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Dated: November 21, 1997.

Claude Earl Fox,

Acting Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

HIV Care Grant Program

AGENCY: Health Resources and Services Administration.

ACTION: Notice of grants made to States and territories.

SUMMARY: The Health Resources and Services Administration (HRSA) announces that fiscal year 1997 funds have been awarded to States and territories (hereinafter States) for the HIV Care Grant Program. Although these funds have already been awarded to the States, 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 Care Grant Program and the statutory requirements governing the use of the funds.

Funds will be used by the States to improve the quality, availability, and organization of health care and support services for individuals and families with HIV disease. The HIV Care Grant Program is authorized by Title II 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 HIV Care Grant Program should contact the appropriate office in their State, and may obtain information on their State 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 \$230,895,000 was made available for the Title II HIV Care Grant Program. These funds have been allotted to the States according to a formula that is determined by multiplying the amount appropriated for Title II, less any set-asides, by the distribution factor determined for the State. In addition to the Care Grants, \$167,000,000 was also awarded for the AIDS Drug Assistance Program (ADAP) to help States increase the number of HIV patients receiving drugs, including combination therapies and new drugs, and to help pay for their increasing costs. Below are two tables. The first shows the distribution of funds for the Care Grant Program by State. The second shows the distribution of funds for the ADAP by State.

CARE GRANT AWARDS

State	Amount
Alabama	\$2,838,265
Alaska	250,000
Arizona	2,045,462
Arkansas	1,395,995
California	31,548,137
Colorado	2,127,037
Connecticut	3,330,036
Delaware	1,322,724
District of Columbia	2,877,431
Florida	23,416,364
Georgia	7,214,630
Hawaii	1,158,830
Idaho	250,000
Illinois	6,606,747
Indiana	2,928,889
Iowa	624,726
Kansas	997,168
Kentucky	1,415,277
Louisiana	4,252,105
Maine	489,755
Maryland	5,923,285
Massachusetts	4,217,542
Michigan	3,405,961
Minnesota	1,037,082
Mississippi	1,879,965
Missouri	2,620,796
Montana	136,900
Nebraska	499,395
Nevada	2,043,859
New Hampshire	314,204
New Jersey	11,931,930
New Mexico	805,975
New York	34,972,364
North Carolina	4,803,070
North Dakota	100,000
Ohio	4,739,289
Oklahoma	1,554,105
Oregon	1,601,172
Pennsylvania	7,686,648
Rhode Island	1,054,708
South Carolina	4,509,988
South Dakota	100,000
Tennessee	3,906,471
Texas	14,636,207
Utah	852,251
Vermont	250,000
Virginia	5,235,047

CARE GRANT AWARDS—Continued

State	Amount
Washington	2,830,277
West Virginia	492,843
Wisconsin	1,755,689
Wyoming	100,000
Guam	11,608
Puerto Rico	7,605,266
Virgin Islands	191,525

AIDS DRUG ASSISTANCE PROGRAM AWARDS

[State/Territory—FY 1997 Grant Award]

Alabama	\$1,329,706
Alaska	112,917
Arizona	1,450,752
Arkansas	654,013
California	26,371,892
Colorado	1,607,932
Connecticut	2,790,394
Delaware	619,686
District of Columbia	2,613,341
Florida	17,898,632
Georgia	5,125,509
Hawaii	542,903
Idaho	112,917
Illinois	5,427,222
Indiana	1,372,162
Iowa	292,680
Kansas	568,196
Kentucky	663,046
Louisiana	2,717,224
Maine	229,446
Maryland	5,025,239
Massachusetts	3,310,714
Michigan	2,408,285
Minnesota	841,003
Mississippi	880,749
Missouri	1,965,652
Montana	64,137
Nebraska	233,963
Nevada	975,533
New Hampshire	214,993
New Jersey	9,448,859
New Mexico	377,593
New York	29,381,796
North Carolina	2,250,201
North Dakota	24,390
Ohio	2,577,208
Oklahoma	728,086
Oregon	1,148,136
Pennsylvania	5,258,299
Rhode Island	494,123
South Carolina	2,112,895
South Dakota	38,843
Tennessee	1,830,152
Texas	11,061,308
Utah	399,273
Vermont	92,140
Virginia	2,881,631
Washington	2,067,728
West Virginia	247,513
Wisconsin	823,839
Wyoming	37,940
Guam	N/A
Puerto Rico	5,315,209
Virgin Islands	N/A
Total	\$167,000,000

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.

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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