

HR 6143

Ryan White HIV/AIDS Treatment Modernization Act of 2006

Congress: 109 (2005–2007, Ended)

Chamber: House

Policy Area: Health

Introduced: Sep 21, 2006

Current Status: Became Public Law No: 109-415.

Latest Action: Became Public Law No: 109-415. (Dec 19, 2006)

Law: 109-415 (Enacted Dec 19, 2006)

Official Text: <https://www.congress.gov/bill/109th-congress/house-bill/6143>

Sponsor

Name: Rep. Bono, Mary [R-CA-45]

Party: Republican • State: CA • Chamber: House

Cosponsors (10 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Barton, Joe [R-TX-6]	R · TX		Sep 21, 2006
Rep. Buyer, Steve [R-IN-4]	R · IN		Sep 21, 2006
Rep. Deal, Nathan [R-GA-10]	R · GA		Sep 21, 2006
Rep. Gillmor, Paul E. [R-OH-5]	R · OH		Sep 21, 2006
Rep. Myrick, Sue Wilkins [R-NC-9]	R · NC		Sep 21, 2006
Rep. Norwood, Charles W. [R-GA-9]	R · GA		Sep 21, 2006
Rep. Pitts, Joseph R. [R-PA-16]	R · PA		Sep 21, 2006
Rep. Radanovich, George [R-CA-19]	R · CA		Sep 21, 2006
Rep. Terry, Lee [R-NE-2]	R · NE		Sep 21, 2006
Rep. Upton, Fred [R-MI-6]	R · MI		Sep 21, 2006

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Sep 25, 2006
Health, Education, Labor, and Pensions Committee	Senate	Discharged From	Dec 6, 2006

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
109 S 2823	Related bill	Sep 28, 2006: Sponsor introductory remarks on measure. (CR S10436-10437, S10440, S10441, S10442)

(This measure has not been amended since it was passed by the Senate on December 6, 2006. The summary of that version is repeated here.)

Ryan White HIV/AIDS Treatment Modernization Act of 2006 - **Title I: Emergency Relief for Eligible Areas** - (Sec. 101) Amends provisions of title XXVI of the Public Health Service Act (popularly known as the Ryan White Care Act [RWCA]) concerning emergency relief grants for metropolitan areas to assist in delivering and enhancing HIV-related services. Continues an eligible metropolitan area's (EMA) eligibility to receive such a grant until such area does not, for three consecutive years, have: (1) 2,000 cases of reported and confirmed cases of AIDS during the most recent period of 5 calendar years for which such data is available; and (2) a cumulative total of 3,000 or more living cases of AIDS as of December 31 of the most recent calendar year. Sets as the boundaries for an EMA as either: (1) the boundaries that were in effect for FY1994; or (2) the boundaries that are in effect when such area initially receives funding. Amends the definition of "metropolitan area" to require a population of 50,000 or more individuals.

(Sec. 102) Requires the Secretary of Health and Human Services to disburse 66 2/3% (currently, 50%) of the amount made available for emergency relief grants based on the number of reported and confirmed living names-based cases of HIV/AIDS. Provides for: (1) a transition for reporting living names-based non-AIDS cases of HIV; and (2) exemptions for states that have a plan for making such a transition. Requires the Secretary to modify the number of cases reported for states using code-based reporting to adjust for duplicative reporting in and among systems.

Requires the Secretary to carry out a program to monitor names-based reporting. Limits the increase in grants for EMAs using code-based reporting. Requires the Secretary to increase the amount of the grant for EMAs using code-based reporting to ensure that the amount of the grants for FY2007-FY2009 do not decrease by more than a certain percentage for such fiscal years.

(Sec. 103) Requires the Secretary to disburse supplemental grants on the basis of demonstrated need (currently, severe need). Sets forth the factors the Secretary may consider in determining demonstrated need, including the unmet need for services and relevant factors that limit access to health care. Requires the Secretary to provide such supplemental grants to an eligible area to address the decline or disruption of all EMA-provided services related to the decline in the amounts received for emergency relief grants consistent with the FY2006 grant award.

