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Narrow search on
"diseases in humans"
and "homosexual
matters". Brought up
13 bills.

Search of 10,558 Bills and Resolutions to find 13 measures...

On subject keyword of Diseases in humans
AND On subject keyword of Homosexual matters

Measure, Sponsor and Short Title:

H.R.2626 by RANGEL, CHARLES (D-NY) -- Acquired Immunodeficiency Syndrome
Education, Information, Risk Reduction, Training,
Prevention, Treatment, Care and Research Act of 1987

Official Title (caption):

A bill to amend the Public Health Service Act to provide for a
comprehensive program of education, information, risk reduction, training,
prevention, treatment, care, and research concerning acquired immunodeficiency
syndrome.

Introduced on Monday, June 8, 1987

Committee Schedules Pending for this Measure:

Currently, none

Most Recent Action:

06/08/87 -- In The HOUSE

Introduced by RANGEL, CHARLES (D-NY)

Referred to HOUSE COMMITTEE ON ENERGY AND COMMERCE

Extensions to Remarks by RANGEL, CHARLES (D-NY) in "Congressional Record"
(CR Page E-2277)

07/14/88 -- In The HOUSE

Extensions to Remarks by MAVROULES (D-MA) in "Congressional Record" (CR
Page E-2449)

LEGI-SLATE's Subject Keywords Used In Your Search:

Homosexual matters

Diseases in humans

-----No. 2 of 13-----

Measure, Sponsor and Short Title:

H.R.3058 by NATCHER (D-KY) -- Department of Labor Appropriations Act, 1988;
Department of Health and Human Services Appropriations
Act, 1988; Department of Education Appropriations Act,
1988; Departments of Labor, Health and Human Services,
and Education, and Related Agencies Appropriations Act,
1988

Official Title (caption):

A bill making appropriations for the Departments of Labor, Health and
Human Services, and Education, and related agencies, for the fiscal year
ending September 30, 1988, and for other purposes.

Introduced on Thursday, July 30, 1987

Committee Schedules Pending for this Measure:

Currently, none

Most Recent Action:

11/09/87 -- In The HOUSE

Mark-up recessed by CONFERENCE COMMITTEE subject to the call of the Chair
Remarks by DANNEMEYER (R-CA) in "Congressional Record" (CR Page H-9759)

12/03/87 -- In The HOUSE

This measure incorporated into a different measure (H.J.R. 395)

12/07/87 -- In The HOUSE

Extensions to Remarks by BONIOR, DAVID (D-MI) in "Congressional Record" (CR
Page E-4670)

12/09/87 -- In The SENATE

Remarks by MOYNIHAN (D-NY) in "Congressional Record" (CR Page S-17575)

12/20/87 -- In The SENATE

Remarks by HEINZ (R-PA) in "Congressional Record" (CR Page S-18583)

02/26/88 -- In The SENATE

Motion by BYRD, ROBERT (D-WV) that the bill currently in conference no
longer be printed in the Senate's daily calendar

No objection to request for unanimous consent by BYRD, ROBERT (D-WV)

LEGI-SLATE's Subject Keywords Used In Your Search:

Homosexual matters

Diseases in humans

-----No. 3 of 13-----

Measure, Sponsor and Short Title:

H.R.3071 by WAXMAN (D-CA) -- AIDS Federal Policy Act of 1987

Official Title (caption):

A bill to amend the Public Health Service Act to establish a grant program
to provide for counseling and testing services relating to acquired immune
deficiency syndrome and to establish certain prohibitions for the purpose of
protecting individuals with acquired immune deficiency syndrome or related
conditions.

Introduced on Thursday, July 30, 1987

Committee Schedules Pending for this Measure:

Currently, none

Most Recent Action:

09/29/87 -- In The HOUSE

Hearings adjourned by HEALTH AND THE ENVIRONMENT SUBCOMMITTEE

10/01/87 -- In The HOUSE

Remarks by DANNEMEYER (R-CA) in "Congressional Record" (CR Page H-8071)

10/08/87 -- In The HOUSE

Remarks by PELOSI (D-CA) in "Congressional Record" (CR Page H-8331)

Remarks by LEVINE, MEL (D-CA) in "Congressional Record" (CR Page H-8333)

Remarks by DE FAZIO (D-OR) in "Congressional Record" (CR Page H-8334)

10/09/87 -- In The HOUSE

Remarks by WEISS (D-NY) in "Congressional Record" (CR Page H-8338)

10/27/87 -- In The HOUSE

Extensions to Remarks by SYNAR (D-OK) in "Congressional Record" (CR Page
E-4183)

06/09/88 -- In The HOUSE

Extensions to Remarks by BONKER (D-WA) in "Congressional Record"
(CR Page E-1904)

06/20/88 -- In The HOUSE

Extensions to Remarks by BONKER (D-WA) in "Congressional Record"
(CR Page E-2067)

08/11/88 -- In The HOUSE

Extensions to Remarks by BONKER (D-WA) in "Congressional Record"
(CR Page E-2774)

LEGI-SLATE's Subject Keywords Used In Your Search:

Homosexual matters
Diseases in humans

-----No. 4 of 13-----

Measure, Sponsor and Short Title:

H.R.3253 by PANETTA (D-CA) -- Acquired Immunodeficiency Syndrome Education,
Information, Risk Reduction, Training, Prevention,
Treatment, Care, and Research Act of 1987

Official Title (caption):

A bill to amend the Public Health Service Act to provide for a
comprehensive program of education, information, risk reduction, training,
prevention, treatment, care, and research concerning acquired immunodeficiency
syndrome.

Introduced on Thursday, September 10, 1987

Committee Schedules Pending for this Measure:

Currently, none

Most Recent Action:

09/10/87 -- In The HOUSE

Introduced by PANETTA (D-CA)

Referred to HOUSE COMMITTEE ON ENERGY AND COMMERCE

Extensions to Remarks by PANETTA (D-CA) in "Congressional Record" (CR Page
E-3487)

LEGI-SLATE's Subject Keywords Used In Your Search:

Homosexual matters
Diseases in humans

-----No. 5 of 13-----

Measure, Sponsor and Short Title:

H.R.4040 by AUCCOIN (D-OR) -- AIDS Youth Education Act of 1988

Official Title (caption):

A bill to amend the Public Health Service Act to establish a grant program
to provide for educating and counseling certain youths with respect to
acquired immune deficiency syndrome.

Introduced on Tuesday, March 1, 1988

Committee Schedules Pending for this Measure:

Currently, none

Most Recent Action:

03/01/88 -- In The HOUSE

Introduced by AUCCOIN (D-OR)

Referred to HOUSE COMMITTEE ON ENERGY AND COMMERCE

LEGI-SLATE's Subject Keywords Used In Your Search:

Homosexual matters
Diseases in humans

-----No. 6 of 13-----

Measure, Sponsor and Short Title:

H.R.4757 by WAXMAN (D-CA) -- AIDS Counseling and Testing Act of 1988

Official Title (caption):

A bill to amend the Public Health Service Act to establish a grant program, and confidentiality protections, relating to counseling and testing with respect to acquired immune deficiency syndrome.

Introduced on Wednesday, June 8, 1988

Committee Schedules Pending for this Measure:

Currently, none

Most Recent Action:

07/21/88 -- In The HOUSE

Placed on House Union Calendar (Union 477)

LEGI-SLATE's Subject Keywords Used In Your Search:

Homosexual matters
Diseases in humans

-----No. 7 of 13-----

Measure, Sponsor and Short Title:

H.R.4783 by NATCHER (D-KY) -- Department of Labor Appropriations Act, 1989;
Department of Health and Human Services Appropriations Act, 1989; Department of Education Appropriations Act, 1989; Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1989

Official Title (caption):

A bill making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 1989, and for other purposes.

Introduced on Friday, June 10, 1988

Committee Schedules Pending for this Measure:

Currently, none

Most Recent Action:

08/09/88 -- In The HOUSE

Mark-up adjourned by CONFERENCE COMMITTEE

08/11/88 -- In The SENATE

Remarks by EVANS, DANIEL (R-WA) in "Congressional Record" (CR Page S-11525)

08/11/88 -- In The HOUSE

Report filed by conference committee (H.Rept. 100-880)

Full text of Conference Report printed in "Congressional Record" (CR Page H-6991)

Extensions to Remarks by BONKER (D-WA) in "Congressional Record" (CR Page E-2773)

LEGI-SLATE's Subject Keywords Used In Your Search:

Homosexual matters
Diseases in humans

-----No. 8 of 13-----

Measure, Sponsor and Short Title:

H.R.5142 by WAXMAN (D-CA) -- AIDS Federal Policy Act of 1988

Official Title (caption):

A bill to amend the Public Health Service Act to establish grant programs, and confidentiality protections, relating to counseling and testing with respect to acquired immune deficiency syndrome, to amend such act with respect to research programs relating to such syndrome, and for other purposes.

Introduced on Wednesday, August 3, 1988

Committee Schedules Pending for this Measure:

Currently, none

Most Recent Action:

08/10/88 -- In The HOUSE

Granted a modified open rule by House Committee on Rules (H.Res. 520)

LEGI-SLATE's Subject Keywords Used In Your Search:

Homosexual matters
Diseases in humans

-----No. 9 of 13-----

Measure, Sponsor and Short Title:

H.R.5210 by FOLEY (D-WA) -- Omnibus Drug Initiative Act of 1988; Money Laundering Control Amendments of 1988; International Narcotics Control Act of 1988; Drug-Free Workplace Act of 1988; Insular Areas Drug Abuse Amendments of 1988; Anti-Drug Abuse Amendments Act of 1988; Chemical Diversion and Trafficking Act of 1988; Asset Forfeiture Amendments Act of 1988; State and Local Law Enforcement Assistance Act of 1988; Money Laundering Prosecution Improvements Act of 1988; Coast Guard Drug Enforcement Act of 1988; Federal Aviation Administration Drug Enforcement Assistance Act of 1988; Comprehensive Alcohol Abuse, Drug Abuse, and Mental Health Amendments Act of 1988

Official Title (caption):

A bill to prevent the manufacturing, distribution, and use of illegal drugs, and for other purposes.

