THE UNDER SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

September 23, 1988

TO: IAN MACDONALD, SPECIAL ASSISTANT TO THE PRESIDENT
FOR DRUG ABUSE POLICY

FROM: Don Newman
Under Secretary

SUBJECT: President's Directive on the HIV Commission

I have attached, per our conversation, several items that supplement the material provided earlier to Steven Grossman for you on HHS plans in response to the President's directive on the HIV Commission. Included are --

- The plan for Consensus Conferences on Health Protections.
- A listing of the scheduled actions of PHS' Technology Management Advisory Board concerning incentives for developing and marketing HIV products and addressing liability issues.
- A copy of HHS' proposed bill report supporting Senator Durenberger's risk pool legislation. This report was sent to OMB last October; we still want to support the legislation and transmit the report to the Congress.
- A summary of HHS' plan for addressing blood safety issues; as I mentioned, we are still working out some of the operational details, and will have a full plan early next week.

Attachments a/s

SEP 23 1988

Plan for Consensus Conferences on Health Protections

In response to the President's 10-point action plan, HHS will convene a series of 10 conferences over the next year to involve state, local, and private groups and to encourage them to adopt the specific public health measures discussed in the Commission report.

The series will be kicked off November 28-29 with the U.S. Health Summit on HIV Infection in Washington, D.C. Participants will include State Health Commissioners, gubernatorially appointed AIDS Coordinators, representatives of State Medical Societies, and local health officers. Topics for discussion include counseling, testing and partner notification, reporting of HIV infection, and health care worker safety.

The issues raised at the U.S. Health Summit will become the basic agenda for a series of 5 regional mini-Summits to be held between January and May in New York City, Chicago, San Francisco, Dallas, and Atlanta.

The remaining 4 meetings will address specific issues the President raised in his directive to HHS:

1. "AIDS: Frontline Health Care" is a conference for health care workers jointly sponsored by the Department of Labor, the Department of Health and Human Services, and the National AIDS Network. It will be held in Washington, D.C., January 8, 9, and 10. Issues to be addressed include prevention, treatment, safety, and liability.

2. HHS, in collaboration with relevant private sector groups and intergovernmental segments, is considering a Gubernatorial Consensus Conference on Federal-State strategies to address topics such as neighborhood resistance to drug abuse treatment facilities, training needs of alcohol, drug abuse, mental health workers, alternative drug abuse service facilities and mainstreaming of drug abuse care with primary care. The preliminary strategy is to hold a planning workshop for this larger consensus conference during the National Governor's Association winter meeting in February 1989.

3. A meeting has been tentatively scheduled for May 1989 in Washington, D.C. to address restrictive measures and criminal statues directed to HIV-infected persons who knowingly persist in maintaining behaviors that transmit their infection and other legal issues. HHS has initiated discussions with the Department of Justice regarding co-sponsorship of this meeting.

4. HHS is planning a consensus conference on the issue of reporting of HIV infection. Tentative plans are to hold this meeting in June 1989 in Atlanta.

TECHNOLOGY MANAGEMENT WORKING GROUP
WORK PLAN

August 31	INITIAL MEETING
September 9	DHHS transmits Interim Response to President, including brief discussion of pricing and incentives prepared by PHS Office of Health Planning & Evaluation (OHPE)
September 12	Members submit initial inventories of existing incentive activities and other materials and comments as assigned
September 23	Members receive for review a draft of the consolidated inventory and findings sections, prepared by OHPE
September 30	Members submit comments on the consolidated inventory and findings sections, and propose options and recommendations for further action to be discussed at October 5 meeting
October 5	SECOND MEETING -- Develop issues and options section for the Report, with specific recommendations (Note: additional session may be required)
October 5-10	Members assist with drafting and editing of final drafts as requested
October 21	Members receive draft of issues and options section (with recommendations) as prepared by OHPE, and final draft of remainder of report
October 31	Members submit comments on October 21 transmittal
November 4	Working Group submits the final draft (including liability discussion from ASPE) to PHS Technology Management Advisory Board (TMAB) for review and adoption
November 15	Tentative TMAB meeting -- OHPE shall obtain comments from Board members and incorporate them into final report before November 21
November 21	Working Group submits final report to TMAB Chairman
November 30	TMAB Chairman modifies report as needed and submits to Office of the Secretary
December 9	Comprehensive DHHS submission to White House

8/30/88

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LEGISLATION DIVISION

October 15, 1987

NOTE TO BOB PELLICCI

Attached for expedited OMB clearance is a report on S. 1634; the bill may become part of reconciliation

Paul M. Spiegel
245-7773

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE
OLL	Spiegel	10/15						

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

[illegible]

The Honorable Edward M. Kennedy
Chairman, Committee on Labor
and Human Resources
United States Senate
Washington, D.C. 20510

Dear Mr. Chairman:

This is in response to your request for a report on S. 1634, a bill "To provide allotments to States to support the development of qualified risk pools to provide health insurance for medically uninsurable individuals."

Overall, we support this bill. It would promote the development of risk pools, thus providing insurance to many individuals now unable to obtain it even though they need it and are willing to pay for it. It would properly lend support to the States but leave them with the overall authority and responsibility in this area. The Federal role would be temporary and non-intrusive. We propose a few changes to improve the bill.

The bill would authorize the appropriation of $10,000,000 per year for three years (to be awarded to States on a per capita population basis) (a) to assist States without qualifying risk pools for insuring medically uninsurable persons in establishing such pools, and (b) to assist States currently having such pools to develop methods for providing affordable private health insurance to persons who do not have access to such insurance. Individuals to be assisted through such pools would be those whose medical conditions resulted in rejection for private insurance coverage or reduction of benefits or substantial increase in premiums. The pools would be nonprofit corporations which may include participation by insurers, health care providers, and employers. The insurance such pools would provide would be typical of levels of coverage provided in the State, with financial limits: $2,000 per individual and $4,000 per family annually in out-of-pocket costs; a lifetime benefit level at or above $250,000; and a choice of deductibles not to exceed $1,000 per individual. Premiums would be capped, and the method of funding financial losses to the pool would be defined by each State. States would be required to submit applications to the Secretary, and reports, audits and evaluations would be required.

The changes we recommend are as follows:

- The section 4 requirement for a non-profit entity should be removed. The legal form, structure, and governance of the administering entity should be left to the discretion of the State.

- Sections 9 through 13 (applications, reports, enforcement, and nondiscrimination) should be deleted and replaced with a general authority for the Secretary to require such administrative and reporting requirements as are necessary to assure that grants are administered effectively and efficiently. The various requirements in sections 9 through 13 parallel those in block grant statutes. Those requirements were intended to ease administrative burdens on the States in consolidating many categorical programs and assuming responsibility for programs previously operated by the Federal Government. However, these provisions would be excessively burdensome in the context of a program of limited funding and temporary duration and they might impede the efficient administration of the program by the States. Furthermore, some of the provisions merely restate current laws already in effect.

