regarding the sunset on expedited distribution requirements.

Sec. 107. Hold harmless provision.

Sec. 108. Set-aside for infants, children, and women.

**Subtitle B—Amendments to Part B (Care Grant Program)**

Sec. 121. State requirements concerning identification of need and allocation of resources.

Sec. 122. Quality management.

Sec. 123. Funded entities required to have health care relationships.

Sec. 124. Support services required to be health care-related.

Sec. 125. Use of grant funds for early intervention services.

Sec. 126. Authorization of appropriations for HIV-related services for women and children.

Sec. 127. Repeal of requirement for completed Institute of Medicine report.

Sec. 128. Supplemental grants for certain States.

Sec. 129. Use of treatment funds.

Sec. 130. Increase in minimum allotment.

Sec. 131. Set-aside for infants, children, and women.

**Subtitle C—Amendments to Part C (Early Intervention Services)**

Sec. 141. Amendment of heading; repeal of formula grant program.

Sec. 142. Planning and development grants.

Sec. 143. Authorization of appropriations for categorical grants.

Sec. 144. Administrative expenses ceiling; quality management program.

Sec. 145. Preference for certain areas.

Sec. 146. Technical amendment.

**Subtitle D—Amendments to Part D (General Provisions)**

Sec. 151. Research involving women, infants, children, and youth.

Sec. 152. Limitation on administrative expenses.

Sec. 153. Evaluations and reports.

Sec. 154. Authorization of appropriations for grants under parts A and B.

**Subtitle E—Amendments to Part F (Demonstration and Training)**

Sec. 161. Authorization of appropriations.

**TITLE II—MISCELLANEOUS PROVISIONS**

Sec. 201. Institute of Medicine study.

**TITLE I—AMENDMENTS TO HIV HEALTH CARE PROGRAM**

**Subtitle A—Amendments to Part A (Emergency Relief Grants)**

**SEC. 101. DUTIES OF PLANNING COUNCIL, FUNDING PRIORITIES, QUALITY ASSESSMENT.**

Section 2602 (42 U.S.C. 300ff-12) is amended—

(1) in subsection (b)—

(A) in paragraph (2)(C), by inserting before the semicolon the following: “, including providers of housing and homeless services”; and

(B) in paragraph (4), by striking “shall—” and all that follows and inserting “shall have the responsibilities specified in subsection (d).”; and

(2) by adding at the end the following:

“(d) DUTIES OF PLANNING COUNCIL.—The planning council established under subsection (b) shall have the following duties:

“(1) PRIORITIES FOR ALLOCATION OF FUNDS.—The council shall establish priorities for the allocation of funds within the eligible area, including how best to meet each such priority and additional factors that a grantee should consider in allocating funds under a grant, based on the following factors:

“(A) The size and demographic characteristics of the population with HIV disease to be served, including, subject to subsection (e), the needs of individuals living with HIV infection who are not receiving HIV-related health services.

“(B) The documented needs of the population with HIV disease with particular attention being given to disparities in health services among affected subgroups within the eligible area.

“(C) The demonstrated or probable cost and outcome effectiveness of proposed strategies and interventions, to the extent that data are reasonably available.

“(D) Priorities of the communities with HIV disease for whom the services are intended.

“(E) The availability of other governmental and non-governmental resources, including the State medicaid plan under title XIX of the Social Security Act and the State Children's Health Insurance Program under title XXI of such Act to cover health care costs of eligible individuals and families with HIV disease.

“(F) Capacity development needs resulting from gaps in the availability of HIV services in historically underserved low-income communities.

“(2) COMPREHENSIVE SERVICE DELIVERY PLAN.—The council shall develop a comprehensive plan for the organization and delivery of health and support services described in section 2604. Such plan shall be compatible with any existing State or local plans regarding the provision of such services to individuals with HIV disease.

“(3) ASSESSMENT OF FUND ALLOCATION EFFICIENCY.—The council shall assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area.

“(4) STATEWIDE STATEMENT OF NEED.—The council shall participate in the development of the Statewide coordinated statement of need as initiated by the State public health agency responsible for administering grants under part B.

“(5) COORDINATION WITH OTHER FEDERAL GRANTEEES.—The council shall coordinate with Federal grantees providing HIV-related services within the eligible area.

“(6) COMMUNITY PARTICIPATION.—The council shall establish methods for obtaining input on community needs and priorities

which may include public meetings, conducting focus groups, and convening ad-hoc panels.

“(e) PROCESS FOR ESTABLISHING ALLOCATION PRIORITIES.—

“(1) IN GENERAL.—Not later than 24 months after the date of enactment of the Ryan White CARE Act Amendments of 2000, the Secretary shall—

“(A) consult with eligible metropolitan areas, affected communities, experts, and other appropriate individuals and entities, to develop epidemiologic measures for establishing the number of individuals living with HIV disease who are not receiving HIV-related health services; and

“(B) provide advice and technical assistance to planning councils with respect to the process for establishing priorities for the allocation of funds under subsection (d)(1).

“(2) EXCEPTION.—Grantees under this part shall not be required to establish priorities for individuals not in care until epidemiologic measures are developed under paragraph (1).”

#### SEC. 102. QUALITY MANAGEMENT.

(a) FUNDS AVAILABLE FOR QUALITY MANAGEMENT.—Section 2604 (42 U.S.C. 300ff-14) is amended—

(1) by redesignating subsections (c) through (f) as subsections (d) through (g), respectively; and

(2) by inserting after subsection (b) the following:

“(c) QUALITY MANAGEMENT.—

“(1) REQUIREMENT.—The chief elected official of an eligible area that receives a grant under this part shall provide for the establishment of a quality management program to assess the extent to which medical services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infection and to develop strategies for improvements in the access to and quality of medical services.

“(2) USE OF FUNDS.—From amounts received under a grant awarded under this part, the chief elected official of an eligible area may use, for activities associated with its quality management program, not more than the lesser of—

“(A) 5 percent of amounts received under the grant; or

“(B) \$3,000,000.”

(b) QUALITY MANAGEMENT REQUIRED FOR ELIGIBILITY FOR GRANTS.—Section 2605(a) (42 U.S.C. 300ff-15(a)) is amended—

(1) by redesignating paragraphs (3) through (6) as paragraphs (5) through (8), respectively; and

(2) by inserting after paragraph (2) the following:

“(3) that the chief elected official of the eligible area will satisfy all requirements under section 2604(c);”

#### SEC. 103. FUNDED ENTITIES REQUIRED TO HAVE HEALTH CARE RELATIONSHIPS.

(a) USE OF AMOUNTS.—Section 2604(e)(1) (42 U.S.C. 300ff-14(d)(1)) (as so redesignated by section 102(a)) is amended by inserting “and the State Children’s Health Insurance Program under title XXI of such Act” after “Social Security Act”.