Introduced on Thursday, August 11, 1988

Committee Schedules Pending for this Measure:

Currently, none

Most Recent Action:

09/07/88 -- In The HOUSE

Committee of the Whole rose without resolution

Remarks by GLICKMAN (D-KS) in "Congressional Record" (CR Page H-7069)

Remarks by TRAFICANT (D-OH) in "Congressional Record" (CR Page H-7069)

Remarks by GEKAS (R-PA) in "Congressional Record" (CR Page H-7069)

Remarks by WEISS (D-NY) in "Congressional Record" (CR Page H-7071)

Remarks by SKEEN (R-NM) in "Congressional Record" (CR Page H-7071)

Remarks by BUSTAMANTE (D-TX) in "Congressional Record" (CR Page H-7071)

Remarks by PELOSI (D-CA) in "Congressional Record" (CR Page H-7071)

Remarks by GORDON (D-TN) in "Congressional Record" (CR Page H-7072)

Remarks by LEWIS, JOHN (D-GA) in "Congressional Record" (CR Page H-7072)

Remarks by LUNGREN (R-CA) in "Congressional Record" (CR Page H-7072)

Remarks by SMITH, LAWRENCE (D-FL) in "Congressional Record" (CR Page H-7072)
Remarks by LLOYD (D-TN) in "Congressional Record" (CR Page H-7073)
Full text of measure printed in "Congressional Record" (CR Page H-7118)
Extensions to Remarks by CLAY (D-MO) in "Congressional Record" (CR Page E-2815)
Extensions to Remarks by DOWNEY, THOMAS (D-NY) in "Congressional Record" (CR Page E-2845)

LEGI-SLATE's Subject Keywords Used In Your Search:

Homosexual matters
Diseases in humans

-----No. 10 of 13-----

Measure, Sponsor and Short Title:

H.Con.Res.8 by DANNEMEYER (R-CA) -- Resolution Concerning Enactment of States Laws Concerning Acquired Immune Deficiency Syndrome

Official Title (caption):

Concurrent resolution expressing the sense of the Congress respecting the enactment by the States of certain laws relating to the acquired immune deficiency syndrome.

Introduced on Tuesday, January 6, 1987

Committee Schedules Pending for this Measure:

Currently, none

Most Recent Action:

09/29/87 -- In The HOUSE
Hearings adjourned by HEALTH AND THE ENVIRONMENT SUBCOMMITTEE

LEGI-SLATE's Subject Keywords Used In Your Search:

Homosexual matters
Diseases in humans

-----No. 11 of 13-----

Measure, Sponsor and Short Title:

H.J.Res.395 by WHITTEN (D-MS) -- Continuing Appropriations for the Fiscal Year 1988; Department of Commerce Appropriation Act, 1988; Department of Justice Appropriation Act, 1988; Department of State Appropriation Act, 1988; The Judiciary Appropriation Act, 1988; Cuban Political Prisoners and Immigrants; Indochinese Refugee Resettlement and Protection Act of 1987; Adjustment to Lawful Resident Status of Certain Nationals of Countries for Which Extended Voluntary Departure Has Been Made Available; Department of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriation Act, 1988; Department of Defense Appropriations Act, 1988; District of Columbia Appropriations Act, 1988; Energy and Water Development Appropriation Act, 1988; Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988; Department of Housing and Urban Development--Independent Agencies Appropriations Act, 1988; Department of the Interior and Related Agencies Appropriations Act, 1988; Department of Labor Appropriations Act, 1988; Department of Health and Human Services Appropriations Act, 1988; Department of Education Appropriations Act, 1988; Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1988; Congressional

Operations Appropriations Act, 1988; Legislative Branch Appropriations Act, 1988; Military Construction Appropriations Act, 1988; Rural Development, Agriculture, and Related Agencies Appropriations Act, 1988; Department of Transportation and Related Agencies Appropriations Act, 1988; Treasury Department Appropriations Act, 1988; Postal Service Appropriation Act, 1988; Executive Office Appropriations Act, 1988; Independent Agencies Appropriations Act, 1988; Treasury, Postal Services and General Government Appropriations Act, 1988 (P.L. 100-202, approved 12/22/87)

Official title (caption):

Joint resolution making further continuing appropriations for the fiscal year 1988, and for other purposes.

Introduced on Thursday, October 29, 1987

Committee Schedules Pending for this Measure:

Currently, none

Most Recent Action:

12/22/87 -- In The HOUSE

Became Public Law No. 100-202

Full text of measure printed in "Congressional Record" (CR Page H-12805)

01/25/88 -- In The HOUSE

Remarks by FAWELL (R-IL) in "Congressional Record" (CR Page H-9)

01/27/88 -- In The HOUSE

Remarks by PORTER (R-IL) in "Congressional Record" (CR Page H-27)

Remarks by HUGHES (D-NJ) in "Congressional Record" (CR Page H-34)

Presented to the President for certification of correct printing of hand enrollment of Public Law 100-202 pursuant to Section 101(n) of H.J.R. 395

01/28/88 -- In The HOUSE

Extensions to Remarks by STANGELAND (R-MN) in "Congressional Record" (CR Page E-78)

01/28/88 -- In The SENATE

Remarks by DOLE (R-KS) in "Congressional Record" (CR Page S-290)

Remarks by SIMON (D-IL) in "Congressional Record" (CR Page S-312)

02/01/88 -- In The SENATE

Remarks by INOUE (D-HI) in "Congressional Record" (CR Page S-315)

Remarks by HATFIELD (R-OR) in "Congressional Record" (CR Page S-317)

Remarks by SASSER (D-TN) in "Congressional Record" (CR Page S-317)

Remarks by MATSUNAGA (D-HI) in "Congressional Record" (CR Page S-363)

02/01/88 -- In The HOUSE

Remarks by SCHULZE (R-PA) in "Congressional Record" (CR Page H-50)

02/02/88 -- In The SENATE

Remarks by METZENBAUM (D-OH) in "Congressional Record" (CR Page S-428)

Remarks by FORD, WENDELL (D-KY) in "Congressional Record" (CR Page S-431)

Remarks by KASTEN (R-WI) in "Congressional Record" (CR Page S-446)

02/02/88 -- In The HOUSE

Remarks by TRAFICANT (D-OH) in "Congressional Record" (CR Page H-58)

Extensions to Remarks by FRENZEL (R-MN) in "Congressional Record" (CR Page E-110)

02/03/88 -- In The SENATE

Remarks by EVANS, DANIEL (R-WA) in "Congressional Record" (CR Page S-521)
Remarks by LEAHY (D-VT) in "Congressional Record" (CR Page S-523)
Remarks by KASSEBAUM (R-KS) in "Congressional Record" (CR Page S-527)
Remarks by EVANS, DANIEL (R-WA) in "Congressional Record" (CR Page S-540)
Remarks by INOUE (D-HI) in "Congressional Record" (CR Page S-540)

02/04/88 -- In The SENATE

Remarks by HEINZ (R-PA) in "Congressional Record" (CR Page S-655)
Remarks by CRANSTON (D-CA) in "Congressional Record" (CR Page S-656)
Remarks by DECONCINI (D-AZ) in "Congressional Record" (CR Page S-683)

02/04/88 -- In The HOUSE

Remarks by DE FAZIO (D-OR) in "Congressional Record" (CR Page H-242)

02/09/88 -- In The HOUSE

Remarks by GEKAS (R-PA) in "Congressional Record" (CR Page H-276)
Remarks by OWENS, MAJOR (D-NY) in "Congressional Record" (CR Page H-289)

02/17/88 -- In The HOUSE

Extensions to Remarks by HUBBARD (D-KY) in "Congressional Record" (CR Page E-254)

02/17/88 -- In The SENATE

Remarks by DOMENICI (R-NM) in "Congressional Record" (CR Page S-880)

02/18/88 -- In The SENATE

Remarks by DOMENICI (R-NM) in "Congressional Record" (CR Page S-948)

02/22/88 -- In The HOUSE

Remarks by GEKAS (R-PA) in "Congressional Record" (CR Page H-442)

02/22/88 -- In The SENATE

Remarks by SASSER (D-TN) in "Congressional Record" (CR Page S-1047)

02/23/88 -- In The SENATE

Remarks by HATFIELD (R-OR) in "Congressional Record" (CR Page S-1096)
Remarks by HEINZ (R-PA) in "Congressional Record" (CR Page S-1422)

02/25/88 -- In The HOUSE

Remarks by PORTER (R-IL) in "Congressional Record" (CR Page H-498)

03/02/88 -- In The HOUSE

Extensions to Remarks by PARRIS (R-VA) in "Congressional Record"
(CR Page E-453)
Extensions to Remarks by DAVIS, ROBERT (R-MI) in "Congressional Record" (CR
Page E-465)

LEGI-SLATE's Subject Keywords Used In Your Search:

Homosexual matters
Diseases in humans

-----No. 12 of 13-----

Measure, Sponsor and Short Title:

S.1220 by KENNEDY, EDWARD (D-MA) -- Acquired Immunodeficiency Syndrome
Research and Information Act of 1988; Information
Awareness Act of 1988

Official Title (caption):

A bill to amend the Public Health Service Act to provide for a
comprehensive program of education, information, risk reduction, training,

prevention, treatment, care, and research concerning acquired immune deficiency syndrome.

Introduced on Friday, May 15, 1987

Committee Schedules Pending for this Measure:

Currently, none

Most Recent Action:

05/09/88 -- In The HOUSE

Received in the House, after passage in the Senate

06/06/88 -- In The SENATE

Remarks by WEICKER (R-CT) in "Congressional Record" (CR Page S-7211)

LEGI-SLATE's Subject Keywords Used In Your Search:

Homosexual matters

Diseases in humans

-----No. 13 of 13-----

Measure, Sponsor and Short Title:

S.1575 by KENNEDY, EDWARD (D-MA) -- AIDS Federal Policy Act of 1987

Official Title (caption):

A bill to amend the Public Health Service Act to establish a grant program to provide for counseling and testing services relating to acquired immune deficiency syndrome and to establish certain prohibitions for the purpose of protecting individuals with acquired immune deficiency syndrome or related conditions.

Introduced on Friday, July 31, 1987

Committee Schedules Pending for this Measure:

Currently, none

Most Recent Action:

09/11/87 -- In The SENATE

Hearings recessed by SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES
Subject to the call of the Chair

10/23/87 -- In The SENATE

Remarks by CHAFEE (R-RI) in "Congressional Record" (CR Page S-15070)

06/06/88 -- In The SENATE

Remarks by WEICKER (R-CT) in "Congressional Record" (CR Page S-7211)

LEGI-SLATE's Subject Keywords Used In Your Search:

Homosexual matters

Diseases in humans

Do you wish to store these measures in a LEGI-SLATE

FILE for tracking or future reference? ('Y' or 'N').