- Language should be included to ensure the confidentiality and privacy of information with personal identifiers contained in applications and other documents related to the pool's activities. This would be useful in the light of the extraordinary sensitivity of some uninsurable conditions.

We therefore recommend that the bill be favorably considered with the amendments proposed above.

We are advised by the Office of Management and Budget that there is no objection to the presentation of this report from the standpoint of the Administration's program.

Sincerely,

Otis R. Bowen, M.D.
Secretary

C. COMMUNITY-BASED EDUCATION PROGRAMS

Requirement: Increase the number of community-based educational programs, especially programs directed to those women and members of minority groups who are at highest risk of HIV infection. These programs, especially those directed to youth, should place greater emphasis on the Principles for AIDS Education, for their efforts to prevent the spread of HIV infection. Please collaborate with the Department of Education in developing youth-oriented programs.

Response/Status

HHS has substantial continuing efforts, as well as a number of new initiatives, for community-based educational programs.

The general educational effort has been under the aegis of the Centers for Disease Control. Within the National Public Information Campaign, at-risk and special population groups have been emphasized, i.e., women, children, and minorities. This Campaign is expanding existing support to 54 state and 16 local education agencies and 20 national organizations that serve American youth. The CDC has augmented community-based programs through support of 30 national and regional minority organizations in FY 1988 which will be continued in FY 1989. Further expansion of minority education will be achieved through direct funding of minority community-based organizations in FY 1989.

In addition, a number of PHS efforts address special populations:

- The Indian Health Service and the CDC are developing culturally relevant prevention and education programs for Indian community groups and Bureau of Indian Affairs school teachers.

- HRSA has community-based education programs in each of the 20 AIDS Service Demonstration Grant projects primarily focused on youth and women; HRSA coordinates with CDC in this effort. Most of HRSA's 13 Pediatric AIDS Health Care Demonstration projects have community education components. CDC will be investigating effective means of preventing perinatal HIV infection in these and other pediatric programs.

- ADAMHA has developed educational programs for young people informing them how intravenous substance abuse results in an increased risk of HIV infection. Fifteen national organizations will be funded to implement 8-10 community based programs each through their local affiliates. Four special studies (general youth, hard-to-reach youth, Hispanic youth and Native Americans) are to be conducted in

1989 on risk assessment and effective community-based intervention. These studies have implications for HIV infection control measures through community-based efforts. Within NIDA's AIDS outreach demonstrations emphasis is placed on educating intravenous drug abusing women, pregnant drug abusers, female sexual partners of IV drug abusers, and prostitutes about HIV infection.

Wherever pertinent, these efforts have involved consultation with the Department of Education, and utilize the Principles for AIDS Education.

G. EVALUATE THE HEALTH CARE FINANCING SYSTEM

Requirement: Undertake an evaluation of our current system of health care financing to be completed within 1 year.

Response/Status

HHS currently is completing its plans for the evaluation which will be coordinated by the Health Care Financing Administration. It (as suggested by the President's HIV Commission) will focus on access to care by the American public, both the uninsured and the underinsured. Although theoretically access could involve such matters as facilities, outreach programs, specialized disease or health problem initiatives, personnel recruitment and training, and the special problems of long-term care, the study will not extend to these areas because of concerns with scope and manageability. The evaluation will concentrate instead on financing and insurance issues.

Particular attention will be paid to the experience of low-income disabled individuals (e.g., with the SSI Medicaid eligibility process) in keeping with the President's request that ways be studied to increase the responsiveness of the system to that group (see summary H(4)).

The evaluation will use the wealth of information we have collected in responding to the President's directive on catastrophic health care, plus other studies concerning access to health care in this country.

There are also several related activities. First, PHS is working with HCFA to plan a series of regional conferences regarding the financing of health care services for HIV patients. The specific topics, dates and locations of these conferences are still to be determined, but they will deal with financing-related recommendations of the Presidential Commission on the HIV Epidemic and PHS' Charlottesville Conference. Conferences will cover such topics as promoting private sector involvement in paying for services, exploring ways to finance non-traditional services (including housing-related services), and encouraging states to adopt risk pools.

Second, PHS also will study the financing of services provided in the networks of care supported by the AIDS Service Demonstration Grants. A data collection survey which will gather information on the demographics of the patients being served by the grantees and on the primary source of payment for each of the broad categories of care provided for in the networks is being submitted for OMB clearance.

H(1). SPECIFIC STUDIES ON HEALTH CARE--OUT OF HOSPITAL AND CASE MANAGED CARE

Requirement: Conduct specific studies of ways to promote better out-of-hospital and case managed care.

Response/Status

HCFA is coordinating efforts to respond to the requirement. These include --

- HCFA is encouraging states, under the home and community-based services waiver program to provide more cost-effective care for persons who would otherwise be at-risk of institutionalization, focusing particular attention on persons with AIDS. Overall, there are 46 States with currently active waivers, with 7 states specifically identifying AIDS/ARC patients as a category of patients being served under their waiver programs. The seven states are: New Jersey, New Mexico, North Carolina, Ohio, Hawaii, Illinois, and South Carolina. HCFA will continue to encourage additional states to avail themselves of this optional waiver program as a means of promoting out-of-hospital and case-managed care.

- HCFA has been encouraging states and other organizations to conduct studies of the effectiveness of out-of-hospital and case-managed care through the annual solicitation for research and demonstration proposals. In both the FY 1988 and the proposed FY 1989 solicitations, HCFA has solicited projects that assess the effects of innovative state, local, and private programs in promoting such care for AIDS patients. (Although no application was funded in this area in FY 1988.) In the FY 1989 notice, HCFA has included a solicitation for studies that examine the use of Medicaid waivers, hospice care, home health and other ambulatory services in providing cost-effective alternatives to inpatient care for AIDS patients.

- NCHSR has developed a program announcement to stimulate investigator-initiated research. One priority area is research that involves analysis of the effectiveness and efficiency of health-care delivery for HIV-infected persons. NIH has other program announcements for investigator-initiated biomedical research.

- HRSA is conducting an evaluation of patterns of utilization and costs in four AIDS Service Demonstration Grant projects. This evaluation, which is being performed by Project HOPE, will concentrate on out-of-hospital care and is scheduled for completion late next summer. An additional study of these demonstration grants is preparing descriptions of the

range of services provided in each city, and of the relationships among service providers in the network. HRSA also has a contract for evaluating the results of a small scale study of ambulatory care costs of AIDS patients in the San Francisco area.

- This fall, HRSA will begin a two-year evaluation of Regional AIDS Education and Training Centers. This evaluation will identify ways to improve the effectiveness of the Centers in preparing health professionals to care for HIV-infected people and will begin to assess their impact on this objective.

H(2). SPECIFIC STUDIES ON HEALTH CARE -- STATE RISK POOLS

Requirement: Conduct specific studies on ways to encourage states to establish insurance risk pools for medically uninsurable persons.