(Sec. 104) Makes emergency relief grants and supplemental grants available for obligation by the EMA for one year. Directs the Secretary to: (1) cancel any unobligated balance of an award for a supplemental grant and require the return of any balance; (2) make such amounts available for supplemental grants; (3) cancel any unobligated balance of an award for an emergency relief grant and require the return of any balance, unless the chief elected official of the area submits, and the Secretary approves, a waiver; and (4) reduce the amount of an emergency relief grant by the same amount as the unobligated balance, with exceptions. Requires the Secretary to report to Congress on the amount of supplemental funds available and how such funds are disbursed.

(Sec. 105) Prohibits the Secretary from making an emergency relief grant to an eligible area unless the funds provided are only used for core medical services, support services, and administrative expenses. Requires the chief elected official to: (1) provide direct financial assistance to entities for the provision of core medical services and support services; and (2) use not less than 75% of the grant for core medical services that are needed in the eligible area for individuals with HIV/AIDS who are identified and eligible under RWCA. Requires the Secretary to waive such requirement if: (1) there is no waiting list for AIDS Drug Assistance Program (ADAP) services; and (2) core medical services are available to all

eligible individuals.

Defines core medical services, support services, and early intervention services.

Requires the chief elected official to use not less than the percentage constituted by the ratio of the population of women, infants, children, and youth with HIV/AIDS to the general population of individuals with HIV/AIDS for providing health and support services to infants, children, youth and women with HIV/AIDS.

(Sec. 106) Requires the HIV health services planning council representatives to include members of a federally recognized Indian tribe and individuals co-infected with hepatitis B or C.

Excludes a program administered by or providing the services of the Indian Health Service from requirements that prohibit the use of grant funds to make payments for any item or service paid for by another program or insurance policy. Requires the chief elected official to submit to the lead state agency audits regarding funds expended under emergency relief grants every two years and include necessary client-based data to compile unmet need calculations and statewide coordinated statements of need process. Requires an EMA's application for a grant to include: (1) the manner in which the expected expenditures are related to the planning process for states that receive funding; and (2) the expected expenditures and how those expenditures will improve overall client outcomes.

(Sec. 107) Requires the Secretary, acting through the Administrator of the Health Resources and Services Administration (HRSA), to establish a transitional grant program for metropolitan areas for which there have been at least 1,000 but fewer than 2,000 reported and confirmed cases of AIDS during the most recent period of five calendar years. Considers as a transitional area a metropolitan area that received an emergency relief grant for FY2006, but does not qualify for FY2007 as an EMA or as a transitional area. Provides that a metropolitan area continues to be a transitional area until the metropolitan area, for three consecutive years, does not: (1) qualify as a transitional area; and (2) have a cumulative total of 1,500 or more living cases of AIDS. Applies requirements for emergency relief grants to transitional grants except that the chief elected official need not have an HIV health services planning council if the official otherwise obtains community input for formulating the overall plan for priority setting and allocating funds.

Gives the Secretary discretion in allocating funds between emergency relief grants and transitional grants.

(Sec. 108) Authorizes appropriations for FY2007-FY2009.

Title II: Care Grants - (Sec. 201) Amends provisions relating to grants to enable states to improve the quality, availability, and organization of health care and support services for individuals and families with HIV/AIDS (Care grants). Requires the state to use not less than 75% of such a grant to provide core medical services that are needed in the state for eligible individuals with HIV/AIDS, such as outpatient and ambulatory health services and medical case management. Requires the Secretary to waive such requirement if: (1) there is no waiting list for AIDS Drug Assistance Program (ADAP) services; and (2) core medical services are available to all eligible individuals with HIV/AIDS.

(Sec. 202) Requires the Secretary to develop and maintain a list of classes of core ADAP antiretroviral therapeutics. Requires states to ensure that: (1) such therapeutics are the minimum required treatments provided by the state ADAP program; and (2) any drug rebates are applied to Care grant activities, with priority given to ADAP activities.

(Sec. 203) Distributes grants to states and territories, including Guam and Virgin Islands, based on the total number of living HIV/AIDS cases based on names-based reporting. Provides for a transition period for such reporting. Requires the Secretary to: (1) reduce by 5% the number of living non-AIDS cases of HIV reported for a state to adjust for duplicative

reporting in and among systems that use code-based reporting; and (2) carry out a program to monitor the reporting of names-based cases and to detect instances of inaccurate reporting.

Limits the amount of increase in a Care grant for a state using code-based reporting.