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET

9/13/88

Dr. Macdonald

Based on West Wing guidance
the attached Statement of Administration
Policy was prepared for transmittal to
Congress on H.R. 5142, AIDS legislation.

Could you please review & let me
know if you have any comments. Due
to the urgency of the matter I need your
comments by 3 p.m. TODAY.

Thank-you
Bob Pelluci
x 7362

Due D. Ince
10/1/88
A

DRAFT

9/13 12:53 P

September 13, 1988

(House)

H.R. 5142 - AIDS Counseling, Testing, and Research Act of 1988

(Waxman (D) California)

The President has taken decisive actions to advance the battle against AIDS through both his FY 1989 Budget -- which includes \$1.3 billion for Department of Health and Human Services' (HHS) AIDS-related research, prevention, and treatment programs -- and his recently-adopted 10 point action plan, which follows upon the recommendations of the Presidential Commission on AIDS. This plan orders a number of actions to focus the efforts of the Government and private sector on this tragic human problem. Additionally, staff resources will be added in FY 1989 to the already significant numbers of Federal staff assigned to work on HIV.

Any legislation in this area must be fashioned carefully to help, rather than hinder, Federal, State, local, and private research and actions to inhibit the transmission of HIV. For the reasons stated below, the Administration does not believe H.R. 5142 should be enacted at this time.

Specifically, H.R. 5142 would:

*Preclude
burden on
fed enforce*

-- provide Federal protections for confidentiality of records related to HIV testing and counseling. The Administration is looking carefully at the appropriateness of enacting Federal provisions on HIV confidentiality. H.R. 5142 also requires routine HIV testing and counseling in certain settings, which the Administration has endorsed previously. The bill would also assure that counseling accompanies HIV testing. Although they are laudable, these efforts must not burden those dealing with this disease in the front lines with new Federal reporting and paperwork requirements, nor should they force uniform approaches upon the variety of local HIV patterns.

-- seek to clarify HIV research authorities and institute improved management practices, such as expedited grant awards. The Administration continually seeks ways to build upon management improvements already implemented, which include coordinated HIV planning in HHS and expedited grant awards. In this regard, care must be taken not to overregulate the content and practice of HIV research and prevention. Impressive advances in HIV research and prevention have been achieved under broad statutory authorities which permit rapid and flexible responses to changing research opportunities.

* * * * *

AGENDA
FEDERAL COORDINATING COMMITTEE ON AIDS
INFORMATION, EDUCATION, AND RISK REDUCTION

THURSDAY, AUGUST 11
10:30 - NOON
ROOM 703A, HUMPHREY BUILDING

- | | |
|--|---------------------------------------|
| I. Welcome | Dr. Fischinger |
| II. White House Response to the Recommendations of the President's Commission on HIV | Dr. Macdonald,
White House |
| III. Update on PHS AIDS Activities | Dr. Fischinger |
| IV. Preliminary Results: HCFA Survey of Total Federal AIDS Expenditures | Dr.
Winkenwerder |
| V. AIDS in the Workplace | |
| A. VA's National Educational Initiatives on AIDS and HIV Infection | Dr. Mather
Dr. Regan
Ms. Sverha |
| B. Update on OPM Conference | Mr. Heuerman |
| VI. Timing/agenda items for next FCC meeting | All |

AHA → Physician responsibility
may get rest to

Relax
floor year

Favorable



PH → to Pres. - major drug prices (just) new treatment \$
PH → vaccines + drugs

PH → resources + ultra
PH → Congress → Budget

1,000 collections from OPM

Stevie by Aug
25 (?)
Draft

Voting on Mac
424-
4433

August 9, 1988

NOTE TO DR. MACDONALD

FROM: Winnie Mitchell *Winnie*
FCC Coordinator, National AIDS Program Office
~~Public Health Service~~

SUBJECT: Plans for 8/11 Meeting of the Federal Coordinating
Committee (FCC)

*2/21
AID*

Dr. Mac, thank you so much for agreeing to speak to the Federal Coordinating Committee this Thursday morning, 8/11, at 10:30AM, in Room 703A. As I indicated to Rae, the purpose of this memo is to provide you some information on the Committee itself and to list the general issues I would like you to cover.

BACKGROUND

Purpose: As you may recall, Dr. Windom established the FCC in December, 1986, as a means to share and disseminate AIDS information to key Federal agencies and their constituencies. Initially, the FCC also became an policy resolution forum, although it was quickly and appropriately replaced by the DPC AIDS working group. However, the FCC remains a "pre-policy" issue raising forum in that it is where key agency concerns can be identified, discussed, addressed, and, if needed, taken to appropriate policymakers.

Membership: All Cabinet departments are represented, as are 15 additional agencies including OPM, VA, U.S. A.I.D., FEMA, EPA, GSA, and the Peace Corps. (The membership was recently expanded to add four departments--Commerce, DOE, DOT, and Treasury--and nine agencies.) Departments typically send staff from administrative/planning, personnel, medical/health & safety, employee/labor relations, or AIDS offices.

Current Issues: Although the new members will surely raise new issues, the two key issues the FCC has focused on are: 1) AIDS in the Federal Workplace (the FCC has been functioning as a coordinating device for OPM in discussions of its policy, agency implementation, workplace training, etc.); and 2) International AIDS Activities (the U.S. Agency for International Development has been using the FCC as a means to gather information and track expenditures per a law requiring A.I.D. to coordinate international AIDS activities).

ISSUES TO COVER

As the attached agenda indicates, Mac, we will be concentrating on workplace issues Thursday. Your presentation is undoubtedly the highlight of the meeting, and I'm sure you will be able to answer many questions that the departments have about their responsibilities, the timing of the response/activities, etc. (At our last meeting (on June 30th), we went over the

recommendations (providing agency-specific ones to the appropriate agencies) and your responsibilities/timeframe as it existed then.)

Here are some issues I think the departments would like to hear you address:

- o Key issues raised by the Commission -- which ones need more work, which ones have been addressed; resulting White House priorities.
- o The process you used to formulate the Ten Point Plan (i.e., what information/input from the departments, the White House, etc.).
- o How the Ten Point Plan relates to the department-specific memoranda that came out on August 5th.
- o The timing for various activities, including the plans, assistance, etc. requested of the various departments as well as the timing/nature of the September/December status reports you are required to make to the President.

Mac, I hope this information is helpful. In addition to Thursday's agenda, I am also attaching a copy of the latest FCC roster. Good to be working with you again!

Attachment

AGENDA
FEDERAL COORDINATING COMMITTEE ON AIDS
INFORMATION, EDUCATION, AND RISK REDUCTION

THURSDAY, AUGUST 11
10:30 - NOON
ROOM 703A, HUMPHREY BUILDING

- | | |
|--|---------------------------------------|
| I. Welcome and Update on PHS AIDS Activities | Dr. Reed
Dr. Fischinger |
| II. Overview of the President's Ten Point Plan and Other Aspects of the Response to the Report of the Commission on HIV | Dr. Macdonald |
| III. AIDS in the Workplace | |
| A. VA's National Educational Initiatives on AIDS and HIV Infection | Dr. Mather
Dr. Regan
Ms. Sverha |
| B. Update on OPM Conference, 9/14 | Mr. Heuerman |

UPDATED: 7/21/88

ROSTER

**FEDERAL COORDINATING COMMITTEE ON AIDS INFORMATION,
EDUCATION, AND RISK REDUCTION**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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FEDERAL AIDS

What happens when AIDS invades the government work force?

BY LESLEY BARNES

Uncle Sam struck a very high profile on the AIDS issue this spring, by mailing a brochure describing the disease to every American household. The eight-page document, signed by Surgeon General C. Everett Koop, counsels people on "what AIDS means to you." It advises them that "you won't get AIDS from insects—or a kiss," counsels on use of condoms, and advises: "Don't worry about getting AIDS from everyday contact with a person with AIDS."

Aside from advising others, how is the government doing in its own reactions to AIDS in the federal work force? Here are a few dispatches from the front lines of the war on AIDS. (For an earlier report on how federal, state and local governments were dealing with the issues of AIDS testing, confidentiality and education, see Government Executive's July/August 1987 issue.)

Joseph Meade, administrator of the Internal Revenue Service's Employee Assistance Program, faced a delicate dilemma about a year ago: An IRS manager came to him saying that AIDS had disrupted his unit's workplace. All the employees in his division shared a computer terminal, and when an employee who was rumored to have AIDS abandoned it one day, a co-worker claimed he saw blood on the chair. The entire unit panicked and, in protest, refused to work.

Meade's office, which had been wrestling with the AIDS issue since 1986, responded quickly, and last August, the IRS became the first major federal agency to establish a policy and an education program for managers concerning AIDS in the workplace. By this July, Meade says, all of the agency's 12,000 managers will have completed a training course consisting of two hours of instruction about the medical aspects of AIDS—including discussion with an American Red Cross representative and a presentation of the Red Cross film "Beyond Fear"—and two hours of instruction on personnel guidelines. If the

120,000-employee IRS is in line with national projections established by the federal Centers for Disease Control (CDC), Meade says, the agency will have seen 550 employee AIDS cases by 1991.

To date, the Office of Personnel Management (OPM) has approved 220 applications for disability retirement on the basis of AIDS. To be eligible for disability retirement, an employee must have at least five years of federal service and meet certain medical criteria. There are no official estimates on how many federal employees are actually infected with the disease.

OPM Guidelines

To combat the kind of ignorance and anxiety that characterized the IRS's initial experience with AIDS, OPM last March published comprehensive government-wide guidelines on AIDS in the federal workplace. The intention: to provide a framework for agency managers developing individual AIDS policies. A survey of 21 major federal agencies conducted by OPM in May indicated that eight agencies had already published guide-

lines and started education programs; the other 13 had policies in draft stages and were developing education programs.

The OPM guidelines are general and are premised on the CDC's assertion that "the kind of nonsexual person-to-person contact that generally occurs among workers . . . in the workplace does not pose a risk for transmission of [AIDS]." Consequently, the guidelines state, "there is no medical basis for employees refusing to work with such fellow employees or agency clients" who have AIDS. The guidelines encourage timely education efforts, use of employee assistance programs, and training and guidance for managers and supervisors. They also address personnel management issues such as an infected employee's ability to work, privacy and confidentiality, and insurance. (See May "Executive Memo" item on OPM's guidelines, page 13.)