Background

About one percent of the United States population is estimated to be medically uninsurable due to pre-existing medical conditions, including AIDS. When private insurance is available, the price is often prohibitive or the pre-existing conditions are excluded from coverage for the first year or longer. Without insurance, many of these people are unable to pay the high medical bills they often incur. This results in financial strain on health providers. It also means financial hardship for the individuals and their families and the depletion of resources until the individual qualifies for government-subsidized care. Risk pools are legislatively established health insurance programs intended to make insurance available to people considered otherwise uninsurable. The resulting coverage can reduce the impact on personal finances and the dependency on Medicaid.

Fifteen states have enacted legislation establishing subsidized risk pools; of these, 13 are active. Some 20 states considered (but none enacted) risk pool legislation in 1987-88. According to a GAO report, all existing pools appear to cover AIDS, and four (Indiana, Iowa, Minnesota and Nebraska) specifically include AIDS among the diagnoses that are grounds for presumptive pool eligibility.

Response/Status

- HHS has proposed, and will repropose, to OMB that the Administration support enactment of S. 1634 proposed by Senator Durenberger which would encourage states to establish risk pools, would establish very limited Federal requirements (which should be further modified), and would provide $30 million in "seed money" spread over 3 years.

- HHS will promote state enactment of risk pools in several forums, including the consensus conferences required in the action plan, and through speeches, letters, and other interactions with the National Governors' Association and the National Conference of State Legislatures.

- Through the evaluation of existing risk pools and the development of several model risk pool statutes, HHS will act as a resource center to help states wishing to consider enactment of legislation to establish risk pools. We will communicate this to all states.

H(3). SPECIFIC STUDIES ON HEALTH CARE--HIV-INFECTED INFANTS AND CHILDREN

Requirement: Conduct specific studies on ways to increase the responsiveness of the public health and health services system to HIV-infected infants, children, and adolescents.

Response/Status

In February 1988 Secretary Bowen established a special initiative on pediatric HIV infection to focus and develop HHS-wide efforts to address this problem.

A Departmental work group was formed under the leadership of the PHS. That group has completed its report and provided it to the Assistant Secretary for Health on August 31. It is now under review by PHS and other components of the Department. It includes many recommendations, including ones concerning resources, provision of health care services, financing of such services, and prevention of HIV infection. HHS agency review should be completed by late September, and particular implementation actions will be identified and included in the plan discussed in the summary of item I.

There also are a number of ongoing activities aimed at pediatric AIDS, such as HRSA's recent award of 13 grants totalling $4.4 million to states and communities for the funding of projects demonstrating innovative approaches for intervention in pediatric AIDS, particularly to reduce perinatal transmission of AIDS and develop family centered services; several evaluations to assess problems in foster care for children with HIV infection and identify potential solutions; and NIH will be working with FDA to revise that agency's guidelines to permit early testing of promising agents in infants, children and adolescents--simultaneous with testing in adults.

H(4). SPECIFIC STUDIES ON HEALTH CARE -- DISABLED

Requirement: Conduct specific studies to increase the responsiveness of the health care system to low-income disabled individuals.

Response/Status

Responsiveness of the health care system to the needs of low-income, disabled persons will be addressed in the overall evaluation of the health care system summarized in item G.

I. NATIONAL PLAN FOR COMBATTING HIV

Requirement: Provide an update by December 15, 1988, of the 1986 PHS plan for combatting HIV infection, reflecting, in part, both the Commission Report and the recent Public Health Service Charlottesville Planning Conference.

Background

The PHS has led the effort to control the human immunodeficiency virus (HIV) infection since 1981. Many of the salient contributions by the various Agencies of the PHS have been developed within the context of an ongoing planning process.

Response/Status

The Assistant Secretary for Health (ASH) convened a meeting in June 1986 to develop a comprehensive plan for the entire PHS. That plan was used to coordinate efforts through 1988, but new developments necessitated a major update. In response, the ASH convened a second PHS AIDS Prevention and Control Conference in early June 1988 in Charlottesville, Virginia, to develop a new PHS coordination plan. The report of the meeting contains an assessment of the last two years' effort, the major issues facing PHS, 222 goals, and 554 specific objectives as priority areas. The report is expected to be published in October 1988.

The Department is developing an implementation plan which will identify the major goals to be carried out in FY 1989 with specific objectives and dollars alloted. It will include implementation of Commission recommendations, as appropriate. The PHS Charlottesville report/plan discussed above will serve as the major component of this implementation plan, with components added by other HHS agencies. The final plan is expected to be ready simultaneously with the Charlottesville Report.

Similar implementation plans will be prepared for future years.

In addition, we plan to use both the Charlottesville Report/HHS implementation plan, and the President's Commission Report, to establish a tracking and monitoring system for HHS activities combatting HIV infection.

J. ESTABLISH AN AIDS EMERGENCY FUND

Requirement: Seek a special HIV emergency fund in the FY 1990 budget for unanticipated problems and opportunities.

Response/Status

The FY 1990 budget request sent to OMB on September 1 includes $25 million for an AIDS emergency fund.

K. IMPLEMENT OPM GUIDELINES

Requirement: Every Federal agency is to adopt a policy based on OPM guidelines for AIDS information and education and personnel management.

Proposed Response/Status

In response to OPM's Guideline of March 24, 1988, the Assistant Secretary for Personnel (ASPER) issued Personnel Manual Instruction 792-4, AIDS in the Workplace, which provides HHS policy on employment issues concerning AIDS in the HHS workplace. ASPER is also preparing a memorandum for the Secretary to send to all HHS employees regarding AIDS in the workplace.

In addition, ASPER has developed continuing education programs for the Employee Counseling Service. A videotape entitled "One of Our Own - A story About AIDS in the Workplace" and accompanying educational materials are available for Employee Counseling Service personnel. A report, AIDS: The Facts - A Special Report, was prepared and distributed in 1987.

Finally, Employee Counseling Service personnel are encouraged to utilize available programs and informational materials as they work to educate HHS employees about AIDS. Brochures of these materials are displayed in Employee Counseling Service centers for distribution. Counseling Service staff members also attend workshops, conferences and/or seminars on AIDS education whenever possible, as part of their in-service training.

FACSIMILE TRANSMISSION REQUEST

ADDRESSEE: (NAME, ORGANIZATION, CITY, STATE & PHONE#)	FROM: (NAME, ORGANIZATION & PHONE #
Sue Daoulas Drug Abuse Policy Office White House Room 220 Washington, D.C. 20500 456-6554	Lorraine Fishback PHS/OASH Hubert Humphrey Building, 740G 245-6135

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REMARKS

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B. CONSENSUS CONFERENCES ON HEALTH PROTECTIONS

Requirement: Convene a series of consensus conferences over a 12-month period involving state, local, and private groups to encourage them to adopt the specific public health measures discussed in the Commission's Report, such as increased counseling and testing, reporting of HIV infection, partner notification, and health care worker safety. One conference should address restrictive measures and criminal statutes directed to HIV-infected persons who knowingly persist in maintaining behaviors that transmit their infection. Another possible topic is the serious problem of neighborhood resistance to facilities for the care of HIV patients, drug abusers, and group homes for HIV-infected infants and children.