(b) APPLICATIONS.—Section 2605(a) (42 U.S.C. 300ff-15(a)) is amended by inserting after paragraph (3), as added by section 102(b), the following:

“(4) that funded entities within the eligible area that receive funds under a grant under section 2601(a) shall maintain appropriate relationships with entities in the area served that constitute key points of access to the health care system for individuals with HIV disease (including emergency rooms, substance abuse treatment programs, detoxi-

fication centers, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV counseling and testing sites, mental health programs, and homeless shelters) and other entities under section 2652(a) for the purpose of facilitating early intervention for individuals newly diagnosed with HIV disease and individuals knowledgeable of their status but not in care;”

#### SEC. 104. SUPPORT SERVICES REQUIRED TO BE HEALTH CARE-RELATED.

(a) IN GENERAL.—Section 2604(b)(1) (42 U.S.C. 300ff-14(b)(1)) is amended—

(1) in the matter preceding subparagraph (A), by striking “HIV-related—” and inserting “HIV-related services, as follows;”;

(2) in subparagraph (A)—

(A) by striking “outpatient” and all that follows through “substance abuse treatment and” and inserting the following: “OUTPATIENT HEALTH SERVICES.—Outpatient and ambulatory health services, including substance abuse treatment;”;

(B) by striking “; and” and inserting a period;

(3) in subparagraph (B), by striking “(B) inpatient case management” and inserting “(C) INPATIENT CASE MANAGEMENT SERVICES.—Inpatient case management;”;

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

“(B) OUTPATIENT SUPPORT SERVICES.—Outpatient and ambulatory support services (including case management), to the extent that such services facilitate, enhance, support, or sustain the delivery, continuity, or benefits of health services for individuals and families with HIV disease.”

(b) CONFORMING AMENDMENT TO APPLICATION REQUIREMENTS.—Section 2605(a) (42 U.S.C. 300ff-15(a)), as amended by section 102(b), is further amended—

(1) in paragraph (7) (as so redesignated), by striking “and” at the end thereof;

(2) in paragraph (8) (as so redesignated), by striking the period and inserting “; and”; and

(3) by adding at the end the following:

“(9) that the eligible area has procedures in place to ensure that services provided with funds received under this part meet the criteria specified in section 2604(b)(1).”

#### SEC. 105. USE OF GRANT FUNDS FOR EARLY INTERVENTION SERVICES.

(a) IN GENERAL.—Section 2604(b)(1) (42 U.S.C. 300ff-14(b)(1)), as amended by section 104(a), is further amended by adding at the end the following:

“(D) EARLY INTERVENTION SERVICES.—Early intervention services as described in section 2651(b)(2), with follow-through referral, provided for the purpose of facilitating the access of individuals receiving the services to HIV-related health services, but only if the entity providing such services—

“(i) (I) is receiving funds under subparagraph (A) or (C); or

“(II) is an entity constituting a point of access to services, as described in section 2605(a)(4), that maintains a relationship with an entity described in subclause (I) and that is serving individuals at elevated risk of HIV disease;

“(ii) demonstrates to the satisfaction of the chief elected official that Federal, State, or local funds are inadequate for the early intervention services the entity will provide with funds received under this subparagraph; and

“(iii) demonstrates to the satisfaction of the chief elected official that funds will be utilized under this subparagraph to supplement not supplant other funds available for such services in the year for which such funds are being utilized.

(b) CONFORMING AMENDMENTS TO APPLICATION REQUIREMENTS.—Section 2605(a)(1) (42 U.S.C. 300ff-15(a)(1)) is amended—

(1) in subparagraph (A), by striking “services to individuals with HIV disease” and inserting “services as described in section 2604(b)(1);”;

(2) in subparagraph (B), by striking “services for individuals with HIV disease” and inserting “services as described in section 2604(b)(1).”

#### SEC. 106. REPLACEMENT OF SPECIFIED FISCAL YEARS REGARDING THE SUNSET ON EXPEDITED DISTRIBUTION REQUIREMENTS.

Section 2603(a)(2) (42 U.S.C. 300ff-13(a)(2)) is amended by striking “for each of the fiscal years 1996 through 2000” and inserting “for a fiscal year”.

#### SEC. 107. HOLD HARMLESS PROVISION.

Section 2603(a)(4) (42 U.S.C. 300ff-13(a)(4)) is amended to read as follows:

“(4) LIMITATION.—With respect to each of fiscal years 2001 through 2005, the Secretary shall ensure that the amount of a grant made to an eligible area under paragraph (2) for such a fiscal year is not less than an amount equal to 98 percent of the amount the eligible area received for the fiscal year preceding the year for which the determination is being made.”

#### SEC. 108. SET-ASIDE FOR INFANTS, CHILDREN, AND WOMEN.

Section 2604(b)(3) (42 U.S.C. 300ff-14(b)(3)) is amended—

(1) by inserting “for each population under this subsection” after “council”; and

(2) by striking “ratio of the” and inserting “ratio of each”.

#### Subtitle B—Amendments to Part B (Care Grant Program)

#### SEC. 121. STATE REQUIREMENTS CONCERNING IDENTIFICATION OF NEED AND ALLOCATION OF RESOURCES.

(a) GENERAL USE OF GRANTS.—Section 2612 (42 U.S.C. 300ff-22) is amended—

(1) by striking “A State” and inserting “(a) IN GENERAL.—A State”; and

(2) in the matter following paragraph (5)—

(A) by striking “Services” and inserting: “(b) DELIVERY OF SERVICES.—Services;”;

(B) by striking “paragraph (1)” and inserting “subsection (a)(1);”;

(C) by striking “paragraph (2)” and inserting “subsection (a)(2) and section 2613”;

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

(1) in paragraph (1)(C)—

(A) by striking clause (i) and inserting the following:

“(i) the size and demographic characteristics of the population with HIV disease to be served, except that by not later than October 1, 2002, the State shall take into account the needs of individuals not in care, based on epidemiologic measures developed by the Secretary in consultation with the State, affected communities, experts, and other appropriate individuals (such State shall not be required to establish priorities for individuals not in care until such epidemiologic measures are developed);”

(B) in clause (iii), by striking “and” at the end; and

(C) by adding at the end the following:

“(v) the availability of other governmental and non-governmental resources;

“(vi) the capacity development needs resulting in gaps in the provision of HIV services in historically underserved low-income and rural low-income communities; and

“(vii) the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the State;”;

(2) in paragraph (2)—

(A) in subparagraph (B), by striking “and” at the end;

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



(C) by inserting after subparagraph (B), the following:

“(C) an assurance that capacity development needs resulting from gaps in the provision of services in underserved low-income and rural low-income communities will be addressed; and

“(D) with respect to fiscal year 2003 and subsequent fiscal years, assurances that, in the planning and allocation of resources, the State, through systems of HIV-related health services provided under paragraphs (1), (2), and (3) of section 2612(a), will make appropriate provision for the HIV-related health and support service needs of individuals who have been diagnosed with HIV disease but who are not currently receiving such services, based on the epidemiologic measures developed under paragraph (1)(C)(i);”.