Conditions state grants for pharmaceutical therapeutics on the state having no unobligated funds subject to reallocation. Allows the Secretary to waive state matching requirements for ADAP if the state has otherwise complied with matching requirements. Limits the increase of ADAP grants for states using code-based reporting.

Limits through FY2009 the maximum amount that a Care grant may decrease from the preceding fiscal year.

Requires each state receiving a Care grant to provide for the establishment of a clinical quality management program to: (1) assess the extent to which HIV health services provided to patients are consistent with relevant Public Health Service guidelines for the treatment of HIV/AIDS and related opportunistic infection; and (2) develop strategies for ensuring that such services are consistent with applicable guidelines for improvement in the access to and quality of HIV health services.

(Sec. 204) Requires a state application for a Care grant to include the designation of a lead state agency to: (1) administer all assistance received; (2) conduct a needs assessment and prepare state plan; (3) prepare all applications; (4) receive notices regarding the program; (5) collect and submit audits; and (6) carry out other duties to facilitate the coordination of the program. Requires the state application to include key outcomes to be measured by all entities in the state receiving assistance.

Excludes a program administered by or providing the services of the Indian Health Service from requirements that prohibit the use of grant funds to make payments for any item or service paid for by another program or insurance policy.

(Sec. 205) Requires the Secretary to make grants to states that: (1) demonstrate a need for supplemental financial assistance to provide HIV-related services; and (2) have not had more than 2% of grant funds canceled or covered by any waivers for the most recent grant year. Sets forth factors for the Secretary to consider that impact the need for supplemental financial assistance. Requires the Secretary to: (1) address the decline in services related to the decline in the amount of Care grants received under this Act; and (2) report to Congress on the amount of supplemental funds available and how such funds are disbursed.

Requires the state to use not less than 75% of a supplemental grant to provide core medical services that are needed in the state for eligible individuals with HIV/AIDS, such as outpatient and ambulatory health services and medical case management. Requires the Secretary to waive such requirement if: (1) there is no waiting list for AIDS Drug Assistance Program services; and (2) core medical services are available to all eligible individuals with HIV/AIDS.

(Sec. 206) Amends provisions regarding emerging communities grants to make eligible metropolitan areas for which there have been a cumulative total of at least 500, but fewer than 1,000 reported and confirmed cases of AIDS during the most recent period of 5 calendar years. Continues eligibility for an emerging communities grant until a metropolitan area does not, for three consecutive fiscal years: (1) meet the requirements as to the number of AIDS cases; and (2) have a cumulative total of 750 or more living cases of AIDS for the most recent calendar year.

(Sec. 207) Requires the Secretary to: (1) cancel the unobligated balance of any supplemental grant; (2) cancel the unobligated balance of a state Care grant unless the state submits, and the Secretary approves, a waiver of the cancellation; (3) use the canceled amounts for supplemental grants to states with a demonstrated need; and (4) reduce

grant awards by the amount of unobligated balance.

(Sec. 208) Authorizes appropriations for FY2007-FY2009 for emerging communities and supplemental grants.

(Sec. 209) Requires the Secretary, acting through the Director of the Centers for Disease Control and Prevention (CDC), to make grants to compliant states for HIV/AIDS testing, prevention, counseling, treatment of newborns exposed to HIV/AIDS, treatment of mother infected with HIV/AIDS, and cost associated with linking those diagnosed with care and treatment. Makes eligible states that have either: (1) voluntary opt-out testing of pregnant women and universal testing of newborns; or (2) voluntary opt-out testing of clients at sexually transmitted disease clinics and voluntary opt-out testing of clients at substance abuse treatment centers.

(Sec. 210) Authorizes appropriations for FY2007-FY2009 for state HIV/AIDS partner notification programs.

Title III: Early Intervention Services - (Sec. 301) Amends provisions relating to grants to public and nonprofit private entities to provide early intervention services. Prohibits the Secretary from making a grant unless the applicant agrees to expend the grant for core medical services, support services, and administrative expenses. Requires a grantee to expend: (1) not less than 50% of the grant amount to provide specified early intervention services; and (2) not less than 75% of grant funds to provide core medical services that are needed in the area involved for individuals with HIV/AIDS. Allows the Secretary to grant waivers to the core medical services requirement if: (1) there is no waiting list for AIDS Drug Assistance Program (ADAP) services; and (2) core medical services are available to all individuals with HIV/AIDS. Allows grantees to provide, with the Secretary's approval, support services needed to achieve medical outcomes, such as respite care, medical transportation, and nutritional counseling.