Response/Status

HHS has already initiated a series of conferences which partially fulfill this directive. A U.S. Health Summit on HIV Infection is scheduled for November 28-29, 1988, in Washington, D.C. Participants will include State Health Commissioners, gubernatorially appointed AIDS Coordinators, representatives of State Medical Societies, and local health officers. The purpose of the meeting is to strengthen public health measures to reduce the spread of AIDS. The conference will provide a forum for public/private sector collaboration on efforts to reduce the spread of HIV infection and an opportunity to share information about HIV-policies, programs and further needs. Workshops will be included where participants will develop recommendations for the conduct and content of the future consensus conferences.

Numerous other conferences, either held recently or planned by the PHS during the next 12 months, meet the definition of consensus conferences.

- The CDC, together with NIMH and other PHS agencies, sponsored the National Conference on Prevention of HIV Infection and AIDS in Racial and Ethnic Minorities in August 1988; over 2,000 participants attended. Follow-up PHS regional conferences involving all PHS Agencies and the Office of Minority Health are expected in fiscal year 1989.

- CDC will jointly support, with the Department of Labor, a conference to be held in January 1989 on the OSHA workplace standards for blood-borne diseases.

- HRSA is planning a second national conference on the planning and management of health care services for HIV-infected patients, following the conference held in Charleston, S.C. on August 4-6, 1988. One major topic will be the health care facilities and housing needs of HIV patients.

- In October, HRSA will co-sponsor a conference on drugs and AIDS, organized by the New York State Hospital Association The conference will address issues related to providing family oriented care for IV drug abusers.

- HRSA will sponsor a two-year followup to the April, 1987 Surgeon General's Workshop on Children with HIV Infection and Their Families in Los Angeles.

- HRSA is joining with NIDA and NIMH to sponsor a series of conferences on developing appropriate services for adolescents and youth at risk of HIV infection.

- The HRSA supported Regional Education and Training Centers will be conducting consensus conferences during FY 1989, addressing such topics as the safety of health care workers.

- OASH and ADAMHA are developing a Gubernatorial Consensus Conference on Federal-State strategies to overcome neighborhood resistance to drug abuse treatment facilities, training needs of alcohol, drug abuse, mental health workers, alternative drug abuse service facilities and mainstreaming drug abuse care with primary care.

- ADAMHA has underway in FY 1988 five regional training sessions targeted to ethnic minorities and another five sessions on reaching hard-to-reach audiences. State and community leaders will be included in these conferences.

Other conferences--particularly ones on restrictive measures and criminal statutes, and neighborhood resistance that involve subjects of concern to other departments--are being planned in the context of Interagency Working Group on AIDS. A conference plan should be ready by September 27, with revisions to be made after the November conference discussed above.

already been considered in the formulation of the FY 1990 budget.

To date, with two exceptions, no HHS agency identified any Commission recommendations which have not been taken into account already during the budget formulation process. The exceptions are (1) the implementation of actions to protect the blood supply, and (2) HCFA has not budgeted specifically for the cost of the required evaluation of the health care system (see summary G). We currently are addressing how to deal with both of these items.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

SEP 20 1988

MEMO TO: Steven Grossman
Deputy Assistant Secretary for Health
Planning and Evaluation

FROM: Gerald H. Britten
Deputy Assistant Secretary
for Program Systems

SUBJECT: Response to the President's Requirement for Implementing the HIV Commission Report.

I have attached, per Dr. Macdonald's request, a summary of HHS actions in response to the President's directives on the HIV Commission Report. Please note that we have several (items B, D and G) for which more details will be forthcoming soon.

In addition, we are preparing a memorandum from Secretary Bowen summarizing the more important actions for the report the President asked for in September.

Attachment
a/s

cc: Peter Fischinger
Tim Ray
Ralph Reed

LIST OF REQUIREMENTS

President's Requirements for HHS in August 5, 1988 Memorandum

A. Review budgets for FY 1989-90

B. Hold consensus conferences on public health protection

C. Increase community-based education programs

D. Improve protection of national blood supply

E. Accelerate drug and vaccine development

F. Assess private incentives for development and marketing of HIV products

G. Evaluate the national health care financing system

H. Conduct special studies:

1. Out of hospital care and case management
2. State risk pools
3. Children with AIDS
4. Low-income disabled with AIDS

I. Update national plan for combatting HIV epidemic

Other Requirements from President

J. Establish an AIDS emergency fund

K. Implement OPM guidelines

A. REVIEW FY 1989 AND FY 1990 BUDGETS

Requirement: The President directed the Secretary of HHS to review FY 1989 spending plans to incorporate relevant recommendations of the HIV Commission. In addition, the Secretary said, in a letter to Dr. Macdonald, that HHS would review the Commission recommendations in developing our FY 1990 budget.

Background

The FY 1989 Appropriations Conference action provides $1.29 billion (assumes FDA at Senate level) for AIDS activities in PHS. This represents a 1.2% decrease from the President's budget request.

The FY 1990 Budget Request for HHS was submitted to OMB on September 1 and includes almost $3 billion for AIDS: $1.94 billion for the Public Health Service activities, $710 million for Medicaid and Medicare and $305 million for Disability Insurance.

Response/Status

As a follow-up to the Commission report, all components of the Department have been asked to review their FY 1989 AIDS spending plans to incorporate the recommendations of the AIDS Commission. Additionally, components have been asked to identify all FY 1989 and FY 1990 resources devoted to each of the Commission recommendations to which the Department has no disagreement.

The AIDS component of the FY 1990 budget request to OMB has been developed taking into account the AIDS Commission recommendations.

Specifically for the PHS, the FY 1989 spending plans of each of the PHS agencies have been reviewed within the context of the recommendations proffered by the Presidential Commission on the Human Immunodeficiency Virus Epidemic. The fact that the Commission released an interim report several months earlier which addressed many substantive issues related directly to various agencies' budgets was very helpful for fiscal planning for FY 1989.

A second element is represented by the development of the Charlottesville Report and the HHS Implementation Plan for AIDS which collectively represent the major departmental planning exercise relative to the control of the HIV epidemic. Many of the goals and objectives of the report and plan are congruent with the recommendations of the Commission, and have therefore

9-21-88

Sue,

Please replace the attached sheets -- we've made a few revisions in the comments.

Bob
Kohnecker

COMMENTS ON HIV REPORT RECOMMENDATIONS

1-6 In all federal agencies all relevant job and program titles should clearly reflect HIV infection as the target of concern.

Proposed Federal Position

Federal Responsibility

____ A = Completed/Ongoing
____ B = Planned
____ C = Under Consideration
____ D = Disagree
__X__ E = Other

Non-Federal Responsibility

____ F = Agree
____ G = Disagree
____ H = Neutral
____ I = Other

Organizations Providing Comments

Federal : HHS (CDC)
Non-Federal:

Comments

Where appropriate, this has been done. However, widespread use of the term could become a source of confusion for the general public. For the sake of clarity in educational materials and programs, infection with HIV has been referred to as infection with the AIDS virus.