#### SEC. 122. QUALITY MANAGEMENT.

(a) STATE REQUIREMENT FOR QUALITY MANAGEMENT.—Section 2617(b)(4) (42 U.S.C. 300ff-27(b)(4)) is amended—

(1) by striking subparagraph (C) and inserting the following:

“(C) the State will provide for—

“(i) the establishment of a quality management program to assess the extent to which medical services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections and to develop strategies for improvements in the access to and quality of medical services; and

“(ii) a periodic review (such as through an independent peer review) to assess the quality and appropriateness of HIV-related health and support services provided by entities that receive funds from the State under this part;”;

(2) by redesignating subparagraphs (E) and (F) as subparagraphs (F) and (G), respectively;

(3) by inserting after subparagraph (D), the following:

“(E) an assurance that the State, through systems of HIV-related health services provided under paragraphs (1), (2), and (3) of section 2612(a), has considered strategies for working with providers to make optimal use of financial assistance under the State Medicaid plan under title XIX of the Social Security Act, the State Children’s Health Insurance Program under title XXI of such Act, and other Federal grantees that provide HIV-related services, to maximize access to quality HIV-related health and support services;

(4) in subparagraph (F), as so redesignated, by striking “and” at the end; and

(5) in subparagraph (G), as so redesignated, by striking the period and inserting “; and”.

(b) AVAILABILITY OF FUNDS FOR QUALITY MANAGEMENT.—

(1) AVAILABILITY OF GRANT FUNDS FOR PLANNING AND EVALUATION.—Section 2618(c)(3) (42 U.S.C. 300ff-28(c)(3)) is amended by inserting before the period “, including not more than \$3,000,000 for all activities associated with its quality management program”.

(2) EXCEPTION TO COMBINED CEILING ON PLANNING AND ADMINISTRATION FUNDS FOR STATES WITH SMALL GRANTS.—Paragraph (6) of section 2618(c) (42 U.S.C. 300ff-28(c)(6)) is amended to read as follows:

“(6) EXCEPTION FOR QUALITY MANAGEMENT.—Notwithstanding paragraph (5), a State whose grant under this part for a fiscal year does not exceed \$1,500,000 may use not to exceed 20 percent of the amount of the grant for the purposes described in paragraphs (3) and (4) if—

“(A) that portion of the amount that may be used for such purposes in excess of 15 percent of the grant is used for its quality management program; and

“(B) the State submits and the Secretary approves a plan (in such form and containing such information as the Secretary may prescribe) for use of funds for its quality management program.”.

#### SEC. 123. FUNDED ENTITIES REQUIRED TO HAVE HEALTH CARE RELATIONSHIPS.

Section 2617(b)(4) (42 U.S.C. 300ff-27(b)(4)), as amended by section 122(a), is further amended by adding at the end the following:

“(H) that funded entities maintain appropriate relationships with entities in the area served that constitute key points of access to the health care system for individuals with HIV disease (including emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV counseling and testing sites, mental health programs, and homeless shelters), and other entities under section 2652(a), for the purpose of facilitating early intervention for individuals newly diagnosed with HIV disease and individuals knowledgeable of their status but not in care.”.

#### SEC. 124. SUPPORT SERVICES REQUIRED TO BE HEALTH CARE-RELATED.

(a) TECHNICAL AMENDMENT.—Section 3(c)(2)(A)(iii) of the Ryan White CARE Act Amendments of 1996 (Public Law 104-146) is amended by inserting “before paragraph (2) as so redesignated” after “inserting”.

(b) SERVICES.—Section 2612(a)(1) (42 U.S.C. 300ff-22(a)(1)), as so designated by section 121(a), is amended by striking “for individuals with HIV disease” and inserting “, subject to the conditions and limitations that apply under such section”.

(c) CONFORMING AMENDMENT TO STATE APPLICATION REQUIREMENT.—Section 2617(b)(2) (42 U.S.C. 300ff-27(b)(2)), as amended by section 121(b), is further amended by inserting after subparagraph (D) the following:

“(E) an assurance that the State has procedures in place to ensure that services provided with funds received under this section meet the criteria specified in section 2604(b)(1)(B); and”.

#### SEC. 125. USE OF GRANT FUNDS FOR EARLY INTERVENTION SERVICES.

Section 2612(a) (42 U.S.C. 300ff-22(a)), as amended by section 121, is further amended—

(1) in paragraph (4), by striking “and” at the end;

(2) in paragraph (5), by striking the period and inserting “; and”; and

(3) by adding at the end the following:

“(6) to provide, through systems of HIV-related health services provided under paragraphs (1), (2), and (3), early intervention services, as described in section 2651(b)(2), with follow-up referral, provided for the purpose of facilitating the access of individuals receiving the services to HIV-related health services, but only if the entity providing such services—

“(A)(i) is receiving funds under section 2612(a)(1); or

“(ii) is an entity constituting a point of access to services, as described in section 2617(b)(4), that maintains a referral relationship with an entity described in clause (i) and that is serving individuals at elevated risk of HIV disease;

“(B) demonstrates to the State’s satisfaction that other Federal, State, or local funds are inadequate for the early intervention services the entity will provide with funds received under this paragraph; and

“(C) demonstrates to the satisfaction of the State that funds will be utilized under this paragraph to supplement not supplant other funds available for such services in the year for which such funds are being utilized.”.

#### SEC. 126. AUTHORIZATION OF APPROPRIATIONS FOR HIV-RELATED SERVICES FOR WOMEN AND CHILDREN.

Section 2625(c)(2) (42 U.S.C. 300ff-33(c)(2)) is amended by striking “fiscal years 1996 through 2000” and inserting “fiscal years 2001 through 2005”.

#### SEC. 127. REPEAL OF REQUIREMENT FOR COMPLETED INSTITUTE OF MEDICINE REPORT.

Section 2628 (42 U.S.C. 300ff-36) is repealed.

#### SEC. 128. SUPPLEMENTAL GRANTS FOR CERTAIN STATES.

Subpart I of part B of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-11 et seq.) is amended by adding at the end the following:

##### “SEC. 2622. SUPPLEMENTAL GRANTS.

“(a) IN GENERAL.—The Secretary shall award supplemental grants to States determined to be eligible under subsection (b) to enable such States to provide comprehensive services of the type described in section 2612(a) to supplement the services otherwise provided by the State under a grant under this subpart in emerging communities within the State that are not eligible to receive grants under part A.

