

Eligibility Criteria

In order to receive funding under Title II of the CARE Act, each State was required to develop:

- A detailed description of the HIV-related services provided in the State to individuals and families with HIV disease during the year preceding the year for which the grant was requested, and the number of individuals and families receiving such services; and
- A comprehensive plan for the organization and delivery of HIV health care and support services to be funded with the Title II grant, including a description of the purposes for which the State intends to use such assistance.

Each State was also required to submit an application containing such agreements, assurances, and information as the Secretary determined to be necessary to carry out this program, including an assurance that:

- The public health agency that is administering the grant for the State will conduct public hearings concerning the proposed use and distribution of the Title II grant assistance;
- The State will, to the maximum extent practicable, ensure that HIV-related health care and support services delivered with Title II assistance will be provided without regard to the ability of the individual to pay or the current or past health condition of the individual; ensure that such services will be provided in a setting that is accessible to low-income individuals with HIV disease, and provide outreach to inform such individuals of the services available; and, in the case of a State that intends to use grant funds for the continuation of health insurance coverage, ensure that the State has established a program that assures that such amounts will be targeted to individuals who would not otherwise be able to afford health insurance coverage, that income, assets, and medical expense criteria will be established and applied by the State to identify those individuals who qualify for assistance, and that information concerning such criteria will be made available to the public;
- The State will provide for periodic independent peer review to assess the quality and appropriateness of health and support services provided by entities that receive Title II funds from the State;
- The State will permit and cooperate with any Federal investigations undertaken regarding programs conducted under Title II;
- The State will maintain HIV-related activities at a level that is equal to not less than the level of such expenditures

by the State for the 1-year period preceding the fiscal year for which the State applied to receive a grant under Title II; and

- The State will ensure that grant funds are not utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service (1) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program, or (2) by an entity that provides health services on a prepaid basis.

General Use of Grant Funds

States may use the HIV Care Grant funds to:

- Deliver or enhance HIV-related outpatient and ambulatory health and support services, including case management, substance abuse treatment and mental health treatment, and comprehensive treatment services, which include treatment education and prophylactic treatment for opportunistic infections, for individuals and families with HIV disease.
- Deliver or enhance HIV-related inpatient case management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities.
- Establish and operate HIV care consortia within areas most affected by HIV. The statute defines a consortium as an association of one or more public, and one or more nonprofit private (or private for-profit providers or organizations if such entities are the only available providers of quality HIV care in the area) health care and support service providers and community-based organizations operating within areas determined by the State to be most affected by HIV disease.
- Provide home- and community-based care services for individuals with HIV disease. Funding priorities must be given to entities that provide assurances to the State that they will participate in HIV care consortia if such consortia exist within the State, and will utilize the funds for the provision of home- and community-based services to low-income individuals with HIV disease.
- Provide assistance to assure health insurance coverage for low-income individuals with HIV disease.
- Provide therapeutics to treat HIV disease or prevent the serious deterioration of health arising from HIV disease in eligible individuals, including measures for the prevention and treatment of opportunistic infections.

A State must use not less than the percentage of its grant funds constituted

by the ratio of the population in the State of infants, children, and women with AIDS to the general population in the State of individuals with AIDS to provide health and support services to infants, children, and women with such syndrome.

A State must take administrative or legislative action to require that a good faith effort be made to notify a spouse of a known HIV-infected patient that such spouse may have been exposed to HIV and should seek testing.

At least 75 percent of the fiscal year 1997 Title II grant awarded to a State must be obligated to specific programs and projects and made available for expenditure not later than 150 days after receipt of such amounts in the case of a the first fiscal year for which amounts are received, and within 120 days of the receipt of the grant by the State in succeeding fiscal years.

Federal Smoke-Free Compliance

The Public Health Service strongly encourages all grant and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Executive Order 12372

It has been determined that the Title II HIV Care Grant Program is not subject to the provisions of Executive Order 12372 concerning inter-governmental review of Federal programs.

The Catalog of Federal Domestic Assistance Number is 93.917.

Dated: November 21, 1997.

Claude Earl Fox,
Acting Administrator.

[FR Doc. 97-31211 Filed 11-26-97; 8:45 am]

BILLING CODE 4160-15-U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

HIV Emergency Relief Grant Program

AGENCY: Health Resources and Services Administration.

ACTION: Notice of grants made to eligible metropolitan areas.

SUMMARY: The Health Resources and Services Administration (HRSA) announces that fiscal year 1997 funds

have been awarded to the 49 eligible metropolitan areas (EMAs) that have been the most severely affected by the HIV epidemic. Although these funds have already been awarded to the EMAs, HRSA is publishing this notice to inform the general public of the existence of the funds. In addition, HRSA determined that it would be useful for the general public to be aware of the structure of the HIV Emergency Relief Grant Program and the statutory requirements governing the use of the funds.