Staff position: Within 60 days, HHS should submit a report on whether job or program titles need any modification to reflect concern for HIV infection.

September Update: CDC has been including references to HIV in job descriptions as appropriate and as new descriptions are written. Changes in the names of programs and organizational units within CDC also are being considered.

Other agencies will make changes as appropriate. Within HHS, ASPER will consider how this recommendation will be more fully implemented. The focus of all agencies involved in prevention activities is HIV infection and not only AIDS.

COMMENTS ON HIV REPORT RECOMMENDATIONS

4-95 Wherever legal restrictions bar the entry of "boarder babies" and other foster children into clinical trials, these restrictions must be examined and challenged as appropriate, to make certain that these children are not being denied access to palliative or possibly curative therapies.

Proposed Federal Position

Federal Responsibility		Non-Federal Responsibility	
____	A = Completed/Ongoing	_X_	F = Agree
____	B = Planned	____	G = Disagree
____	C = Under Consideration	____	H = Neutral
____	D = Disagree	____	I = Other
____	E = Other		

Organizations Providing Comments

Federal : HHS (NIH)
Non-Federal:

Comments

Inclusion of boarder babies in pediatric clinical trials is under active consideration. See discussion under recommendation 4-91.

Staff position: Need to determine whether this is a federal or non-federal responsibility.

September Update: The babies are wards of the States. The Department's pediatric AIDS subgroup is examining this issue in order to identify technical assistance to help facilitate States' decision-making processes for permitting the infants participation in clinical trials.

COMMENTS ON HIV REPORT RECOMMENDATIONS

4-111 The NIMH, in collaboration with the NIDA, should conduct studies of the determinants of the point of entry that puts an individual at risk and pattern of drug use and sexual practices (particularly, bisexual practices).

Proposed Federal Position

Federal Responsibility		Non-Federal Responsibility	
_X_	A = Completed/Ongoing	____	F = Agree
____	B = Planned	____	G = Disagree
____	C = Under Consideration	____	H = Neutral
____	D = Disagree	____	I = Other
____	E = Other		

Organizations Providing Comments

Federal : DHHS (ADAMHA)
Non-Federal:

Comments

ADAMHA should be asked to determine the merits of this recommendation and respond with a plan of action within 30 days.

September Update: NIDA and NIMH indicate that this kind of research is ongoing and will be increased and that a program announcement will be issued in FY 1988 to highlight the need for additional research on development of risk behaviors.

COMMENTS ON HIV REPORT RECOMMENDATIONS

4-59 In order to encourage the administration of drugs under treatment IND regulations, Congress should review current liability laws regarding these drugs and take appropriate action to extend liability protection to cover the manufacture and administration of these drugs.

Proposed Federal Position

Federal Responsibility		Non-Federal Responsibility	
____	A = Completed/Ongoing	____	F = Agree
____	B = Planned	____	G = Disagree
X	C = Under Consideration	____	H = Neutral
____	D = Disagree	____	I = Other
____	E = Other		

Organizations Providing Comments

Federal :
Non-Federal:

Comments

Staff position: It is not clear that liability concerns are the factor preventing pharmaceutical companies from filing treatment INDs. See also response to 4-44.

COMMENTS ON HIV REPORT RECOMMENDATIONS

5-10 Congress, in conjunction with OPM, should analyze the recruitment of personnel to the CDC. Federal salaries and benefits should be assessed. Following such an analysis, Congress should make every effort to enact legislation that will attract first-rate personnel to CDC.

Proposed Federal Position

Federal Responsibility

____ A = Completed/Ongoing
____ B = Planned
_X_ C = Under Consideration
____ D = Disagree
____ E = Other

Non-Federal Responsibility

____ F = Agree
____ G = Disagree
____ H = Neutral
____ I = Other

Organizations Providing Comments

Federal : HHS
Non-Federal:

Comments

The PHS has developed a proposal that would provide extra compensation for certain scientific positions and is currently under consideration.

Staff position: Recommendation should be included in the list of items that the proposed OMB committee should consider in their 60 day-plan.

September Update: The proposal to establish a Senior Biomedical Research Service is under consideration at OMB. A similar proposal is part of S.2222.

COMMENTS ON HIV REPORT RECOMMENDATIONS

8-1 In the near term, NIDA, with state agencies, local drug abuse officials, and drug treatment providers, should develop a plan for increasing the capacity of the drug treatment system so the goal of treatment-on-demand can be met. The plan should designate an implementing office with the staff and technical capacity to guide implementation of the plan. The plan should provide for matching funding on a 50 percent federal and 50 percent state-and-local basis. It should have elements for a phased, targeted increase in programs insuring the quality of care, and mechanisms to evaluate progress and make appropriate adjustments.

Proposed Federal Position

Federal Responsibility		Non-Federal Responsibility	
____	A = Completed/Ongoing	____	F = Agree
____	B = Planned	____	G = Disagree
____	C = Under Consideration	____	H = Neutral
____	D = Disagree	____	I = Other
_X_	E = Other		

Organizations Providing Comments

Federal : DOD, HHS (ADAMHA)
Non-Federal:

Comments

DOD comments that it has a program for alcohol and/or drug abuse in place.

Staff position: Agree that expansion of drug capacity is needed. How best to achieve this goal and what level of expansion is appropriate is under consideration. In regard to the issue of "treatment on demand", the Administration supports the concept of providing high quality drug treatment to as many individuals as possible.

September Update: NIDA comments that "getting IVDA's into treatment to enable them to stop injecting drugs is a high priority in AIDS prevention" and increased funding for drug abuse treatment is included in the FY 1990 preliminary budget submission to OMB.

NIDA has developed a draft 5-year plan that is currently under review within HHS.

COMMENTS ON HIV REPORT RECOMMENDATIONS

8-6 As an interim step until new treatment facilities can be developed, state drug abuse agencies should consider contracting with allied health professionals and social workers or organizations to serve as case managers for drug abuse clients. Case managers, who need not be affiliated with traditional drug abuse facilities, could procure medical, educational, job training and social services, and other necessary services, from existing community resources. They could assess client needs, develop individualized treatment plans, procure services, and monitor service delivery. The federal government should provide demonstration funds for projects that use the case management approach to bring external community resources into treatment plans.

Proposed Federal Position

Federal Responsibility

____ A = Completed/Ongoing
____ B = Planned
_X_ C = Under Consideration
____ D = Disagree
____ E = Other

Non-Federal Responsibility

____ F = Agree
____ G = Disagree
____ H = Neutral
____ I = Other

Organizations Providing Comments

Federal : HHS (ADAMHA)
Non-Federal: IHPP

Comments

Agree with modification. State drug treatment programs vary in ability to provide inclusive services. Some case management services are ongoing through two NIDA programs -- the AIDS Community Outreach and Counseling Demonstration Project. Whether additional Federal efforts are needed is a matter of discussion within HHS.