“(b) ELIGIBILITY.—To be eligible to receive a supplemental grant under subsection (a) a State shall—

“(1) be eligible to receive a grant under this subpart;

“(2) demonstrate the existence in the State of an emerging community as defined in subsection (d)(1); and

“(3) submit the information described in subsection (c).

“(c) REPORTING REQUIREMENTS.—A State that desires a grant under this section shall, as part of the State application submitted under section 2617, submit a detailed description of the manner in which the State will use amounts received under the grant and of the severity of need. Such description shall include—

“(1) a report concerning the dissemination of supplemental funds under this section and the plan for the utilization of such funds in the emerging community;

“(2) a demonstration of the existing commitment of local resources, both financial and in-kind;

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

“(4) a demonstration of the ability of the State to utilize such supplemental financial resources in a manner that is immediately responsive and cost effective;

“(5) a demonstration that the 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;

“(6) a demonstration of the inclusiveness of the planning process, with particular emphasis on affected communities and individuals with HIV disease; and

“(7) a demonstration of the manner in which the proposed services are consistent with local needs assessments and the statewide coordinated statement of need.

“(d) DEFINITION OF EMERGING COMMUNITY.—In this section, the term ‘emerging community’ means a metropolitan area—

“(1) that is not eligible for a grant under part A; and

“(2) for which there has been reported to the Director of the Centers for Disease Control and Prevention a cumulative total of between 500 and 1999 cases of acquired immune

deficiency syndrome for the most recent period of 5 calendar years for which such data are available.

“(e) FUNDING.—

“(1) IN GENERAL.—Subject to paragraph (2), with respect to each fiscal year beginning with fiscal year 2001, the Secretary, to carry out this section, shall utilize—

“(A) the greater of—

“(i) 25 percent of the amount appropriated under 2677 to carry out part B, excluding the amount appropriated under section 2618(b)(2)(H), for such fiscal year that is in excess of the amount appropriated to carry out such part in fiscal year preceding the fiscal year involved; or

“(ii) \$5,000,000;

to provide funds to States for use in emerging communities with at least 1000, but less than 2000, cases of AIDS as reported to and confirmed by the Director of the Centers for Disease Control and Prevention for the five year period preceding the year for which the grant is being awarded; and

“(B) the greater of—

“(i) 25 percent of the amount appropriated under 2677 to carry out part B, excluding the amount appropriated under section 2618(b)(2)(H), for such fiscal year that is in excess of the amount appropriated to carry out such part in fiscal year preceding the fiscal year involved; or

“(ii) \$5,000,000;

to provide funds to States for use in emerging communities with at least 500, but less than 1000, cases of AIDS reported to and confirmed by the Director of the Centers for Disease Control and Prevention for the five year period preceding the year for which the grant is being awarded.

“(2) TRIGGER OF FUNDING.—This section shall be effective only for fiscal years beginning in the first fiscal year in which the amount appropriated under 2677 to carry out part B, excluding the amount appropriated under section 2618(b)(2)(H), exceeds by at least \$20,000,000 the amount appropriated under 2677 to carry out part B in fiscal year 2000, excluding the amount appropriated under section 2618(b)(2)(H).

“(3) MINIMUM AMOUNT IN FUTURE YEARS.—Beginning with the first fiscal year in which amounts provided for emerging communities under paragraph (1)(A) equals \$5,000,000 and under paragraph (1)(B) equals \$5,000,000, the Secretary shall ensure that amounts made available under this section for the types of emerging communities described in each such paragraph in subsequent fiscal years is at least \$5,000,000.

“(4) DISTRIBUTION.—The amount of a grant awarded to a State under this section shall be determined by the Secretary based on the formula described in section 2618(b)(2), except that in applying such formula, the Secretary shall—

“(A) substitute ‘1.0’ for ‘.80’ in subparagraph (A)(ii)(I) of such section; and

“(B) not consider the provisions of subparagraphs (A)(ii)(II) and (C) of such section.”.

#### SEC. 129. USE OF TREATMENT FUNDS.

(a) STATE DUTIES.—Section 2616(c) (42 U.S.C. 300ff-26(c)) is amended—

(1) in the matter preceding paragraph (1), by striking “shall—” and inserting “shall use funds made available under this section to—”;

(2) by redesignating paragraphs (1) through (5) as subparagraphs (A) through (E), respectively and realigning the margins of such subparagraphs appropriately;

(3) in subparagraph (D) (as so redesignated), by striking “and” at the end;

(4) in subparagraph (E) (as so redesignated), by striking the period and inserting “; and”; and

(5) by adding at the end the following:

“(F) encourage, support, and enhance adherence to and compliance with treatment regimens, including related medical monitoring.”;

(6) by striking “In carrying” and inserting the following:

“(1) IN GENERAL.—In carrying”; and

(7) by adding at the end the following:

“(2) LIMITATIONS.—

“(A) IN GENERAL.—No State shall use funds under paragraph (1)(F) unless the limitations on access to HIV/AIDS therapeutic regimens as defined in subsection (e)(2) are eliminated.

“(B) AMOUNT OF FUNDING.—No State shall use in excess of 10 percent of the amount set-aside for use under this section in any fiscal year to carry out activities under paragraph (1)(F) unless the State demonstrates to the Secretary that such additional services are essential and in no way diminish access to therapeutics.”.

(b) SUPPLEMENT GRANTS.—Section 2616 (42 U.S.C. 300ff-26) is amended by adding at the end the following:

“(e) SUPPLEMENTAL GRANTS FOR THE PROVISION OF TREATMENTS.—

“(1) IN GENERAL.—From amounts made available under paragraph (5), the Secretary shall award supplemental grants to States determined to be eligible under paragraph (2) to enable such States to increase access to therapeutics to treat HIV disease as provided by the State under subsection (c)(1)(B) for individuals at or below 200 percent of the Federal poverty line.

“(2) CRITERIA.—The Secretary shall develop criteria for the awarding of grants under paragraph (1) to States that demonstrate a severe need. In determining the criteria for demonstrating State severity of need, the Secretary shall consider eligibility standards and formulary composition.

“(3) STATE REQUIREMENT.—The Secretary may not make a grant to a State under this subsection unless the State agrees that—

“(A) the State will make available (directly or through donations from public or private entities) non-Federal contributions toward the activities to be carried out under the grant in an amount equal to \$1 for each \$4 of Federal funds provided in the grant; and

“(B) the State will not impose eligibility requirements for services or scope of benefits limitations under subsection (a) that are more restrictive than such requirements in effect as of January 1, 2000.