The purposes of these funds are to deliver or enhance HIV-related (1) outpatient and ambulatory health and support services, including case management, substance abuse treatment and mental health treatment, and comprehensive treatment services, which include treatment education and prophylactic treatment for opportunistic infections, for individuals and families with HIV disease; and (2) inpatient case management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities. The HIV Emergency Relief Grant Program is authorized by Title I of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, Public Law 101-381, as amended by the Ryan White CARE Act Amendments of 1996, Public Law 104-146, which amended Title XXVI of the Public Health Service Act. Funds were appropriated under Public Law 104-208.

FOR FURTHER INFORMATION, CONTACT: Individuals interested in the Title I HIV Emergency Relief Grant Program should contact the Office of the Chief Elected Official (CEO) in their locality, and may obtain information on their CEO contact by calling Anita Eichler, M.P.H., Director, Division of Service Systems, at (301) 443-6745.

SUPPLEMENTARY INFORMATION:

Availability of Funds

A total of \$429,377,900 was made available for the Title I HIV Emergency Relief Grant Program. Below is a table showing the total award of grants made to the 49 EMAs.

Grantee	Award
Atlanta, GA	\$12,632,117
Austin, TX	3,337,861
Baltimore, MD	10,033,688
Bergen-Passaic, NJ	4,292,593
Boston, MA	9,033,443
Caguas, PR	1,431,210
Chicago, IL	15,741,071
Cleveland-Lorain-Elyria, OH	1,877,513
Dallas, TX	8,129,583

Grantee	Award
Denver, CO	4,668,572
Detroit, MI	6,087,121
Dutchess County, NY	776,847
Ft. Lauderdale, FL	8,312,185
Ft. Worth-Arlington, TX	1,902,232
Hartford, CT	2,661,473
Houston, TX	10,768,697
Jacksonville, FL	3,762,713
Jersey City, NJ	4,600,103
Kansas City, MO	2,884,537
Los Angeles, CA	30,227,298
Miami, FL	18,863,208
Middlesex-Somerset-Hunterdon, NJ	1,919,076
Minneapolis-St. Paul, MN	1,990,700
Nassau-Suffolk, NY	4,697,795
New Haven, CT	5,336,678
New Orleans, LA	4,727,682
New York, NY	92,459,373
Newark, NJ	11,612,530
Oakland, CA	5,905,961
Orange County, CA	4,401,330
Orlando, FL	4,319,349
Philadelphia, PA	13,465,328
Phoenix, AZ	3,380,053
Ponce, PR	2,183,463
Portland, OR	3,472,480
Riverside-San Bernardino, CA	5,986,979
Sacramento, CA	2,038,827
St. Louis, MO	3,506,350
San Antonio, TX	3,014,191
San Diego, CA	8,198,109
San Francisco, CA	37,194,634
San Jose, CA	1,992,602
San Juan, PR	10,550,845
Santa Rosa-Petaluma, CA	1,330,630
Seattle, WA	5,481,431
Tampa-St. Petersburg, FL	6,548,952
Vineland-Millville-Bridgeton, NJ	677,001
Washington, D.C.	15,838,868
West Palm Beach, FL	5,122,618

Eligible Grantees

Metropolitan areas which were eligible for grant awards under Title I were those areas for which, as of March 31, 1996, there had been reported to and confirmed by the CDC a cumulative total of more than 2,000 cases of AIDS for the previous 5 years, and there was a population of at least 500,000 individuals, or, for which an award had been made prior to fiscal year 1997.

Grants were awarded to the chief elected official (CEO) of the city or urban county in each EMA that administers the public health agency providing outpatient and ambulatory services to the greatest number of individuals with AIDS.

To be eligible for assistance under Title I, the CEO was required to establish or designate an HIV health services planning council that reflects in its composition the demographics of the epidemic in the EMA, with particular consideration given to disproportionately affected and

historically underserved groups and subpopulations. The planning council is to: (1) Establish priorities for the allocation of funds within the eligible area; (2) develop a comprehensive plan for the organization and delivery of health services described in the statute that is compatible with any State or local plan regarding the provision of health services to individuals with HIV disease; (3) assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area; (4) participate in the development of the statewide coordinated statement of need initiated by the State public health agency responsible for administering State grants (Part B of Title XXVI of the Public Health Service Act); and (5) establish methods for obtaining input on community needs and priorities which may include public meetings, conducting focus groups, and convening ad-hoc panels. The planning council must include representatives of: health care providers, including federally qualified health centers; community-based and AIDS service organizations; social services providers; mental health and substance abuse providers; local public health agencies; hospital planning agencies or health care planning agencies; affected communities, including people with HIV disease or AIDS and historically underserved groups and subpopulations; non-elected community leaders; State government, including the State Medicaid agency and the agency administering the program under Part B of Title XXVI of the PHS Act; and grantees receiving categorical grants for early intervention services under Part C of Title XXVI of the PHS Act; grantees under section 2671 of the PHS Act, or, if none are operating in the area, representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area; and grantees under other federal HIV programs. The allocation of funds and services within the EMA must be made in accordance with the priorities established by the planning council.