September Update: ADAMHA is looking at other alternatives to provide primary health care services and drug abuse treatment services to those individuals on waiting lists. They think that there are other solutions beyond using case-managers. They are negotiating with DoD and HRSA to use unused DoD hospitals to care for IVDA's and they are also working with HRSA to use their community health program facilities.

COMMENTS ON HIV REPORT RECOMMENDATIONS

8-10 Effective drug treatment, especially in this HIV epidemic, includes dealing not only with the health care needs of patients but also of their families. Treatment should include on-site primary services or referrals to community health centers, mental health centers, and other accessible community-based resources.

Proposed Federal Position

Federal Responsibility	Non-Federal Responsibility
____ A = Completed/Ongoing	____ F = Agree
____ B = Planned	____ G = Disagree
____ C = Under Consideration	____ H = Neutral
____ D = Disagree	_X_ I = Other
____ E = Other	

Organizations Providing Comments

Federal : HHS (ADAMHA)
Non-Federal:

Comments

Staff position: Ask HHS to evaluate the merits of this recommendation and consider whether implementation/demonstration through HRSA programs such as the Migrant Health Centers and Community Health Centers is feasible.

September Update: ASPE states that this is under consideration. ADAMHA/HRSA are working on improving the integration of grant supported services in the fields of alcohol/drug abuse treatment and community and migrant health care centers.

COMMENTS ON HIV REPORT RECOMMENDATIONS

8-15 A significant increase in trained personnel will be needed to implement new programs. Approximately 59,000 persons will be needed to join the ranks of drug abuse workers. New staff training programs should be developed at universities, community colleges, vocational and technical schools, and through internships in existing drug programs and the training of ex-addicts. Curricula dealing with education, prevention, and treatment of substance abuse and HIV should be developed throughout the educational systems for physicians, nurses, and social service workers. Federal leadership is needed to foster and identify model curricula for training programs as well as establishing the fields of drug abuse prevention, treatment, and research as viable and rewarding professions.

Proposed Federal Position

Federal Responsibility		Non-Federal Responsibility	
____	A = Completed/Ongoing	____	F = Agree
____	B = Planned	____	G = Disagree
____	C = Under Consideration	____	H = Neutral
____	D = Disagree	____	I = Other
_X_	E = Other		

Organizations Providing Comments

Federal : HHS (ADAMHA)
Non-Federal:

Comments

The need to improve substance abuse training in the curricula of health professionals is one of the activities included in the drug abuse demand reduction plan prepared by PHS.

Staff position: HHS should consider implementation of this recommendation within the context of the FY 1990 budget.

COMMENTS ON HIV REPORT RECOMMENDATIONS

8-25 The ADAMHA's Office of Substance Abuse Prevention should sponsor more research into the root cause of drug abuse, determination of those at greatest risk, and the most effective means of preventing drug abuse.

Proposed Federal Position

Federal Responsibility		Non-Federal Responsibility	
X	A = Completed/Ongoing	____	F = Agree
____	B = Planned	____	G = Disagree
____	C = Under Consideration	____	H = Neutral
____	D = Disagree	____	I = Other
____	E = Other		

Organizations Providing Comments

Federal : HHS (ADAMHA)
Non-Federal:

Comments

Federal funding of such research is under consideration as part of the FY 1990 budget process.

September Update: ADAMHA (NIDA) is responsible for studying the etiology of drug abuse, the assessment of risk and the most effective ways to prevent drug abuse. NIDA's current research portfolio addresses these areas. ADAMHA (NIDA) agrees with the intent of the recommendation, noting that it requires additional funds.

CENTERS FOR DISEASE CONTROL

Impact of AIDS Funding on Non-AIDS Activities

About seven years have passed since CDC received the initial report of the unique disorder, now known as AIDS. Since that time, our programs have expanded rapidly and into an extremely complex set of prevention strategies, surveillance, and epidemiological studies. This rapid expansion of programs has placed a strain on the resources, both human and material, that serve as a matrix for this effort.

The AIDS prevention effort has been strongly supported by the Administration and Congress. However, the impact of AIDS activities on non-AIDS activities has been substantial, but hard to document. During the period of the 1980's, CDC has not been static. Many new responsibilities and programs have been given to CDC by the Administration and Congress, including Injury Control, Chronic Disease Activities, a Diabetes Translation Center, Disability Prevention, and Chronic Fatigue Syndrome. In addition, NCHS and the Office on Smoking and Health have been transferred to CDC for management. The Congress directed CDC to study the effects of Agent Orange on Vietnam veterans. The Director of CDC was instructed to establish the Agency for Toxic Substances and Disease Registry and was appointed Administrator. All ATSDR administrative and management services are provided by CDC.

FTEs

In the area of FTEs, CDC will expend over 500 FTEs on AIDS activities in FY 1988. Of this amount only 165 have been provided to CDC as new FTEs. In testimony given to the House Committee on Energy and Commerce in March 1988, it was conservatively estimated by the Director of CDC that 141 FTEs have been redirected to AIDS activiites. During the 1980s, the core programs of CDC have lost over 1,000 FTEs and a substantial number have been redirected to other programs such as ATSDR, Injury Control, and Chronic Disease to carryout new responsibilities as directed by Congress. CDC continues to have difficulty in recruiting and training highly skilled medical, research, and administrative personnel and in replenishing our pool of public health advisors. To help compensate for this reduction, CDC has increased its efficiency through the use of computer technology, contracting for services, closing field stations, and implementing other management improvements.

Facilities

The AIDS program has resulted in the need for additional laboratory and office space. The FY 1989 appropriation directs GSA to construct two office buildings and a laboratory for CDC. CDC is awaiting final approval for the construction of these buildings by OMB. At present our greatest need, in addition to the new buildings, is funds to maintain our current facilities, which are in need of repair, renovation, and modernization.

The main facility in Atlanta, Ga. was built in the late 1950's and is now in need of major repairs including the replacement of air handling systems, a major expense.

Funds

Funding has been a problem for non-AIDS activities. Prior to the time AIDS was determined to be the number one health problem, CDC was annually receiving cost of living increases to continue activities at the same level as the previous fiscal year. Since increasing funds have been required by AIDS, CDC has not been receiving all cost-of-living increases required to continue to operate at the previous years level. In addition, complete pay raise costs have not been provided for the pay raises provided by the Administration and Congress; 4% in 1984; 3.5% in 1985, 3% in 1987; and 4.1% in 1988.

In addition, Congress has included reductions of 4.26% in FY 1988 and 1.2% in 1989 to remain within the limits established by the bipartisan agreement in compliance with the Gramm-Rudman-Hollings Act. The impact of these have been very substantial on our non-AIDS activities.