“(4) USE AND COORDINATION.—Amounts made available under a grant under this subsection shall only be used by the State to provide HIV/AIDS-related medications. The State shall coordinate the use of such amounts with the amounts otherwise provided under this section in order to maximize drug coverage.

“(5) FUNDING.—

“(A) RESERVATION OF AMOUNT.—The Secretary shall reserve 3 percent of any amount referred to in section 2618(b)(2)(H) that is appropriated for a fiscal year, to carry out this subsection.

“(B) MINIMUM AMOUNT.—In providing grants under this subsection, the Secretary shall ensure that the amount of a grant to a State under this part is not less than the amount the State received under this part in the previous fiscal year, as a result of grants provided under this subsection.”.

(c) SUPPLEMENT AND NOT SUPPLANT.—Section 2616 (42 U.S.C. 300ff-26(c)), as amended by subsection (b), is further amended by adding at the end the following:

“(f) SUPPLEMENT NOT SUPPLANT.—Notwithstanding any other provision of law, amounts made available under this section shall be used to supplement and not supplant other funding available to provide treat-

ments of the type that may be provided under this section.”.

#### SEC. 130. INCREASE IN MINIMUM ALLOTMENT.

(a) IN GENERAL.—Section 2618(b)(1)(A)(i) (42 U.S.C. 300ff-28(b)(1)(A)(i)) is amended—

(1) in subclause (I), by striking “\$100,000” and inserting “\$200,000”; and

(2) in subclause (II), by striking “\$250,000” and inserting “\$500,000”.

(b) TERRITORIES.—Section 2618(b)(1)(B) (42 U.S.C. 300ff-28(b)(1)(B)) is amended by inserting “the greater of \$50,000 or” after “shall be”.

(c) TECHNICAL AMENDMENT.—Section 2618(b)(3)(B) (42 U.S.C. 300ff-28(b)(3)(B)) is amended by striking “and the Republic of the Marshall Islands” and inserting “, the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau, and only for purposes of paragraph (1) the Commonwealth of Puerto Rico”.

#### SEC. 131. SET-ASIDE FOR INFANTS, CHILDREN, AND WOMEN.

Section 2611(b) (42 U.S.C. 300ff-21(b)) is amended—

(1) by inserting “for each population under this subsection” after “State shall use”; and

(2) by striking “ratio of the” and inserting “ratio of each”.

#### Subtitle C—Amendments to Part C (Early Intervention Services)

#### SEC. 141. AMENDMENT OF HEADING; REPEAL OF FORMULA GRANT PROGRAM.

(a) AMENDMENT OF HEADING.—The heading of part C of title XXVI is amended to read as follows:

“PART C—EARLY INTERVENTION AND PRIMARY CARE SERVICES”.

(b) REPEAL.—Part C of title XXVI (42 U.S.C. 300ff-41 et seq.) is amended—

(1) by repealing subpart I; and

(2) by redesignating subparts II and III as subparts I and II.

(c) CONFORMING AMENDMENTS.—

(1) INFORMATION REGARDING RECEIPT OF SERVICES.—Section 2661(a) (42 U.S.C. 300ff-61(a)) is amended by striking “unless—” and all that follows through “(2) in the case of” and inserting “unless, in the case of”.

(2) ADDITIONAL AGREEMENTS.—Section 2664 (42 U.S.C. 300ff-64) is amended—

(A) in subsection (e)(5), by striking “2642(b) or”;

(B) in subsection (f)(2), by striking “2642(b) or”;

(C) by striking subsection (h).

#### SEC. 142. PLANNING AND DEVELOPMENT GRANTS.

(a) ALLOWING PLANNING AND DEVELOPMENT GRANT TO EXPAND ABILITY TO PROVIDE PRIMARY CARE SERVICES.—Section 2654(c) (42 U.S.C. 300ff-54(c)) is amended—

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

“(1) IN GENERAL.—The Secretary may provide planning and development grants to public and nonprofit private entities for the purpose of—

“(A) enabling such entities to provide HIV early intervention services; or

“(B) assisting such entities to expand the capacity, preparedness, and expertise to deliver primary care services to individuals with HIV disease in underserved low-income communities on the condition that the funds are not used to purchase or improve land or to purchase, construct, or permanently improve (other than minor remodeling) any building or other facility.”; and

(2) in paragraphs (2) and (3) by striking “paragraph (1)” each place that such appears and inserting “paragraph (1)(A)”.

(b) AMOUNT; DURATION.—Section 2654(c) (42 U.S.C. 300ff-54(c)), as amended by subsection (a), is further amended—

(1) by redesignating paragraph (4) as paragraph (5); and

(2) by inserting after paragraph (3) the following:

“(4) AMOUNT AND DURATION OF GRANTS.—

“(A) EARLY INTERVENTION SERVICES.—A grant under paragraph (1)(A) may be made in an amount not to exceed \$50,000.

“(B) CAPACITY DEVELOPMENT.—

“(i) AMOUNT.—A grant under paragraph (1)(B) may be made in an amount not to exceed \$150,000.

“(ii) DURATION.—The total duration of a grant under paragraph (1)(B), including any renewal, may not exceed 3 years.”.

(c) INCREASE IN LIMITATION.—Section 2654(c)(5) (42 U.S.C. 300ff-54(c)(5)), as so redesignated by subsection (b), is amended by striking “1 percent” and inserting “5 percent”.

#### SEC. 143. AUTHORIZATION OF APPROPRIATIONS FOR CATEGORICAL GRANTS.

Section 2655 (42 U.S.C. 300ff-55) is amended by striking “1996” and all that follows through “2000” and inserting “2001 through 2005”.

#### SEC. 144. ADMINISTRATIVE EXPENSES CEILING; QUALITY MANAGEMENT PROGRAM.

Section 2664(g) (42 U.S.C. 300ff-64(g)) is amended—

(1) in paragraph (3), to read as follows:

“(3) the applicant will not expend more than 10 percent of the grant for costs of administrative activities with respect to the grant;”;

(2) in paragraph (4), by striking the period and inserting “; and”; and

(3) by adding at the end the following:

“(5) the applicant will provide for the establishment of a quality management program to assess the extent to which medical services funded under this title that are provided to patients are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections and that improvements in the access to and quality of medical services are addressed.”.

#### SEC. 145. PREFERENCE FOR CERTAIN AREAS.

Section 2651 (42 U.S.C. 300ff-51) is amended by adding at the end the following:

“(d) PREFERENCE IN AWARING GRANTS.—In awarding new grants under this section, the Secretary shall give preference to applicants that will use amounts received under the grant to serve areas that are determined to be rural and underserved for the purposes of providing health care to individuals infected with HIV or diagnosed with AIDS.”.