Although the guidelines lack the technical force of regulations, OPM went through "a classic policy development process" in creating them, says Tim Dirks, chief of OPM's Employee Relations Division. OPM worked with and encouraged feedback from all federal agencies, the Federal Coordinating Committee on AIDS, and many policy offices within OPM. "Because each agency has a different culture, climate and mission, and different needs," says Dirks, OPM is encouraging agencies to develop their own policies and will not stringently impose the guidelines.

Before OPM's guidelines, "very few agencies had policies, and those that did dealt mainly with training and education, not personnel management," says Dirks. An exception was the General Accounting Office (GAO), which established an AIDS task force and implemented an action plan—including



OPM's guidelines on AIDS in the federal workplace are the result of "a classic policy development process," says Tim Dirks, chief of OPM's Employee Relations Division. The guidelines are designed for federal managers seeking to develop individual policies within their agencies.

and mixed; the legal community, too, is still learning about AIDS.

The basic legal question surrounding AIDS is whether the disease is to be considered a handicap, which would qualify AIDS sufferers for protection under the Rehabilitation Act of 1973. The act protects handicapped persons from discrimination both in hiring and on-the-job, although it provides that an employee must be able to get the job done despite the handicap. This provision is key in terms of AIDS in the workplace; while people confined to wheelchairs, for example, may be able to do the jobs for which they were hired indefinitely, people with AIDS often experience weakness, fatigue and a deterioration in their abilities.

In addition, employers must make "reasonable accommodation" for handicapped employees, as long as those accommodations don't hamper business needs. Exactly how much accommodation is appropriate is open to interpretation. Reduced hours, advanced sick leave and permission to work at home are typical accommodations; the hiring of assistants or temporary help, too, is a possibility.

The handicap issue is especially complex with regard to AIDS because there are three stages of the disease—a positive AIDS test, AIDS-related complex (ARC), and full-blown AIDS. An employee in the final stage of the disease is undeniably handicapped, but the Rehab Act is murky on whether either of the first two stages should be considered disabling. The Justice Department has said no: A 1986 memo from the department's Office of Legal Counsel determined that workers who test positive or who are communicable but don't yet have full-blown AIDS are not protected under the Rehab Act.

That opinion has not been widely adopted—in fact, it has been criticized as insensitive and perhaps illegal—but neither has it been overruled; there simply has not been much definitive AIDS legislation in federal courts, says Ruth Eisenberg, legal director of the Whitman Walker Clinic, a Washington AIDS support group, and former special counsel at the Securities and Exchange Commission. In *School Board of Nassau County, Florida, v. Arline* (1987), however, the Supreme Court may have set an important precedent for AIDS litigation. The case involved a teacher with tuberculosis, and the Court ruled that the Rehab Act

extensive guidance for managers—last December. GAO's approach is quite similar to OPM's; it stresses education, confidentiality, and a healthy, humane federal work environment.

The federal government "was a little behind some private-sector companies" in issuing guidelines and encouraging policy, says Dirks; he points specifically to the Wells Fargo Bank and Levi Strauss and Co., both based in San Francisco, as examples of companies with good AIDS policies that OPM studied when creating its guidelines. Meade, too, believes that OPM was a bit tardy. "I feel good that the IRS is this far compared with other agencies, but I felt like we were behind when we started two years ago," he says. He is, however, optimistic about the

activity he has seen in agencies since OPM's guidelines were published.

An important part of OPM's effort is the establishment of a clearinghouse for AIDS policy statements and associated guidelines developed by agencies. The key to a successful AIDS policy is constant education; as Eleanor Chelimsky, chairwoman of GAO's task force, said, "The lesson here for policy-making in the workplace is that current experience is not yet definitive. We are still learning about AIDS."

Legal Issues

The legal clout that is lacking in OPM's guidelines may eventually be provided the the courts—but don't hold your breath. So far, the messages from the courts are sparse



Mark Gregory, who has AIDS-related complex, was fired from his job as a GS-3 clerk-typist at the Justice Department for absenteeism related to his condition. He appealed his dismissal and won reinstatement as a permanent part-time employee; Justice also agreed to make further accommodations if his condition deteriorates.

JACK SIMON

prohibits discrimination against persons handicapped by a communicable disease as long as they are "otherwise qualified" to perform.

"It will be in your agency soon if it's not already. Now is the time for education." This was Eisenberg's message at a meeting of the Interagency Attorney Personnel Group in May. In her address she praised OPM's efforts and explained the value of the guidelines to the 30 or so agency attorneys in attendance. Eisenberg offered this advice for agency attorneys who are approached by employees with AIDS:

- Discuss the advantages and disadvantages of confidentiality. Going public may mean better accommodation for the employee's illness, but many are still confused and frightened by AIDS.

- Explain and discuss accommodation. Find out what the employee expects or needs, and explain what the law and the agency can offer.

- Discuss community resources and offer referrals to support groups.

- Discuss financial options. An employee who retires with the required years of service or is granted disability retirement will continue to receive whatever health coverage went with the job. An employee who resigns has a 30-day period of continued coverage, during which time he or she can apply—without having to show insurability—for conversion from a group policy to a private policy.

- "Be sensitive to them; the concerns are unique."

Injustice at Justice?

A recent case involving the AIDS-related firing of a government employee has attracted national attention. In April, the Justice Department fired Mark Gregory, a GS-3 clerk-typist in the Community Relations Service, for taking 30 days of leave in eight months. Gregory, who has ARC, says he took 10 of those days at the suggestion of his supervisor "to get my act together" once he found out he had ARC. When he returned to work, his co-workers were aware of his illness; his supervisor, Gregory asserts, had breached his confidentiality.

In March, Gregory requested 14 days of advanced leave to undergo experimental drug treatment at the National Institutes of Health (NIH). Though he turned in the necessary paperwork—including reports from government doctors at NIH—his request was not acknowledged at first, and when it was, the agency director said the paperwork he handed in was not sufficient evidence of illness. Gregory says he spent the balance of his 30 days of leave coping with personal problems and funeral arrangements after the death of his lover.

On April 25, Gregory was fired for absenteeism due to a medical condition. Although extensive absenteeism is considered a legitimate reason for firing an employee, the question remains as to whether or not the department discriminated against Gregory or denied him reasonable accommodation. Eisenberg points out that it is very difficult to fire government employees considering the number of protections in the system.

"It's astonishing to me that a person with AIDS would be fired under these circumstances when everybody knows that nobody in the government is ever fired," she says.

Clearly, Justice violated OPM's guidelines, and the case attracted the interest and ire of the House Subcommittee on Civil Service. Gregory's firing, said subcommittee Chairwoman Patricia Schroeder, D-Colo., "violates government-wide guidelines . . . violates rules on employee confidentiality, and is an affront to human decency."

"Mark got a raw deal," said Eisenberg at the time. She cited the GAO task force report, which suggests that 30 days is an appropriate amount of time to advance leave to an employee infected with the AIDS virus.

In mid-May, Justice offered Gregory a temporary, one-year position without any protections. He did not accept the offer; if he had, he could legally have been fired at any time. Instead, Gregory brought his case to court. On May 20, a judge ruled that Mark Gregory could return to work at Justice as a permanent part-time employee; he will spend his mornings at NIH and work at his old job from 1-5:30. This settlement will continue until his health or therapy requirements change, at which point Gregory will be able to discuss with his manager a new accommodation.

Testing for AIDS

Although mandatory testing of all employees in a given workplace is generally considered by legal experts to be a form of unconstitutional search and seizure, mandatory AIDS testing has been suggested for employees in sensitive federal positions—such as Public Health Service employees working with the AIDS virus.

The uniformed military, which is not covered by civil service laws like the Rehab Act, has been screening certain employees for AIDS since 1985. Among the many standard medical tests that military personnel must go through is a test for AIDS infection; individuals who test positive are not eligible for enlistment or appointment to military service. According to DoD guidelines, "This recognizes that the infection is a pre-existing condition and avoids potential medical costs and situations where personnel may not complete their service requirement." The State Department, too, can legally test certain employees: those who are headed to hardship posts with inadequate medical care.

Persons already in DoD service who test positive for the AIDS virus receive assignments within the U.S. and are required to undergo frequent medical evaluation. Infected employees are retired or separated only if they are unfit to perform their duties. Civilian DoD employees are not tested for AIDS infection. □



**VETERANS ADMINISTRATION'S
NATIONAL EDUCATIONAL INITIATIVES
on
AIDS AND HIV INFECTION**

Office of Academic Affairs

August 11, 1988

VETERANS ADMINISTRATION
DEPARTMENT OF MEDICINE AND SURGERY

AIDS & HIV INFECTION: OVERVIEW OF THE NATIONAL EDUCATION PLAN
FY 88 - 90

OFFICE OF ACADEMIC AFFAIRS

On August 25, 1987, the Office of Academic Affairs (OAA) established an AIDS Education Task Force in order to oversee the development, implementation, and evaluation of a national HIV education plan for veteran patients and non-patients, families and significant others of veteran patients, and VA health care providers and staff. The Task Force was asked to advise the Assistant Chief Medical Director (ACMD) for Academic Affairs on matters pertaining to HIV education and was directed to:

- o Organize a structure, process, and timetable to accomplish a system-wide HIV education plan spanning a three-year period, using available VA elements (Regional Medical Education Centers (RMECs), Cooperative Health Manpower Education Programs (CHEPs), Dental Education Centers (DECs), Patient Education, Medical Media, Library) and non-VA resources for development, implementation, and evaluation;
- o Provide guidance to ensure that the educational products conform to Veterans Administration Central Office (VACO) policy and priorities and are consistent with budget/political realities;
- o Ensure efficiency where HIV educational needs are similar or where target groups have need for the same basic information, yet respond to local or individual needs where unique; and,
- o Develop liaison and regular communication with VA and non-VA units involved with HIV information.

The Task Force was directed to work with the advice and assistance of an Advisory Group with membership from various education, service, and management sectors of the VA's healthcare system. In addition, the Task Force was asked to provide guidance to an OAA AIDS Education Working Group whose purpose is to develop, implement, and evaluate education activities and programs on HIV infection in concert with the goals and objectives of an overall VA Education Plan on HIV infection. The membership of the Task Force was also linked to the on-going efforts of VACO's Steering Committee on AIDS and VACO's AIDS Program Office.