Equipment

One result of not having funds available for purchase of scientific equipment is that CDC is losing scientists to the private sector and is unable to recruit high quality replacements. Scientific equipment that is not technologically cuurent makes it difficult for CDC to remain on the leading edge of the state-of-the-art in our area of responsibility. In addition, certain activities are being performed less efficiently.

Summary

In summary, the impact of AIDS on the non-AIDS activities has been significant in terms of FTEs, funds, equipment, and space. Funds for these activities have gone to cover the cost-of-living increases for which CDC did not receive funds. If the funds had not been appropriated for AIDS; $1.3 billion in FY 1989, CDC could have competed for these resources and, at a minimum, would have received cost-of-living increases to continue non-AIDS activities at the same level as the previous year and would probably have received increases to expand programs that would have reduced the morbidity and mortality from many diseases and injuries that are part of CDC's responsibilities.

TO: (Name, Organization, City and State)	FROM: (Name, Organization and Phone Number)
Donald Ian Macdonald, M.D. Deputy Assistant to the President and Director Drug Abuse Policy Office The White House 456-2246	Michon Kretschmaier PHS Budget Office (7-A-43) 443-1337
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- As promised by Bill Foriman.

Michon Kretschmaier
(Authorizing Signature of Originator)

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September 14, 1988
MK10 FTESUM.WK1

PUBLIC HEALTH SERVICE
FTE SUMMARY

	1988 Current Estimate	1989 President's Budget	1989 OS Request to OMB	1990 OMB Target	1990 OS Request to OMB
FDA					
Non-AIDS	6,984	6,979	6,979	6,979	7,137
AIDS	218	254	323	337	566
Subtotal, FDA	7,202	7,233	7,302	7,316	7,703
HRSA					
Non-AIDS	2,176	1,921	2,104	1,912	2,037
AIDS	25	25	25	25	55
Subtotal, HRSA	2,201	1,946	2,129	1,937	2,092
IHS					
Non-AIDS	11,861	10,380	10,380	10,046	10,037
AIDS	---	---	---	---	---
Subtotal, IHS	11,861	10,380	10,380	10,046	10,037
CDC					
Non-AIDS	3,952	3,973	3,973	3,973	3,955
AIDS	452	432	523	589	635
Subtotal, CDC	4,404	4,405	4,496	4,562	4,590
NIH					
Non-AIDS	12,690	12,322	12,307	12,322	12,147
AIDS	544	580	957	587	1,123
Subtotal, NIH	13,234	12,902	13,264	12,909	13,270
ADAMHA					
Non-AIDS	1,652	1,603	1,613	1,586	1,604
AIDS	47	57	80	57	120
Subtotal, ADAMHA	1,699	1,660	1,693	1,643	1,724
OASH					
Non-AIDS	904	818	849	805	842
AIDS	15	20	26	20	41
Subtotal, OASH	919	838	875	825	883
TOTAL, PHS					
Non-AIDS	40,219	37,996	38,205	37,623	37,759
AIDS	1,301	1,368	1,934	1,615	2,540
Subtotal	41,520	39,364	40,139	39,238	40,299

DRAFT

MEMORANDUM FOR THE SECRETARY OF STATE

SEP 1 8 1988

I have just received and approved the September progress report on my 10-point action plan as part of the response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic. I am pleased with the scope of the activities that have been initiated in just one month.

In particular, your outline of a three year plan for international efforts against HIV infection is encouraging. I look forward to receiving the final plan in December.

ok for now

will need to go into

letter form?

DRAFT

MEMORANDUM FOR THE SECRETARY OF HEALTH AND HUMAN SERVICES SEP 1 8 1988

I have just received and approved the September progress report on my 10-point action plan as part of the response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic. I am pleased with the scope of the activities that have been initiated in just one month.

In particular, I am pleased with the many accomplishments of the Department of Health and Human Services. You have taken major strides forward in combatting this disease. I continue to be interested in your progress and look forward to receiving the plan to enhance private incentives for development and marketing of HIV products and a report on the one-year evaluation of the current health care financing system in December.

Although not mentioned in my August 5 memorandum to you, Dr. Macdonald has told me of two additional items you are preparing that would be of interest to me in reporting on the progress we have made toward implementing my Commission's recommendations. Would you please provide Dr. Macdonald copies of the following for his December report to me:

1. A paper discussing the results of your review of the FY 1989 and FY 1990 HHS budget as it relates to relevant recommendations my HIV Commission.

2. A report on how the recommendations of my Presidential Commission relate to those of the HHS Charlottesville Plan.

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DRAFT

MEMORANDUM FOR THE DIRECTOR OF THE OFFICE OF MANAGEMENT AND BUDGET

SEP 1 6 1989

I have just received and approved the September progress report on my 10-point action plan as part of the response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic. I am pleased with the scope of the activities that have been initiated in just one month.

I ask you to continue to work with the Department of Health and Human Services, the General Services Administration, and the Office of Personnel Management to remove any unnecessary administrative and management impediments to the agencies attack on HIV infection.

I ask you to pay particular attention to my FY 1990 budget for HIV-related activities. Please ensure that it is adequate to meet the needs and that it is submitted to the Congress in a timely manner. I ask you to convey again to the Congress a sense of the urgency with which this budget needs to be enacted.

DRAFT

SEP 1 6 1989

MEMORANDUM FOR THE DIRECTOR OF THE OFFICE OF PERSONNEL MANAGEMENT

I have just received and approved the September progress report on my 10-point action plan as part of the response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic. I am pleased with the scope of the activities that have been initiated in just one month.

In particular, I would like to commend you for assuring that Federal agencies adopt a policy based on your Office's "Guidelines for AIDS Information and Education for Personnel Management." Please continue to work with the Federal agencies as well as the private sector to ensure that employees infected with HIV are treated fairly and compassionately in the workplace.

DRAFT

MEMORANDUM FOR THE ATTORNEY GENERAL

SEP 1 8 1988

I have just received and approved the September progress report on my 10-point action plan as part of the response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) EPidemic. I am pleased with the scope of the activities that have been initiated in just one month.

I remain concerned about fair and compassionate treatment of HIV-infected individuals. Please take the appropriate actions to ensure that the proper mechanisms are in place to protect these individuals against discrimination.

THE PRESIDENT'S 10-POINT ACTION PLAN
September Update

Progress on the 597 Recommendations

Current Status

In the short time since the first update, considerable progress has been made on the 597 recommendations. In May, Federal agencies reviewed the first draft of the recommendations and immediately began to consider how best to implement them. In July, they reported on the status of the recommendations for which they were responsible.

In the first update, 44 percent of the 364 recommendations with Federal responsibility were either completed, ongoing, or planned. In September, several recommendations were considered more appropriately as non-Federal responsibility. Twenty-three recommendations were reclassified as completed, ongoing, or planned; 51 percent of the 357 with Federal responsiblity now fall into this category. In the first update, 108 of recommendations were classified as "under consideration;" only 81 remain in this category. The agencies disagreed with only 11 percent of the recommendations. In these instances, the agencies generally provided alternative approaches to meeting the focus of the recommendation or pointed out that resources should be directed to higher priority activities.