#### SEC. 146. TECHNICAL AMENDMENT.

Section 2652(a) (42 U.S.C. 300ff-52(a)) is amended—

(1) striking paragraphs (1) and (2) and inserting the following:

“(1) health centers under section 330;”;

(2) by redesignating paragraphs (3) through (6) as paragraphs (2) through (5), respectively.

#### Subtitle D—Amendments to Part D (General Provisions)

#### SEC. 151. RESEARCH INVOLVING WOMEN, INFANTS, CHILDREN, AND YOUTH.

(a) ELIMINATION OF REQUIREMENT TO ENROLL SIGNIFICANT NUMBERS OF WOMEN AND CHILDREN.—Section 2671(b) (42 U.S.C. 300ff-71(b)) is amended—

(1) in paragraph (1), by striking subparagraphs (C) and (D); and

(2) by striking paragraphs (3) and (4).

(b) INFORMATION AND EDUCATION.—Section 2671(d) (42 U.S.C. 300ff-71(d)) is amended by adding at the end the following:

“(4) The applicant will provide individuals with information and education on opportunities to participate in HIV/AIDS-related clinical research.”.

(c) QUALITY MANAGEMENT; ADMINISTRATIVE EXPENSES CEILING.—Section 2671(f) (42 U.S.C. 300ff-71(f)) is amended—

(1) by striking the subsection heading and designation and inserting the following:

“(f) ADMINISTRATION.—

“(1) APPLICATION.—”; and

(2) by adding at the end the following:

“(2) QUALITY MANAGEMENT PROGRAM.—A grantee under this section shall implement a quality management program.”.

(d) COORDINATION.—Section 2671(g) (42 U.S.C. 300ff-71(g)) is amended by adding at the end the following: “The Secretary acting through the Director of NIH, shall examine the distribution and availability of ongoing and appropriate HIV/AIDS-related research projects to existing sites under this section for purposes of enhancing and expanding voluntary access to HIV-related research, especially within communities that are not reasonably served by such projects. Not later than 12 months after the date of enactment of the Ryan White CARE Act Amendments of 2000, the Secretary shall prepare and submit to the appropriate committees of Congress a report that describes the findings made by the Director and the manner in which the conclusions based on those findings can be addressed.”.

(e) AUTHORIZATION OF APPROPRIATIONS.—Section 2671(j) (42 U.S.C. 300ff-71(j)) is amended by striking “fiscal years 1996 through 2000” and inserting “fiscal years 2001 through 2005”.

#### SEC. 152. LIMITATION ON ADMINISTRATIVE EXPENSES.

Section 2671 (42 U.S.C. 300ff-71) is amended—

(1) by redesignating subsections (i) and (j), as subsections (j) and (k), respectively; and

(2) by inserting after subsection (h), the following:

“(i) LIMITATION ON ADMINISTRATIVE EXPENSES.—

“(1) DETERMINATION BY SECRETARY.—Not later than 12 months after the date of enactment of the Ryan White Care Act Amendments of 2000, the Secretary, in consultation with grantees under this part, shall conduct a review of the administrative, program support, and direct service-related activities that are carried out under this part to ensure that eligible individuals have access to quality, HIV-related health and support services and research opportunities under this part, and to support the provision of such services.

“(2) REQUIREMENTS.—

“(A) IN GENERAL.—Not later than 180 days after the expiration of the 12-month period referred to in paragraph (1) the Secretary, in consultation with grantees under this part, shall determine the relationship between the costs of the activities referred to in paragraph (1) and the access of eligible individuals to the services and research opportunities described in such paragraph.

“(B) LIMITATION.—After a final determination under subparagraph (A), the Secretary may not make a grant under this part unless the grantee complies with such requirements as may be included in such determination.”.

#### SEC. 153. EVALUATIONS AND REPORTS.

Section 2674(c) (42 U.S.C. 399ff-74(c)) is amended by striking “1991 through 1995” and inserting “2001 through 2005”.

#### SEC. 154. AUTHORIZATION OF APPROPRIATIONS FOR GRANTS UNDER PARTS A AND B.

Section 2677 (42 U.S.C. 300ff-77) is amended to read as follows:

“SEC. 2677. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated—

“(1) such sums as may be necessary to carry out part A for each of the fiscal years 2001 through 2005; and

“(2) such sums as may be necessary to carry out part B for each of the fiscal years 2001 through 2005.”.

#### Subtitle E—Amendments to Part F (Demonstration and Training)

#### SEC. 161. AUTHORIZATION OF APPROPRIATIONS.

(a) SCHOOLS; CENTERS.—Section 2692(c)(1) (42 U.S.C. 300ff-111(c)(1)) is amended by striking “fiscal years 1996 through 2000” and inserting “fiscal years 2001 through 2005”.

(b) DENTAL SCHOOLS.—Section 2692(c)(2) (42 U.S.C. 300ff-111(c)(2)) is amended by striking “fiscal years 1996 through 2000” and inserting “fiscal years 2001 through 2005”.

(c) DENTAL SCHOOLS AND PROGRAMS.—Section 2692(b) of the Public Health Service Act (42 U.S.C. 300ff-111(b)) is amended—

(1) in paragraph (1), by striking “777(b)(4)(B)” and inserting “777(b)(4)(B) (as such section existed on the day before the date of enactment of the Health Professions Education Partnerships Act of 1998 (Public Law 105-392)) and dental hygiene programs that are accredited by the Commission on Dental Accreditation”; and

(2) in paragraph (2), by striking “777(b)(4)(B)” and inserting “777(b)(4)(B) (as such section existed on the day before the date of enactment of the Health Professions Education Partnerships Act of 1998 (Public Law 105-392))”.

#### TITLE II—MISCELLANEOUS PROVISIONS

#### SEC. 201. INSTITUTE OF MEDICINE STUDY.

(a) IN GENERAL.—Not later than 120 days after the date of enactment of this Act, the Secretary of Health and Human Services shall enter into a contract with the Institute of Medicine for the conduct of a study concerning the appropriate epidemiological measures and their relationship to the financing and delivery of primary care and health-related support services for low-income, uninsured, and under-insured individuals with HIV disease.

(b) REQUIREMENTS.—

(1) COMPLETION.—The study under subsection (a) shall be completed not later than 21 months after the date on which the contract referred to in such subsection is entered into.

(2) ISSUES TO BE CONSIDERED.—The study conducted under subsection (a) shall consider—

(A) the availability and utility of health outcomes measures and data for HIV primary care and support services and the extent to which those measures and data could be used to measure the quality of such funded services;

(B) the effectiveness and efficiency of service delivery (including the quality of services, health outcomes, and resource use) within the context of a changing health care and therapeutic environment as well as the changing epidemiology of the epidemic;

(C) existing and needed epidemiological data and other analytic tools for resource planning and allocation decisions, specifically for estimating severity of need of a community and the relationship to the allocations process; and

(D) other factors determined to be relevant to assessing an individual's or community's ability to gain and sustain access to quality HIV services.