(Sec. 302) Sets forth entities that are eligible for early intervention grants, including: (1) federally-qualified health centers; (2) comprehensive hemophilia diagnostic and treatment centers; and (3) rural health clinics. Requires such entities to serve underserved populations.

(Sec. 303) Authorizes appropriations for early intervention services grants for FY2007-FY2009.

(Sec. 304) Eliminates the requirement that grantees must obtain written consent from an individual before HIV/AIDS testing.

(Sec. 305) Eliminates provisions requiring grantees to offer counseling before conducting HIV/AIDS testing. Removes provisions that prevented a grantee from receiving funds if the grantee did not meet counseling requirement for HIV testing even when that testing was conducted with non-federal funds. Limits counseling requirements to only testing carried out with RWCA funds.

(Sec. 306) Requires applicants for grants to: (1) submit to the Secretary information on how the expected expenditures of the grant are related to the planning process for the delivery of HIV health care for states receiving Care grants; (2) submit to the Secretary a specification of the expected expenditures and how those expenditures will improve overall client outcomes; (3) provide additional documentation to the Secretary regarding the process used to obtain community input into the design and implementation of grant activities; and (4) submit to the lead state agency audits regarding grant funds expended that include necessary client level data to complete unmet need calculations and a statewide coordinated statement of need process.

Excludes a program administered by, or providing the services of, the Indian Health Service from requirements that prohibit the use of grant funds to make payments for any item or service paid for by another program or insurance policy.

Title IV: Women, Infants, Children, and Youth - (Sec. 401) Amends provisions related to programs to provide coordinated services for women, infants, children, and youth with HIV/AIDS. Provides that such grants are for family-centered care, involving outpatient or ambulatory care. Removes provisions regarding participation in research. Allows grant funds to be used to provide support services, such as case management, referrals for inpatient hospital services, treatment for substance abuse, social and supports services, and provision of information and education on opportunities to participate in HIV/AIDS-related clinical research.

Limits to 10% the amount of grant funds that may be used for administrative expenses.

Authorizes appropriations for FY2007-FY2009.

(Sec. 402) Requires the Comptroller General of the Government Accountability Office (GAO) to evaluate how funds provided under this title are used.

Title V: General Provisions - (Sec. 501) Requires audits received by the Secretary from the lead state agency to be posted on the website of HRSA.

Authorizes the Secretary to waive RWCA requirements in an emergency area during an emergency period to improve the health and safety of those receiving care and the general public, except that the Secretary is prohibited from spending more than 5% of funds available for supplemental emergency relief or Care grants.

Requires the Secretary to ensure that any information submitted to, or collected by, the Secretary under RWCA excludes any personally identifiable information.

Requires the Comptroller General to biennially submit to the appropriate congressional committees a report that includes: (1) a description of the federal, state, and local barriers to HIV program integration, particularly for racial and ethnic minorities; and (2) recommendations for enhancing the continuity of care and the provision of prevention services for individuals with HIV/AIDS or those at risk for such disease. Requires the Secretary to develop and submit to the appropriate congressional committees a severity of need index.

Title VI: Demonstration and Training - (Sec. 601) Amends provisions related to Special Projects of National Significance to administer projects to: (1) quickly respond to emerging needs of individuals receiving assistance under RWCA; and (2) fund special programs to develop a standard electronic client information data system to improve the ability of grantees to report client-level data to the Secretary. Requires the Secretary to award grants to eligible entities based on: (1) whether the funding will promote obtaining client level data as it relates to the creation of a severity of need index; (2) demonstrated ability to create and maintain a qualified health information technology system; (3) demonstrated reliability of the proposed qualified health information technology system across a variety of providers, geographic regions, and clients; and (4) newly emerging needs of individuals receiving assistance under RWCA.

Prohibits the Secretary from making a grant for the development of a qualified health information technology system unless the applicant provides assurances to the Secretary that the system will comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

(Sec. 602) Expands the grant program for training health personnel with regard to HIV/AIDS to allow the Secretary to provide grants to train health professionals and allied health professionals to provide treatment for hepatitis B or C CO-infected individuals.