The Task Force, Advisory Group, and Working Group followed the rapid unfolding of knowledge about HIV infection and AIDS and soon learned that there were few simple choices of policy, practice, or education. However, it was recognized that until some future time when effective

preventive and therapeutic interventions become widely available, education concerning ways to minimize exposure to the HIV virus has the greatest potential of limiting the spread of the disease. Hours of deliberation and study were spent by group members on reviewing research findings on behavioral changes in response to AIDS education prevention efforts. It was learned that in general, the effectiveness of education as a means of preventing HIV infection depends on the individual and/or group being addressed and the appropriateness of the educational materials, teaching strategies, and support selected.

While education can never be seen as a panacea that eliminates the need for other efforts to prevent AIDS, it is, at this time, necessary to dispel fears about AIDS. VA veterans, families, and employees need education in how HIV is transmitted and the actions necessary to protect themselves and others. Failure to provide the needed education in the health care setting may result in problems with employee morale, the inappropriate refusal to provide health care or come into contact with patients, and limit the health worker's abilities to educate, counsel, support, and/or provide accurate information to the patient, family, and others.

The Office of Academic Affairs has consistently promoted a number of education and training activities/programs on HIV infection and AIDS. For example, in FY 1987 the Continuing Education Field Units (CEFUs) conducted 77 continuing education activities for over 5000 participants pertaining to HIV infection and AIDS. A needs assessment survey in FY 1987 identified AIDS as the number one VA national training priority. In response to that survey, the OAA AIDS Educational Task Force was established and AIDS educational activities by the CEFUs and individual VA medical centers were intensified.

After four months of existence, a system-wide AIDS/HIV Education Plan was formulated by OAA's AIDS Education Task Force, incorporating national training initiatives for FY 1988 and beyond. An overview of the plan is provided in Attachments 10-16. Components of the plan include the following:

1. Introductory Activities
 - o Health Satellite Network Programs
2. Intensive, On-Going Activities
 - o Train-The-Trainer Program for VA Employees
 - o Patient Health Education Program on Prevention of HIV Infection/AIDS
 - o Development and Dissemination of HIV Educational Materials

The Health Satellite Network Programs, which initiated the plan, began in January 1988. The first teleconference focused on precautions that VA health-care workers can take to prevent transmission of the HIV virus. The next teleconference occurred February 1988 and focused on the VA's response to the HIV epidemic by addressing issues related to the impact on the AIDS epidemic, VA policy and planning, directions in patient care, VA research activities, and the VA's national education plan.

The AIDS/HIV Train-The-Trainer Program began in May 1988 and is designed to supplement the AIDS/HIV infection education activities already available at many VA medical centers. By the end of FY 1988 the RMECs will have trained two individuals from each VA medical center capable of conducting AIDS and HIV infection training sessions for VA personnel. The Train-The Trainer (TTT) Program is based on an AIDS Education TTT Program for health care workers developed by the California Nurses Association (CNA). CNA consultants and VA clinicians and educators have adapted, modified, and supplemented the original materials and methods to meet specific VA needs. The TTT Program is designed to ensure that each VA medical center has appropriate resource materials, educational strategies, and skilled trainers to implement up-to-date, effective AIDS/HIV education activities for employees.

The Patient Health Education: Prevention of HIV Infection/AIDS Program is being pilot-tested in FY 1988 and will be implemented by the RMECs in FY 1989. It will prepare over 300 direct care-givers, at least two from each medical center, to encourage HIV prevention, particularly with veteran populations with high-risk behaviors, and to conduct pre- and post-antibody test education/counseling. The program will assist health care workers to develop and enhance their knowledge and skills needed to effectively educate, counsel, and support patients about reducing their risk from HIV infection and to compassionately help them cope with their response to the HIV experience.

The Development and Dissemination of HIV Education Materials as well as updating and maintaining this information is part of the VA's National HIV Infection Education Plan. Education materials developed by the VA, the Public Health Service, the Centers for Disease Control, and selected other sources will be made available to all VA facilities. Mechanisms for updating and adding to resource directories, and for networking, reporting, and evaluation activities are also available.

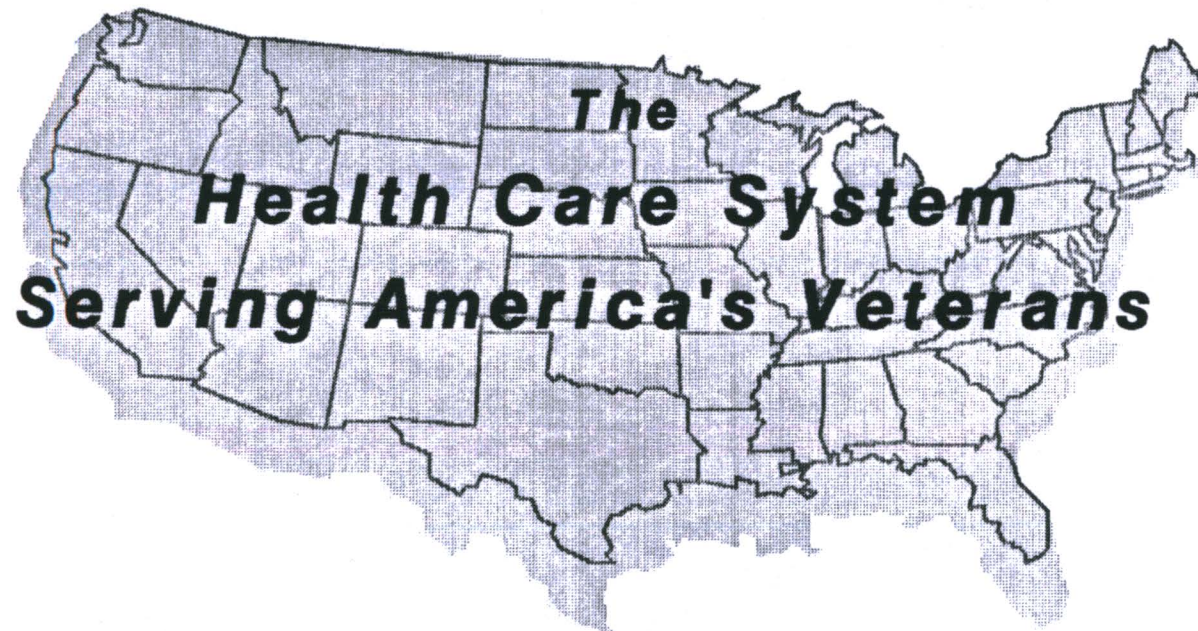
In summary, the local, regional, and national levels of the VA's healthcare system are working together to support AIDS and HIV infection education at the 172 VA medical centers across the nation. Obviously education is not a cure for AIDS and HIV infection, but it does have the greatest potential for limiting not only the spread of the disease, but the fear that accompanies it. We are proud of the helping hands that have been held out to patients with HIV infection and AIDS in the VA's healthcare system. It truly reflects the high caliber of individuals who serve our nation's veterans and their families.

PETER F. REGAN, M.D.
ACMD for Academic Affairs
August 8, 1988



VETERANS
ADMINISTRATION

DEPARTMENT OF MEDICINE AND SURGERY



Attachment 1

583-27235001



FUNCTIONS OF DM&S

A FOUR-PART MISSION

- 1. Patient Care***
- 2. Research***
- 3. Education***
- 4. Medical Backup
to DOD***

583-27235002



DEPARTMENT OF MEDICINE AND SURGERY MEDICAL CARE MISSION

- **Largest U.S. Health Care Delivery System, treating:**

1.5 million inpatients

20 million outpatients

- **Facilities located throughout the U.S.**

172 Medical Centers

117 Nursing Homes

229 Outpatient Clinics

16 Domiciliaries

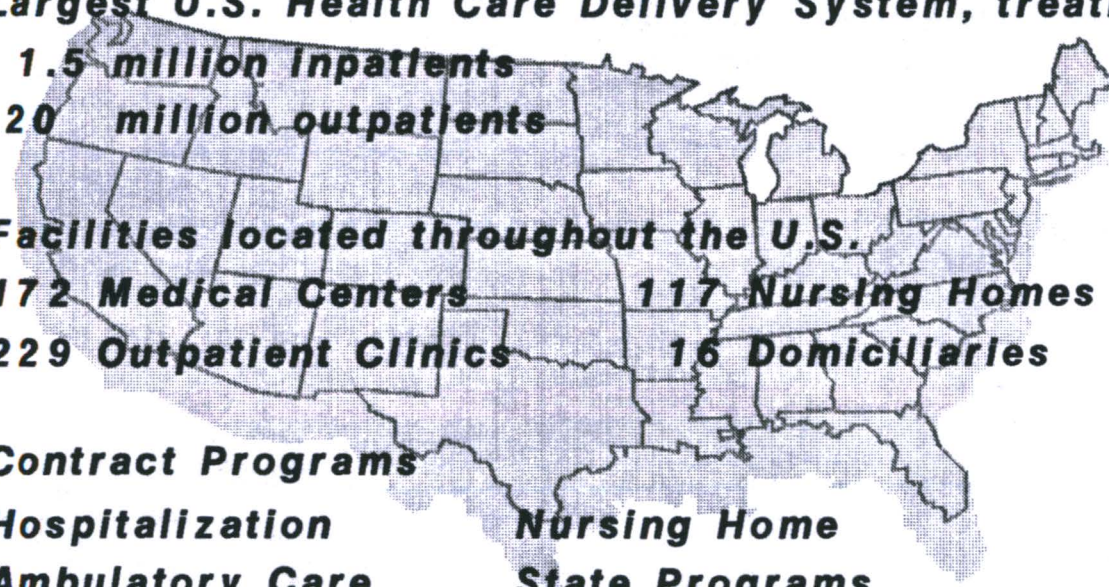
- **Contract Programs**

Hospitalization

Nursing Home

Ambulatory Care

State Programs





VA EDUCATION

- ***Affiliations***
 - * ***1,000 health care education programs***
 - * ***102 medical schools***
- ***Clinical & administrative training***
 - * ***100,000 per year***
- ***Greater than 50% of MDs in U.S. received VA training***