(c) REPORT.—Not later than 90 days after the date on which the study is completed under subsection (a), the Secretary of Health and Human Services shall prepare and submit to the appropriate committees of Congress a report describing the manner in which the conclusions and recommendations of the Institute of Medicine can be addressed and implemented.

## ORDERS FOR WEDNESDAY, JUNE 7, 2000

Mr. WARNER. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand in recess until 9:30 a.m. on Wednesday, June 7. I further ask unanimous consent that on Wednesday, immediately following the prayer, the Journal of proceedings be approved to date, the morning hour be deemed expired, and the time for the two leaders be reserved for their use later in the day. I further ask unanimous consent that the Senate then resume consideration of S. 2549, the Department of Defense authorization bill under the previous order.

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

## PROGRAM

Mr. WARNER. Mr. President, for the information of all Senators, the Senate will convene at 9:30 a.m. tomorrow and resume debate on the Defense authorization bill. Under the order, there are 90 minutes of debate remaining on the Kerrey amendment and the Warner second-degree amendment, both regarding strategic forces. Following the use or yielding back of time, there will be up to 2 hours of debate on the Johnson and Warner amendments regarding CHAMPUS and TRICARE. If all time is used, Senators can expect to cast up to four votes at approximately 1 p.m. Further amendments are expected to be offered and debated throughout the day. Therefore, additional votes could be anticipated.

RECESS UNTIL 9:30 A.M.  
TOMORROW

Mr. WARNER. Mr. President, if there is no further business to come before the Senate, I now ask that the Senate stand in recess under the previous order. And I personally express my appreciation to the Presiding Officer and others who enabled us to go well into the night.

There being no objection, the Senate, at 8:04 p.m., recessed until Wednesday, June 7, 2000, at 9:30 a.m.

## NOMINATIONS

Executive nominations received by the Senate June 6, 2000:

## THE JUDICIARY

K. GARY SEBELIUS, OF KANSAS, TO BE UNITED STATES DISTRICT JUDGE FOR THE DISTRICT OF KANSAS, VICE G. THOMAS VAN BEBBER, RETIRING.

KENNETH O. SIMON, OF ALABAMA, TO BE UNITED STATES DISTRICT JUDGE FOR THE NORTHERN DISTRICT OF ALABAMA VICE SAM C. POINTER, JR., RETIRED.

JOHN E. STEELE, OF FLORIDA, TO BE UNITED STATES DISTRICT JUDGE FOR THE MIDDLE DISTRICT OF FLORIDA VICE A NEW POSITION CREATED BY PUBLIC LAW 106-113, APPROVED NOVEMBER 29, 1999.

## DEPARTMENT OF THE TREASURY

LISA GAYLE ROSS, OF THE DISTRICT OF COLUMBIA, TO BE AN ASSISTANT SECRETARY OF THE TREASURY, VICE NANCY KILLEFER, RESIGNED.

LISA GAYLE ROSS, OF THE DISTRICT OF COLUMBIA, TO BE CHIEF FINANCIAL OFFICER, DEPARTMENT OF THE TREASURY, VICE NANCY KILLEFER, RESIGNED.

## IN THE AIR FORCE

THE FOLLOWING AIR NATIONAL GUARD OF THE UNITED STATES OFFICER FOR APPOINTMENT IN THE RESERVE

OF THE AIR FORCE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

*To be brigadier general*

COL. BRUCE S. ASAY, 0000

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

*To be major general*

BRIG. GEN. PAUL W. ESSEX, 0000

## IN THE ARMY

THE FOLLOWING ARMY NATIONAL GUARD OF THE UNITED STATES OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

*To be major general*

BRIG. GEN. WAYNE D. MARTY, 0000

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

*To be lieutenant general*

MAJ. GEN. DAN K. MCNEILL, 0000

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

*To be brigadier general*

COL. LLOYD J. AUSTIN III, 0000  
COL. VINCENT E. BOLES, 0000  
COL. GARY L. BORDER, 0000  
COL. THOMAS P. BOSTICK, 0000  
COL. HOWARD B. BROMBERG, 0000  
COL. JAMES A. COGGIN, 0000  
COL. MICHAEL L. COMBEST, 0000  
COL. WILLIAM C. DAVID, 0000  
COL. MARTIN E. DEMPSEY, 0000  
COL. JOSEPH F. FIL, JR., 0000  
COL. BENJAMIN C. FREAKLEY, 0000  
COL. JOHN D. GARDNER, 0000  
COL. BRIAN I. GEEHAN, 0000  
COL. RICHARD V. GERACI, 0000  
COL. GARY L. HARRELL, 0000  
COL. JANET E. A. HICKS, 0000  
COL. JAY W. HOOD, 0000  
COL. KENNETH W. HUNZEKER, 0000  
COL. CHARLES H. JACOBY, JR., 0000  
COL. GARY M. JONES, 0000  
COL. JASON K. KAMIYA, 0000  
COL. JAMES A. KELLEY, 0000  
COL. RICKY LYNCH, 0000  
COL. BERNARDO C. NEGRETE, 0000  
COL. PATRICIA L. NILO, 0000  
COL. F. JOSEPH PRASEK, 0000  
COL. DAVID C. RALSTON, 0000  
COL. DON T. RILEY, 0000  
COL. DAVID M. RODRIGUEZ, 0000  
COL. DONALD F. SCHEHK, 0000  
COL. STEVEN P. SCHOOK, 0000  
COL. GRATTON O. SEALOCK II, 0000  
COL. STEPHEN M. SEAY, 0000  
COL. JEFFREY A. SORENSON, 0000  
COL. GUY C. SWAN III, 0000  
COL. DAVID P. VALCOURT, 0000  
COL. ROBERT M. WILLIAMS, 0000  
COL. W. MONTAGUE WINFIELD, 0000  
COL. RICHARD P. ZAHNER, 0000