Authorizes appropriations for FY2007-FY2009.

(Sec. 603) Authorizes appropriations for the purpose of carrying out activities to evaluate and address the disproportionate impact of HIV/AIDS and the disparities in access, treatment, care, and outcome on racial and ethnic minorities. Specifies allocation amounts for activities to be carried out through RWCA. Requires the Secretary to carry out this section consistent with other minority AIDS initiative activities.

Title VII: Miscellaneous Provisions - (Sec. 701) Requires HIV/AIDS counseling programs to provide information on the transmission and prevention of hepatitis A, B, and C, including education about the availability of hepatitis A and B vaccines and assisting patients in identifying vaccination sites.

Repeals RWCA effective October 1, 2009.

Actions Timeline

- **Dec 19, 2006:** Signed by President.
- **Dec 19, 2006:** Signed by President.
- **Dec 19, 2006:** Became Public Law No: 109-415.
- **Dec 19, 2006:** Became Public Law No: 109-415.
- **Dec 15, 2006:** Presented to President.
- **Dec 15, 2006:** Presented to President.
- **Dec 9, 2006:** Mr. Barton (TX) asked unanimous consent that the House agree to the Senate amendment. (consideration: CR 12/8/2006 H9282-9296)
- **Dec 9, 2006:** Resolving differences -- House actions: On motion that the House agree to the Senate amendment Agreed to without objection.(text as House agreed to Senate amendment: CR 12/8/2006 H9282-9295)
- **Dec 9, 2006:** On motion that the House agree to the Senate amendment Agreed to without objection. (text as House agreed to Senate amendment: CR 12/8/2006 H9282-9295)
- **Dec 9, 2006:** Motion to reconsider laid on the table Agreed to without objection.
- **Dec 6, 2006:** Senate Committee on Health, Education, Labor, and Pensions discharged by Unanimous Consent.(consideration: CR S11240-11243)
- **Dec 6, 2006:** Senate Committee on Health, Education, Labor, and Pensions discharged by Unanimous Consent. (consideration: CR S11240-11243)
- **Dec 6, 2006:** Passed/agreed to in Senate: Passed Senate with an amendment by Unanimous Consent.
- **Dec 6, 2006:** Passed Senate with an amendment by Unanimous Consent.
- **Dec 6, 2006:** Message on Senate action sent to the House.
- **Nov 13, 2006:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
- **Sep 29, 2006:** Received in the Senate.
- **Sep 28, 2006:** Reported by the Committee on Energy and Commerce. H. Rept. 109-695.
- **Sep 28, 2006:** Reported by the Committee on Energy and Commerce. H. Rept. 109-695.
- **Sep 28, 2006:** Placed on the Union Calendar, Calendar No. 420.
- **Sep 28, 2006:** Mr. Deal (GA) moved to suspend the rules and pass the bill, as amended.
- **Sep 28, 2006:** Considered under suspension of the rules. (consideration: CR H7711-7735)
- **Sep 28, 2006:** DEBATE - The House proceeded with forty minutes of debate on H.R. 6143.
- **Sep 28, 2006:** At the conclusion of debate, the Yeas and Nays were demanded and ordered. Pursuant to the provisions of clause 8, rule XX, the Chair announced that further proceedings on the motion would be postponed.
- **Sep 28, 2006:** Considered as unfinished business. (consideration: CR H7876-7877)
- **Sep 28, 2006:** Passed/agreed to in House: On motion to suspend the rules and pass the bill, as amended Agreed to by the Yeas and Nays: (2/3 required): 325 - 98 (Roll no. 503).(text: CR H7711-7726)
- **Sep 28, 2006:** On motion to suspend the rules and pass the bill, as amended Agreed to by the Yeas and Nays: (2/3 required): 325 - 98 (Roll no. 503). (text: CR H7711-7726)
- **Sep 28, 2006:** Motion to reconsider laid on the table Agreed to without objection.
- **Sep 25, 2006:** Referred to the Subcommittee on Health.
- **Sep 21, 2006:** Introduced in House
- **Sep 21, 2006:** Introduced in House
- **Sep 21, 2006:** Referred to the House Committee on Energy and Commerce.