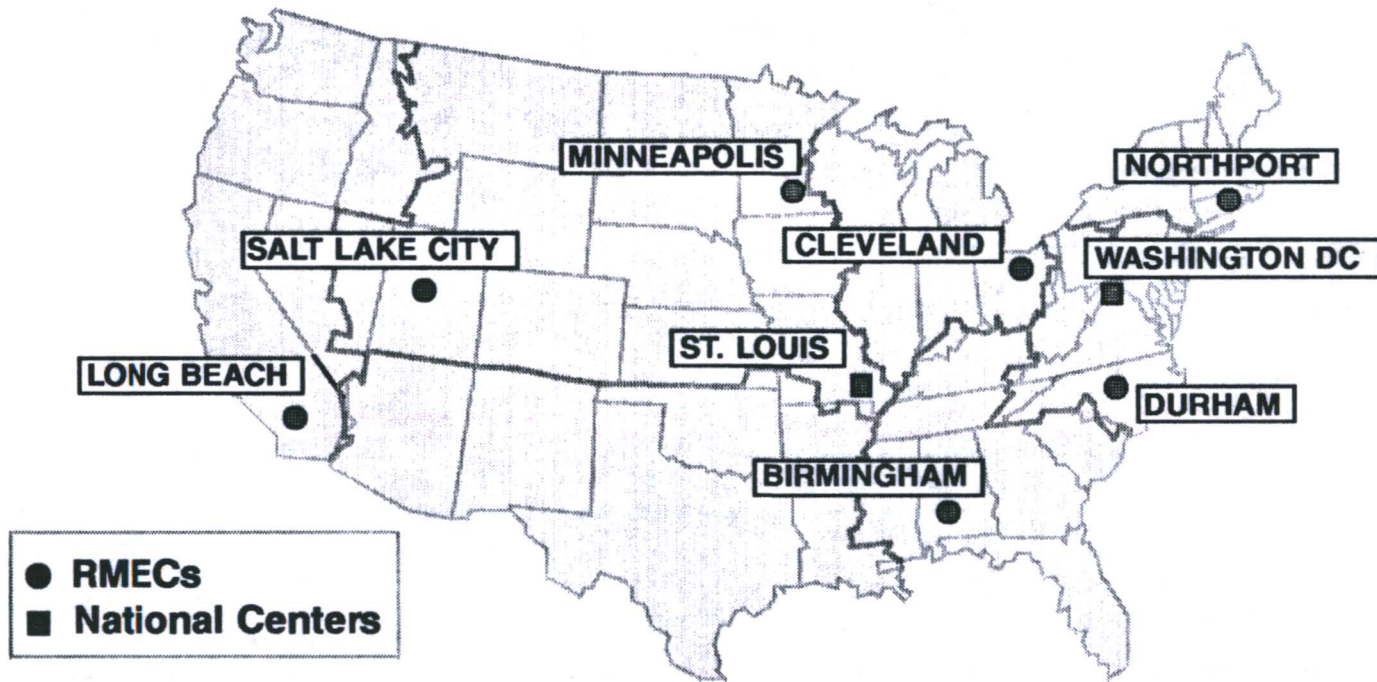
**DEPARTMENT OF MEDICINE AND SURGERY
OFFICE OF ACADEMIC AFFAIRS**

PROGRAM AREAS

- ***Medical - Dental Education***
- ***Allied Health Education***
- ***Continuing Education***



DEPARTMENT OF MEDICINE AND SURGERY REGIONAL MEDICAL EDUCATION CENTERS



583-27235017



REGIONAL MEDICAL EDUCATION CENTERS

MISSION

Provide continuing education opportunities to maintain and increase Department of Medicine and Surgery staff competencies



REGIONAL MEDICAL EDUCATION CENTERS ROLE

- ***Design and Conduct Continuing Education (CE) for DM&S Priority National Needs and for VA Medical Center Defined Needs***
- ***Provide CE on a Regional Basis***
- ***Assess CE Needs of Field Facilities***
- ***Assess System-wide CE Needs***
- ***Evaluate CE Programs***
- ***Consult and Assist on CE Matters to Field Facilities and DM&S Management***

583-27236007



NATIONAL TRAINING PROGRAMS

- **Identified at Central Office level**
- **Based on training specified in legislation, mandated programs, and new initiatives which affect the VA's health care system**
- **Planned and developed in coordination with Regional Medical Education Centers or Continuing Education Field Units**
- **Multi-year efforts because of content, scope, and large target audiences**

563-27235000



**VETERANS ADMINISTRATION'S
NATIONAL EDUCATIONAL PLAN
on
AIDS AND HIV INFECTION**

FY88 - FY90

**Office of
Academic Affairs**

563-27236010



**VETERANS ADMINISTRATION'S
NATIONAL EDUCATIONAL PLAN**

on

AIDS AND HIV INFECTION

TARGET AUDIENCES FOR EDUCATION

- ***Veterans, patients and non-patients***
- ***Family and significant others of veteran patients***
- ***VAMC staff with patient responsibilities***
- ***Other VAMC staff***

583-27236012



**VETERANS ADMINISTRATION'S
NATIONAL EDUCATIONAL PLAN
on
AIDS AND HIV INFECTION
GOALS**

- ***Enhance quality and humaneness of care***
- ***Promote behaviors to prevent transmission and reduce risk of HIV infection***

583-27236011



**VETERANS ADMINISTRATION'S
NATIONAL EDUCATIONAL PLAN
on
AIDS AND HIV INFECTION
OBJECTIVES**

- ***Provide target audiences with basic information on HIV transmission and prevention***
- ***Enhance care and counseling of patients with HIV infection***
- ***Support VA policy and initiatives in managing the HIV epidemic***

583-27235013



**VETERANS ADMINISTRATION'S
NATIONAL EDUCATIONAL PLAN
on
AIDS AND HIV INFECTION
OBJECTIVES**

(Cont.)

- ***Participate, where appropriate, in federal, state, and local initiatives in HIV education***
- ***Ensure effectiveness and efficiency of HIV education by creating a central organizational focus***
- ***Facilitate networking among VA providers of HIV education***

583-27235014



**VETERANS ADMINISTRATION'S
NATIONAL EDUCATIONAL PLAN
on
AIDS AND HIV INFECTION
FY88 EDUCATION PLANS**

- **Introductory Activities**
Health Satellite Network Programs
- **Intensive, on-going Activities**
Train-The-Trainer (TTT)
Patient Education: Prevention and
Counseling (pre- and post-test)
Development/Dissemination of
Educational Materials

563-27235015



**VETERANS ADMINISTRATION'S
NATIONAL EDUCATIONAL PLAN**

on

AIDS AND HIV INFECTION

FY 89 - 90 EDUCATION PLANS

- **Continue TTT training for new Facility Trainers**
- **Continue Patient Education Training Programs**
- **Continue Development/Dissemination of Educational Materials**
- **Update Facility Trainers/Counselors**

583-27236016



Office of the Administrator
Washington, D.C. 20201

AUG 11 1988

MEMORANDUM TO: MEMBERS OF THE FEDERAL COORDINATING COMMITTEE
ON AIDS

FROM: William Winkenwerder, M.D. *ww*

SUBJECT: Preliminary Results of the HCFA Survey of Total
Federal AIDS Expenditures

After you have reviewed the descriptive text of the results of the survey and have verified the data on Tables 1 and 2, please feel free to share your comments with me, either in writing or verbally (245-8502).

It would be appreciated if comments were received by August 19, 1988.

Thank you.

8/11/88
Discussion Draft

Preliminary Results of the
HCFA Survey of
Total Federal AIDS Expenditures

Results

Federal AIDS and HIV-related spending for 1982-1989 is summarized in Table 1. Not surprisingly, the Department of Health and Human Services (HHS) accounts for the largest proportion of spending, providing nearly 90% of all funds to date. However, a number of other Federal agencies are engaged in a variety of HIV infection treatment, research, education, prevention, and testing activities.

Spending by functional category for the same period is summarized in Table 2, and shows that there will have been twice as much spending on research as there has been for education and prevention. Medical care spending, primarily from entitlement programs, roughly parallels that for research except in the last two years when research appropriations have grown more rapidly. Aggregate expenditures for disability assistance are comparatively small, but have seen recent growth as more HIV infected persons have become ill. The following summary further elaborates on the information contained in Tables 1 and 2, and highlights how all Federal Departments and their agencies are spending dollars to combat the HIV epidemic:

Public Health Service The HHS' Public Health Service (PHS) includes seven different agencies, and nearly all are involved to a considerable degree in AIDS efforts. The PHS accounts for 60%

of all Federal AIDS spending to date. A total of nearly \$3.2 billion will have been spent by the PHS during the 1982-1989 period. The 1989 PHS AIDS budget calls for \$1.3 billion in spending, and will require the full-time efforts of over 1900 employees.

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) supports AIDS information and education activities for intravenous drug abusers and their sexual partners, training of drug abuse workers, and training of mental health professionals who provide support to AIDS patients and their families. Nearly 70% of ADAMHA's \$178 Million 1989 AIDS funds are to be used by the National Institute for Drug Abuse for a wide variety of education and behavior modification programs, including an outreach project in high incidence drug abuse areas. A major focus for future activities concerns funding of drug abuse treatment centers, including expansion of existing treatment capacity, renovation of treatment facilities, and further expansion of outreach services to encourage entry into treatment.

ADAMHA also supports AIDS-related research in the neurosciences, conducted by the National Institutes of Mental Health, which investigates the neuropsychiatric effects of HIV infection and AIDS dementia, as well as basic central nervous system research.

The Centers for Disease Control (CDC) is responsible for HIV and AIDS case surveillance activities, epidemiologic studies, monitoring of trends, and public information and education,

including efforts to target high-risk groups. HIV-related activities now consume more than 50% of the entire CDC budget, and the full-time efforts of 525 workers.

About one quarter of CDC's \$400 Million 1989 AIDS budget will be used for surveillance activities including projects to determine HIV seroprevalence in 42 sentinel hospitals nationwide, and in 30 statistical metropolitan areas. Nearly 420 different surveys of sexually transmitted disease clinics, drug abuse treatment centers, women's health clinics, prisoners, college students, and newborn infants are being conducted. In addition, a three city pilot study is being conducted to determine the feasibility of a national household survey which might provide a more concrete estimate of overall HIV seroprevalence in the United States. Almost \$40 million is being spent on additional epidemiological studies to determine the natural history of HIV infection and factors related to transmission.