To be eligible to receive a grant under Title I, the EMAs were required to submit an application containing such information as the Secretary required, including assurances adequate to ensure:

- That funds received would be utilized to supplement not supplant State funds provided for HIV-related services;
- That the political subdivisions within the EMA would maintain HIV-related expenditures at a level equal to

that expended for the preceding fiscal year. Funds received under Title I may not be used in maintaining the required level of expenditures;

- That the EMA has an HIV health services planning council and has entered into intergovernmental agreements with any required political subdivisions and has developed or will develop a comprehensive plan for the organization and delivery of health services, in accordance with the legislation;

- That entities within the EMA that receive Title I funds will participate in an established HIV community-based continuum of care if such continuum exists within the EMA;

- That Title I funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service (1) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program, or (2) by an entity that provides health services on a prepaid basis; and

- To the maximum extent practicable, that HIV health care and support services provided with Title I assistance will be provided without regard to the ability of the individual to pay for such services or to the current or past health condition of the individual. Such services will be provided in a setting that is accessible to low-income individuals with HIV disease, and a program of outreach will be provided to inform such individuals of such services.

- o That the applicant has participated, or will agree to participate, in the statewide coordinated statement of need process where it has been initiated by the State public health agency responsible for administering grants under part B, and ensures that the services provided under the comprehensive plan are consistent with the statewide coordinated statement of need.

General Use of Grant Funds

EMAs must use the Title I HIV Emergency Relief grants to provide financial assistance to public or nonprofit entities, or private for-profit entities if such entities are the only available provider of quality HIV care in the area, for the purpose of delivering or enhancing—

- o HIV-related outpatient and ambulatory health and support services, including case management, substance abuse treatment and mental health treatment, and comprehensive treatment services, which will include treatment

education and prophylactic treatment for opportunistic infections, for individuals and families with HIV disease; and

- o HIV-related inpatient case management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities.

In order to provide health and support services to infants, children, and women with HIV disease, including treatment measures to prevent the perinatal transmission of HIV, the EMA must use an amount of funding from the Title I grant not less than the percentage constituted by the ratio of the population in the EMA of infants, children, and women with AIDS to the general population of AIDS-infected individuals in the EMA.

Federal Smoke-Free Compliance

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103–277, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or, in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Executive Order 12372

Grants awarded for the Title I HIV Emergency Relief Grant Program are subject to the provisions of Executive Order 12372, as implemented under 45 CFR Part 100, which allows States the option of setting up a system for reviewing applications within their States for assistance under certain Federal programs. The application packages made available by HRSA to the EMAs contained a listing of States which have chosen to set up such a review system and provided a point of contact in the States for the review.

(The catalog of Federal Domestic Assistance Numbers are: Formula Grants—93.915; Supplemental Grants—93.914.)

Dated: November 21, 1997.

Claude Earl Fox,

Acting Administrator.

[FR Doc. 97–31210 Filed 11–26–97; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Council Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92–463), announcement is made of the following National Advisory bodies scheduled to meet during the month of December, 1997.

Name: Advisory Commission on Childhood Vaccines (ACCV).

Date and Time: December 3, 1997; 9:00 a.m.–5:00 p.m., December 4, 1997; 9:00 a.m.–12:00 Noon

Place: Parklawn Building, Conference Room D, 5600 Fishers Lane, Rockville, Maryland 20857.

The meeting is open to the public.

The full Commission will meet on Wednesday, December 3, from 9:00 a.m. to 5:00 p.m. and on Thursday, December 4, from 9:00 a.m. to 12:00 p.m. Agenda items will include, but not be limited to: an update on the Vaccine Information Statements for newly added vaccines to the National Vaccine Injury Compensation Program (VICP); a discussion of potential legislative amendments to the VICP; a report on vaccines currently in clinical trials; a presentation on vaccine registries, and reports from the Department of Justice, the National Vaccine Program Office, and routine Program reports.

Public comment will be permitted before lunch and at the end of the Commission meeting on December 3 and before adjournment on December 4. Oral presentations will be limited to 5 minutes per public speaker. Persons interested in providing an oral presentation should submit a written request, along with a copy of their presentation to: Ms. Melissa Palmer, Principal Staff Liaison, Division of Vaccine Injury Compensation, Bureau of Health Professions, Health Resources and Services Administration, Room 8A–35, 5600 Fishers Lane, Rockville, MD 20857, Telephone (301) 443–6593. Requests should contain the name, address, telephone number, and any business or professional affiliation of the person desiring to make an oral presentation. Groups having similar interests are requested to combine their comments and present them through a single representative. The allocation of time may be adjusted to accommodate the level of expressed interest. The Division of Vaccine Injury Compensation will notify each presenter by mail or telephone of their assigned presentation time. Persons who do not file an advance request for a presentation, but desire to make an oral statement, may sign-up in Conference Room D on December 3 and 4. These persons will be allocated time as time permits.

Anyone requiring information regarding the Commission should contact Ms. Palmer, Division of Vaccine Injury Compensation, Bureau of Health Professions, Health Resources and Services Administration, Room 8A–35, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443–6593.