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

*To be major general*

BRIG. GEN. LAWRENCE R. ADAIR, 0000  
BRIG. GEN. BUFORD C. BLOUNT III, 0000  
BRIG. GEN. STEVEN W. BOUTELLE, 0000  
BRIG. GEN. JAMES D. BRYAN, 0000  
BRIG. GEN. EDDIE CAIN, 0000  
BRIG. GEN. JOHN P. CAVANAUGH, 0000  
BRIG. GEN. BANTZ J. CRADDOCK, 0000  
BRIG. GEN. KEITH W. DAYTON, 0000  
BRIG. GEN. KATHRYN G. FROST, 0000  
BRIG. GEN. LARRY D. GOTTFARDI, 0000  
BRIG. GEN. NICHOLAS P. GRANT, 0000  
BRIG. GEN. STANLEY E. GREEN, 0000  
BRIG. GEN. CRAIG D. HACKETT, 0000  
BRIG. GEN. FRANKLIN L. HAGENBECK, 0000  
BRIG. GEN. HUBERT L. HARTSELL, 0000  
BRIG. GEN. GEORGE A. HIGGINS, 0000  
BRIG. GEN. WILLIAM J. LESZCZYNSKI, 0000  
BRIG. GEN. MICHAEL D. MAPLES, 0000  
BRIG. GEN. THOMAS F. METZ, 0000  
BRIG. GEN. DANIEL G. MONGEON, 0000  
BRIG. GEN. WILLIAM E. MORTENSEN, 0000  
BRIG. GEN. ERIC T. OLSON, 0000  
BRIG. GEN. RICHARD J. QUIRK III, 0000  
BRIG. GEN. RICARDO S. SANCHEZ, 0000  
BRIG. GEN. GARY D. SPEER, 0000  
BRIG. GEN. MITCHELL H. STEVENSON, 0000  
BRIG. GEN. CHARLES H. SWANNACK, JR., 0000  
BRIG. GEN. TERRY L. TUCKER, 0000  
BRIG. GEN. JOHN R. WOOD, 0000

## IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

*To be vice admiral*

VICE ADM. WALTER F. DORAN, 0000

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

*To be vice admiral*

REAR ADM. JOSEPH W. DYER, 0000

## IN THE AIR FORCE

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE RESERVE OF THE AIR FORCE UNDER TITLE 10, U.S.C., SECTION 12203:

*To be colonel*

CATHERINE T. BACON, 0000  
KARIN G. MURPHY, 0000

## IN THE ARMY

THE FOLLOWING NAMED ARMY NATIONAL GUARD OF THE UNITED STATES OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE RESERVE OF THE ARMY UNDER TITLE 10, U.S.C., SECTIONS 12203 AND 12211:

*To be colonel*

BRENT M. BOYLES, 0000  
EMILE R. DUPERE, 0000  
WILLIAM A. HOSE, 0000  
MEADE G. LONG III, 0000  
JACK T. OGLE, 0000  
FRANK J. TODERICO, 0000

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY AND FOR REGULAR APPOINTMENT IN THE MEDICAL CORPS OR DENTAL CORPS (IDENTIFIED BY AN ASTERISK(\*)) UNDER TITLE 10, U.S.C. SECTIONS 624, 531 AND 3064:

*To be colonel*

\*ROBERT S. ADAMS, JR., 0000 MC  
YVONNE M. ANDEJESKI, 0000 MC  
VINCENT C. BENTLEY, 0000 MC  
BENJAMIN W. BERG, 0000 MC  
KENNETH A. BERTRAM, 0000 MC  
MARK D. BRISSETTE, 0000 MC  
JAMES E. BRUCKART, 0000 MC  
RALF P. BRUCKNER, 0000 MC  
CHRISTON S. BURT, 0000 DE  
JOHN J. BUYER, JR., 0000 DE  
KEVIN J. CARLIN, 0000 MC  
JOHN D. CASLER, 0000 MC  
EDWARD CATHRIGHT, JR., 0000 DE  
WILLIAM M. CHAMBERLIN, 0000 MC  
EDWARD R. CHESLA, 0000 DE  
\*RYO S. CHUN, 0000 MC  
ELIZABETH E. CORRENTI, 0000 MC  
MARC C. COTE, 0000 MC  
LEMUEL L. COVINGTON, 0000 DE  
TIMOTHY W. CRAIN, 0000 MC  
STEVEN E. CROSS, 0000 DE  
DAVID F. CRUDO, 0000 MC  
CHARLENE A. CZUSZAK, 0000 DE  
RANDY R. DANIELS, 0000 DE  
RANDY N. DAVIS, 0000 DE  
MICHAEL G. DORAN, 0000 DE  
JOSEPH J. DRABICK, 0000 MC  
STEVEN L. EKENBERG, 0000 DE  
DAVID C. ELLIOTT, 0000 MC  
ROBERT B. ELLIS, 0000 MC  
WILLIAM C. ELTON, 0000 DE  
WILLIAM S. EVANS, JR., 0000 MC  
\*MICHAEL E. FARAN, 0000 MC  
BRIAN H. FEIGHNER, 0000 MC  
TRENT C. FILLER, 0000 DE  
JOSEPH P. FRENO, JR., 0000 DE  
WILLIAM B. GAMBLE, 0000 MC  
JOHN M. GRIFFIES, 0000 DE  
STEVEN R. GRIMES, 0000 MC  
JEFFREY L. HAIUM, 0000 DE  
KEVIN L. HALL, 0000 MC  
DAVID K. HAYES, 0000 MC  
RICHARD D. HEKIN, 0000 MC  
DAVID R. HILL, 0000 DE  
STEVEN D. HOKETT, 0000 DE  
\*ISMAIL JATOI, 0000 MC  
JOHN A. JOHNSON, 0000 MC  
DAVID L. JONES, 0000 MC  
THOMAS A. JORDAN, 0000 DE  
DANIEL S. JORGENSEN, 0000 MC  
RICHARD W. KRAMP, 0000 MC  
MARGOT R. KRAUSS, 0000 MC  
\*STEVEN G. LANG, 0000 MC  
STEVEN B. LARSON, 0000 MC  
JAMES G. MADISON, III, 0000 DE  
JAMES R. MALCOLM, 0000 MC  
DAVID W. MARTIN, 0000 MC  
ROBERT R. MARTIN, 0000 MC  
MARK E. MCCLARY, 0000 DE  
GEORGE B. MCCURE, 0000 MC  
PETER L. MCVOY, 0000 MC  
GEORGE W. MCWILLIAMS, 0000 DE  
DALLA R. MERCEDBRUNO, 0000 MC  
GORDON B. MILLER, JR., 0000 MC  
JULIA A. MORGAN, 0000 MC  
DAVID D. MURKIN, 0000 MC  
CRIS P. MYERS, 0000 MC  
STEVEN A. OLDER, 0000 MC  
DAVID T. ORMAN, 0000 MC  
VERNON C. PARMLEY, 0000 MC  
PHILLIP H. PATRIGE, 0000 DE  
ALAN D. PEARSON, 0000 MC  
RUSSELL C. PECK, 0000 DE  
PATRICIA A. POWERS, 0000 MC  
JON A. PROCTOR, 0000 MC  
THOMAS J. REID III, 0000 MC  
PAUL C. REYNOLDS, 0000 MC