Approximately \$260 Million CDC dollars will be spent in 1989 on AIDS information and education. A variety of campaigns are being directed at the general public, school and college-aged youth, persons at high-risk (especially minorities), and health workers. The agency maintains a National AIDS Clearinghouse, and a National AIDS Hotline which has been taking over 120,000 calls per month during 1988. The focus for expansion of future activities is principally directed at high-risk minorities, and funding for counselling, testing, and sex partner notification programs.

The Food and Drug Administration (FDA) is responsible for evaluating and approving all newly developed AIDS drugs and biologics, AIDS vaccines, and HIV diagnostic tests. In addition, the FDA must regulate all blood banks and ensure that the nation's blood supply is safe from HIV, and it must assure the effectiveness of AIDS-related devices such as condoms and rubber gloves. About one half of the FDA's \$65 Million 1989 AIDS budget will be devoted to the evaluation of potential new therapies and vaccines, with much of the remainder being spent on HIV and immunology research.

To date, the FDA has received over 200 Investigational New Drugs (IND's) representing 135 products for AIDS treatment, diagnosis, and prevention. AZT was approved in late 1987, and within the last year, Trimetrexate has been approved as an IND for opportunistic infections and three AIDS IND vaccines have been approved for clinical testing.

The Health Resources and Services Administration (HRSA) funds a broad range of AIDS programs relating to health services delivery and patient care. HRSA is supporting a series of demonstration projects in 20 cities to examine models for delivering appropriate and cost-effective community based care to adults with AIDS. At least \$8 million will have been spent between 1986 and 1989 on these projects. During 1988-1989, an additional \$10 million is being spent to fund pediatric AIDS demonstration projects designed to prevent the spread of infection from child-bearing women to infants, and to develop

community based, family centered care for those infants who do become infected.

HRSA also supports a network of 13 regional AIDS Education and Training Centers to provide specialized training to health care personnel who care for AIDS patients. In addition, the agency will spend \$11 million in 1989 to develop AIDS curricula for health professions schools and to train staff in federally supported health facilities.

All reported expenditures by the Indian Health Service (IHS) relate to medical services provided to Native Americans with HIV-related illnesses and AIDS. By May 1988, 100 such individuals were known to be infected with HIV.

All sixteen centers and institutes of the National Institutes of Health (NIH)--encompassing nearly 1,000 full-time workers--are involved in HIV-related activities ranging from basic research to prevention and education measures. In 1989, NIH expects to award 545 basic research grants worth almost \$240 million. These grants will account for nearly 40% of the NIH AIDS budget.

Contracts to support clinical trials and applied research account for another \$189 million (32%) of the NIH AIDS budget. As of July 1988, over 400 patients are participating in 37 NIH-supported clinical protocols, and another 39 protocols are under development.

A major focus of NIH research has been on the pathogenesis and clinical manifestations of HIV infection. Within seven years, the virus has been isolated and cloned and genes have been

identified, fully sequenced, and their functions delineated. While an AIDS vaccine is not yet a reality, 2 candidate vaccines are being tested in Phase I clinical trials for safety and efficacy.

A second key NIH effort has been directed toward the discovery and development of anti-HIV drugs. A large number of compounds have been and continue to be screened for activity against HIV through the National Drug Discovery Program. It was through this program that AZT was developed.

Recognizing that AIDS is an international problem, NIH actively participates in foreign research and treatment efforts, spending nearly \$20 billion abroad in 1988.

The Office of the Assistant Secretary for Health (OASH) supports directly a number of AIDS related efforts, including overall coordination of AIDS activities through the National AIDS Program Office, projects by the National Center for Health Services Research (NCHSR) on the costs and financing of AIDS care, and specific education and prevention efforts by the Office of Minority Health. The clear need for action in these areas was reflected in the substantial OASH AIDS budget increase to \$28 million in 1989.

Health Care Financing Administration The Health Care Financing Administration (HCFA), which administers the Medicare and Medicaid programs plays a major role in funding direct treatment costs of AIDS patients. Medicaid is financed by both the State

and Federal governments, with about 55 percent of overall (and 51 percent of AIDS) costs being Federal. Medicaid is estimated by HCFA actuaries to cover about 40 percent of all patients with AIDS and about 25 percent of total U.S. AIDS-related personal health care costs.

Because of the demographic characteristics and short life expectancy of most AIDS patients, Medicare currently pays only about one percent of all AIDS health care costs. As life expectancies are extended with AZT and other new therapies, the share of costs borne by Medicare is expected to increase.

Social Security Administration The Social Security

Administration provides cash assistance to AIDS patients and those with HIV-related illnesses through two programs: Disability Insurance (DI) and Supplemental Security Income (SSI). Persons with a documented diagnosis of AIDS automatically meet the definition of disabled, which is the same for both programs. Patients not meeting the CDC definition of AIDS (which has included dementia and emaciation since September 1987) are evaluated for SSI or DI eligibility on a case-by-case basis.

DI, which is funded out of employee and employer contributions, is available to those who have sufficient work history (40 quarters of Social Security-covered employment) to qualify. SSI, on the other hand, is a means tested program available to those AIDS patients with sufficiently low income and assets. DI beneficiaries are eligible for Medicare only after

they have received cash benefits for 2 years. SSI benefits recipients are generally eligible for Medicaid immediately.

Through the end of calendar year 1987, approximately 25,700 persons have been awarded SSI or DI benefits as a result of diagnosis with AIDS or an HIV-related illness. At the end of 1987, 11,200 of these were alive and receiving benefits. Approximately \$55 million was paid in SSI and DI benefits to AIDS patients in 1987. The Social Security Administration expects the number of DI and SSI recipients to increase rapidly in the future.

Human Development Services At the recommendation of the Congress and the President's Commission on the HIV Epidemic, HDS is utilizing funds to address the boarder baby issue. In addition, Title XX authorizes monies for Social Service Block Grants. Some of this 1988 \$2.7 billion is spent on AIDS-related projects but states are not required to report the amount spent by category.

Veterans' Administration The Veterans' Administration provides medical care to veterans with AIDS, about 7 percent of all AIDS patients. As of April 30, 1988, the VA had treated 4,132 persons with AIDS in 132 VA medical centers. The nation's VA hospitals have admitted a monthly average of 178 new AIDS patients for the past 18 months. The VA estimates that it will spend \$66 million in 1989 for patient treatment costs.

An additional \$37 million per year in 1988 and 1989 is designated for infection control measures in VA hospitals (e.g. disposable protection gear such as masks and gloves). This expenditure is attributable largely to AIDS, but benefits will accrue to hospital staff when dealing with patients with other infectious diseases.

The VA also sponsors basic and clinical AIDS research. Between 1984 and 1989, an estimated total of \$13 million will have been appropriated for such research.

Department of Defense Expenditures by the Department of Defense (DOD) are mostly for HIV testing of current personnel and recruits. Testing is mandatory for all active recruits, all reservists who are about to be called to active duty, and all active duty persons who are going overseas. The DOD estimates that 4 million people were tested in 1986 and 1987 at a total cost of about \$40 million.

In addition, \$89.6 million has been appropriated for AIDS research from 1986 through 1989. DOD research efforts have focused on patient diagnosis, epidemiology, and natural history.

The DOD has only rough estimates for what it has spent on AIDS treatment. No separate appropriation account exists for DOD medical care or AIDS care. A person on active duty who develops AIDS is granted a medical discharge and usually enters a VA hospital. As a result, DOD hospitals treat few AIDS patients and most of these are civilians (spouses and dependents of active

duty personnel) treated under the CHAMPUS program. The DOD AIDS treatment costs for fiscal year 1988 are thought to be \$9 million.

Other Federal Agencies In June, 1987, the Justice Department's Bureau of Prisons began testing all persons entering Federal prisons, all prisoners showing clinical signs of HIV infection, and all persons being released from prisons. In November, 1987, the policy was changed to provide random testing for only 10 percent of asymptomatic inmates entering Federal prisons. Testing policies for other groups remain the same. Estimated costs for this program are less than \$1 million for 1987 and 1988.

Since the fall of 1987, AZT has been offered to all prisoners with AIDS who meet FDA conditions for treatment. The cost to the Bureau of treating these prisoners with AZT is unknown.

Since March, 1987, all new residential enrollees in the Labor Department's Job Corps have undergone mandatory testing. In addition, voluntary testing has been made available to all nonresidential Corps enrollees and persons enrolled prior to March. Nearly 75,000 persons were tested during 1987.

The Occupational Safety and Health Administration (OSHA), also of the Labor Department, conducts inspections of workplaces to ensure that health care providers and other health-related employers are following CDC guidelines to minimize the risk of spreading blood-borne diseases, one of which is AIDS. OSHA has

conducted 59 such inspections thus far in 1988 and has issued citations to employers in 9 cases. The agency plans to complete 100 such inspections in the coming year.

The State Department has tested refugees and persons seeking immigrant visas for HIV since December, 1987. The Department also conducts HIV testing as part of routine in-service physical examinations of Foreign Service Officers and during physical examinations for new employees.

In October, 1987, the Department of Education published a pamphlet entitled AIDS and the Education of Our Children: A Guide for Parents and Teachers. As of June 1988, 2.5 million copies had been printed and 1.7 million copies distributed to schools, Parent-Teacher Associations, educational organizations, physicians, and parents. The total cost of this effort was \$1.2 million.

Table 1
Federal AIDS Spending
By Year and Department
(in millions of dollars)

	1982	1983	1984	1985	1986	1987	1988	1989	Total
HEALTH AND HUMAN SERVICES									
Public Health Service									
NIH	3.4	21.7	44.1	63.7	134.7	260.9	467.8	587.6	1,583.9
CDC	2.1	6.2	13.8	33.3	62.1	136.0	304.9	400.7	959.1
ADAMHA	0.0	0.5	2.8	2.6	12.2	47.5	112.3	177.6	355.4
HRSA	0.0	0.0	0.0	0.0	15.3	41.9	37.0	40.0	134.2
FDA	0.2	0.4	0.8	9.0	9.5	15.8	24.8	65.4	125.8
OASH	0.0	0.0	0.0	0.0	0.0	0.2	3.7	27.5	31.5
IHS	0.0	0.0	0.0	0.0	0.0	0.1	0.6	1.1	1.8
Subtotal PHS	5.6	28.7	61.5	108.6	233.8	502.5	951.0	1,300.0	3,191.7
Health Care Financing Admin.									
Medicaid (Fed Share)	0.0	10.0	30.0	70.0	130.0	200.0	330.0	490.0	1,260.0
Medicare	0.0	0.0	0.0	5.0	5.0	10.0	15.0	30.0	65.0
Subtotal HCFA	0.0	10.0	30.0	75.0	135.0	210.0	345.0	520.0	1,325.0
Social Security Admin.									
Disability Income	0.0	0.0	5.0	10.0	25.0	40.0	70.0	110.0	260.0
Supp. Security Income	0.0	0.0	1.0	3.0	8.0	11.0	18.0	28.0	69.0
Subtotal SSA	0.0	0.0	6.0	13.0	33.0	51.0	88.0	138.0	329.0
Human Development Services	0.0	0.0	0.0	0.0	0.0	0.0	5.7	5.2	10.9
Subtotal HHS	5.6	38.7	97.5	196.6	401.8	763.5	1,389.7	1,963.2	4,856.5
Veterans' Admin	2.0	5.0	6.1	10.1	22.9	52.6	82.9	99.3	280.9
Dep't of Defense	0.0	0.0	0.0	0.0	79.0	74.0	52.0	52.0	257.0
Dep't of Justice	0.0	0.0	0.0	0.0	1.0	3.0	6.0	6.0	16.0
Dep't of Labor	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0	3.0
State Dep't	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0	3.0
Dep't of Education	0.0	0.0	0.0	0.0	0.0	0.0	1.2	?	1.2
Dep't of Agriculture	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.3	0.5
Subtotal Non-HHS	2.0	5.0	6.1	10.1	102.9	131.6	144.3	159.6	561.6
GRAND TOTAL	7.6	43.7	103.6	206.7	504.7	895.0	1,534.0	2,122.8	5,418.2

n.b. All figures are provisional and subject to change.

Table 2
Federal AIDS Spending
By Type of Activity
(in millions of dollars)

	1982	1983	1984	1985	1986	1987	1988 est	1989 est	Total
RESEARCH									
Pathogenesis	3.4	21.7	45.7	61.1	90.3	154.4	276.3	385.6	1,038.3
Therapeutics	0.0	0.0	8.7	12.0	58.2	129.1	175.7	243.2	626.9
Vaccines	0.2	0.4	2.9	10.2	18.0	33.2	62.3	92.6	219.7
Multidisciplinary	0.0	0.0	0.0	0.0	0.0	0.0	92.2	95.7	188.0
Dpt. of Defense	0.0	0.0	0.0	0.0	37.8	21.8	18.0	12.0	89.6
Veterans' Admin	0.0	0.0	1.6	2.5	3.0	5.7	7.5	11.0	31.3
	3.5	22.0	58.9	85.7	207.3	344.2	632.0	840.2	2,193.7
EDUCATION AND PREVENTION									
Control Measures	2.1	6.2	4.1	25.2	51.7	145.0	315.4	400.1	949.8
Dpt. of Defense	0.0	0.0	0.0	0.0	18.0	25.2	25.5	25.5	94.2
PHS Contingency	0.0	0.0	0.0	0.0	0.0	0.0	0.0	15.0	15.0
Veterans' Admin	0.0	0.5	0.0	0.0	0.0	0.6	1.0	1.5	3.6
Dpt. of Labor	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0	3.0
State Dpt.	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0	3.0
Dpt. of Education	0.0	0.0	0.0	0.0	0.0	0.0	1.2	?	1.2
Dpt. of Justice	0.0	0.0	0.0	0.0	0.0	0.2	0.2	0.5	0.9
Dpt. of Agriculture	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.3	0.5
	2.1	6.7	4.1	25.2	69.7	173.0	345.5	444.9	1,071.2
MEDICAL CARE									
Medicaid (Fed Share)	0.0	10.0	30.0	70.0	130.0	200.0	330.0	490.0	1,260.0
Veterans' Admin	2.0	5.0	4.5	7.6	19.9	46.3	74.4	86.8	246.5
HRSA Demos	0.0	0.0	0.1	0.2	15.6	40.0	25.9	15.8	97.5
Dep't of Defense	0.0	0.0	0.0	0.0	23.2	27.0	8.5	14.5	73.2
Medicare	0.0	0.0	0.0	5.0	5.0	10.0	15.0	30.0	65.0
Public Health Service	0.0	0.0	0.0	0.0	0.0	0.7	3.4	52.0	56.1
Dep't of Justice	0.0	0.0	0.0	0.0	1.0	2.8	5.8	5.5	15.1
HDS Demos	0.0	0.0	0.0	0.0	0.0	0.0	5.7	5.2	10.9
	2.0	15.0	34.6	82.8	194.7	326.8	468.6	699.7	1,824.3
CASH ASSISTANCE									
DI	0.0	0.0	5.0	10.0	25.0	40.0	70.0	110.0	260.0
SSI	0.0	0.0	1.0	3.0	8.0	11.0	18.0	28.0	69.0
	0.0	0.0	6.0	13.0	33.0	51.0	88.0	138.0	329.0
GRAND TOTAL	7.6	43.7	103.6	206.7	504.7	895.0	1,534.0	2,122.8	5,418.2

n.b. All figures are provisional and subject to change.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET

8/9
1:58 pm
"DW →
Bob
"no
changes"

To Dr Macdonald

Attached for your review is a proposed Statement of Administration Policy on H.R. 5142, AIDS Counseling, Testing, and Research Act of 1988.

The bill is scheduled for House Rules action on Wednesday 8/10 -- tomorrow.

The portion of the statement above the red line is what will be transmitted to Congress.

Please give me your changes, if any, by 2 p.m. or earlier.

thanks
Bob Pellicci x7362

DRAFT

August 9, 1988

(House Rules)

H.R. 5142 - AIDS Counseling, Testing, and Research Act of 1988

(Waxman (D) California)

The President has already taken decisive actions to advance the battle against AIDS through his FY 1989 Budget -- which includes \$2 billion -- and his recently-adopted 10-point action plan, which is consistent with the recommendations of the Presidential Commission on AIDS. The President's actions make H.R. 5142 unnecessary, and therefore the Administration opposes the bill's enactment.

Specifically, H.R. 5142 would:

- provide Federal protections for confidentiality of records related to Human Immunodeficiency Virus (HIV) testing and counseling which are premature in light of the Administration's expedited review of the appropriateness of enacting Federal provisions which could compromise already effective State public health policy and practice.

- enact research provisions which are restrictive and would disrupt our efforts against AIDS. Impressive advances in AIDS research and prevention have been achieved under broad statutory authorities which permit rapid and flexible responses to changing research opportunities.

- create an unnecessary and redundant National Commission on AIDS. The President's Commission was established to make recommendations on national policy and priorities with respect to AIDS and they have done so. There is no justification to establish another commission.

* * * * *

(Not to be Distributed Outside Executive Office of the President)

This draft of a position was developed by LRD (Pellicci) in consultation with HIMD (Kleinerg/Clendenin/Turman) and the White House Office of Policy Development (per Jack Klenk). HHS (per Kay Holcomb, Office of the Assistant Secretary for Legislation) agrees with the position.

The Committee on Energy and Commerce report on H.R. 5142 is not available (H.R. 5142 was introduced on August 3, 1988). The information used to develop the proposed position was provided by HHS staff (Kay Holcomb).

The proposed position is similar to that sent to Congress on S. 1220, the Senate-passed companion bill.

H.R. 5142 is a new bill combining the provisions of H.R. 4757, the "AIDS Counseling and Testing Act of 1988" and H.R. 4850, the "AIDS Research Act of 1988."

Administration Policy

The Administration has not submitted any authorizing legislation pertaining to AIDS. A SAP opposing S. 1220 was sent to Congress on October 1, 1987, and a revised one was sent on April 20, 1988 (S. 1220 was passed by the Senate on April 28, 1988, 87-4). The Administration has maintained that current authorities are sufficient to carry out the President's proposals to combat AIDS. The President's FY 1989 Budget includes \$1.3 billion for HHS AIDS research and education (\$2 billion government-wide, including other agencies), an increase of \$349 million, or 37 percent, over FY 1988.

In remarks to the American Foundation for AIDS Research Awards Dinner on May 31, 1987, the President announced that the Federal Government will encourage routine AIDS testing for aliens and immigrants, prisoners, marriage license applicants, and potentially other groups. Regulations published on June 8, 1987, require AIDS antibody testing of aliens and immigrants.

Description of Bill

H.R. 5142 has two parts:

Counseling and Testing. This portion of the bill would:

- authorize appropriations of \$400 million per year for FY 1989 through FY 1991 for counseling and testing grants to States and to existing health care facilities serving persons with high-risk behavior (e.g., VD clinics, drug abuse clinics, family planning clinics, community and migrant health centers, public hospitals, etc.);
- guarantee confidentiality of test results (regardless of whether or not Federal funds are involved), with Federal, civil, and criminal penalties for willful or negligent disclosure;
- require States to establish procedures to notify emergency workers if an injured person they cared for had AIDS or tested positive for HIV;
- require States to test and counsel all persons convicted of prostitution, sexual assault, or crimes related to IV drug use; and

-- provide civil and criminal penalties for individuals who knowingly transmit the HIV to another person.

Research. This part would authorize "such sums" for various National Institutes of Health (NIH) research authorities; e.g., establishment of: (1) additional inpatient drug therapy evaluation units at NIH, (2) a research program to evaluate unlicensed treatments in current use by AIDS patients, (3) international AIDS research efforts, and (4) a program of long-term virus genetics research for development of AIDS treatments.

The bill would also require expedited review of AIDS research applications; authorize up to 780 additional FTEs for AIDS activities; require GSA and OPM to respond quickly to HHS requests for space and personnel; and establish CDC training fellowships for researchers in epidemic control services.

H.R. 5142 also includes a provision establishing some form of a National Commission on AIDS.

The "Watkins" report recommends additional support for research, prevention, and treatment from all levels of Government. It also recommends confidentiality provisions like those proposed in H.R. 5142. Moreover, provisions similar to H.R. 5142 are also contained in the Wright-Michel yet-to-be introduced bill, "Omnibus Drug Initiative Act of 1988."

LEGISLATIVE REFERENCE DIVISION DRAFT

8/9/88