For many of the 240 recommendations without primary Federal responsibility, the Federal government assists States, researchers, health care providers, and others by providing technical assistance or funding.

Future update

The agencies will continue to monitor their progress on these recommendations. In December, they will be requested to provide another update. The number of recommendations "under consideration" will decrease as agencies make decisions how best to implement them. We expect more progress as agencies submit their FY 1990 budget and Congress implements it.

Recommendations Relating to the Ten-Point Plan

Many of the recommendations relate to the Ten-Point Plan. Many of these relate to more than one point of the plan. Only 124 of the recommendations did not directly relate to the plan; these will continued to be tracked. For recommendations with Federal responsibility, 42 percent of the recommendations relating to the Ten-Point Plan are completed, ongoing, or planned; 27% are now under consideration. Federal agencies disagreed with 13 percent. This should not be construed as disagreeing with the President's Plan since the achievement of these recommendations may not contribute directly to the plan.

REPORT OF THE PRESIDENTIAL COMMISSION
ON THE
HUMAN IMMUNODEFICIENCY VIRUS EPIDEMIC

Status of Recommendations
1988

Federal Responsibility

August 4		September 18		Status
126	34.81%	137	38.38%	Completed/Ongoing (A)
32	8.84%	44	12.32%	Planned: FY89 (B)
108	29.83%	81	22.69%	Under Consideration: FY90 (C)
36	9.94%	40	11.20%	Disagree (D)
62	17.13%	55	15.41%	Other (E)
364	60.97%	357	59.80%	Total Federal

Non-Federal Responsibility

August 4		September 18		Status
210	89.36%	216	90.00%	Agree (F)
3	1.28%	3	1.25%	Disagree (G)
9	3.83%	9	3.75%	Neutral (H)
11	4.68%	12	5.00%	Other (I)
233	39.03%	240	40.20%	Total Non-Federal
597		597		TOTAL

COMMISSION RECOMMENDATIONS
RELATING TO THE
TEN-POINT PLAN

Federal Responsibility

Points										Status
1	2	3	4	5	6	7	8	9	10	
20	2	10	19	3	0	15	9	1	9	Completed/Ongoing (A)
6	2	4	5	6	0	4	4	0	1	Planned (B)
5	2	4	24	26	0	7	3	0	6	Under Consideration (C)
1	4	1	8	4	1	16	1	1	1	Disagree (D)
1	4	4	6	2	0	18	8	2	2	Other (E)
33	14	23	62	41	1	60	25	4	19	Total Federal

Total

Non-Federal Responsibility

Points										Status
1	2	3	4	5	6	7	8	9	10	
85	4	27	4	0	0	4	15	0	67	Agree (F)
0	1	0	1	0	0	1	0	0	0	Disagree (G)
3	0	0	0	0	0	2	0	0	1	Neutral (H)
8	0	2	0	0	0	1	1	0	2	Other (I)
96	5	29	5	0	0	8	16	0	70	Total Non-Federal
129	19	52	67	41	1	68	41	4	89	TOTAL

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 1

STATUS	REC #
A	01-002
	01-004
	01-007
	01-008
	01-009
	01-011
	01-013
	01-020
	01-025
	06-003
	06-028
	07-019
	07-020
	07-023
	07-024
	07-027
	07-028
	07-029
	08-056
	08-069
Count:	20
B	01-014
	03-040
	03-043
	05-018
	05-019
	07-018
Count:	6
C	06-008
	06-033
	08-053
	09-036
	09-063
Count:	5
D	08-057
Count:	1
E	08-090
Count:	1
F	01-015
	03-042
	03-044

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 1

STATUS	REC #
F	05-013
	05-014
	05-015
	05-016
	05-020
	06-001
	06-004
	06-005
	06-006
	06-007
	06-009
	06-012
	06-013
	06-015
	06-016
	06-017
	06-018
	06-019
	06-020
	06-037
	06-038
	06-040
	06-041
	07-001
	07-002
	07-003
	07-005
	07-006
	07-021
	07-022
	07-025
	07-026
	07-031
	07-032
	07-033
	07-040
	08-013
	08-036
	08-046
	08-054
	08-062
	08-063
	08-074
	08-075
	08-084
	08-088
	08-089
	08-091
	08-092
	08-093
	09-026

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 1

STATUS	REC #
F	09-037
	09-038
	09-039
	09-040
	09-041
	09-042
	09-044
	09-045
	09-046
	09-047
	09-048
	09-049
	09-050
	09-051
	09-056
	09-064
	09-065
	09-066
	09-067
	09-068
	09-069
	09-070
	09-071
	09-073
	09-074
	09-075
	09-076
	09-100
	09-101
	09-102
	09-103
Count:	85
H	06-010
	08-064
	08-079
Count:	3
I	01-003
	01-010
	03-045
	06-002
	06-011
	06-014
	07-030
	08-060
Count:	8

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 1

STATUS	REC #
Count:	129

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 2

STATUS	REC #
A	06-029
	06-039
Count:	2
B	06-023
	06-036
Count:	2
C	06-024
	06-033
Count:	2
D	06-025
	06-027
	06-030
	06-034
Count:	4
E	04-068
	06-031
	06-032
	06-035
Count:	4
F	06-022
	06-026
	06-037
	06-038
Count:	4
G	06-021
Count:	1
Count:	19

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 3

STATUS	REC #
A	08-002
	08-007
	08-020
	08-022
	08-027
	08-030
	08-032
	08-033
	08-035
	08-037
Count:	10
B	08-018
	08-021
	08-026
	08-051
Count:	4
C	08-004
	08-006
	08-023
	08-025
Count:	4
D	08-003
Count:	1
E	08-001
	08-015
	08-019
	08-024
Count:	4
F	08-005
	08-009
	08-011
	08-012
	08-013
	08-014
	08-016
	08-017
	08-028
	08-029
	08-031
	08-034
	08-036

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 3

STATUS	REC #
F	08-038
	08-039
	08-040
	08-041
	08-042
	08-043
	08-044
	08-045
	08-047
	08-048
	08-049
	08-050
	09-083
	09-084
Count:	27
I	08-008
	08-010
Count:	2
Count:	52

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 4

STATUS	REC #
A	04-001
	04-029
	04-033
	04-035
	04-042
	04-043
	04-048
	04-049
	04-050
	04-051
	04-053
	04-064
	04-075
	04-082
	04-093
	04-096
	04-097
	04-099
	04-100
Count:	19
B	04-003
	04-023
	04-036
	04-076
	04-086
Count:	5
C	04-004
	04-005
	04-006
	04-032
	04-044
	04-054
	04-055
	04-056
	04-057
	04-059
	04-060
	04-063
	04-077
	04-079
	04-080
	04-084
	04-088
	04-089
	04-090
	04-091
	04-092

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 4

STATUS	REC #
C	04-094
	04-098
	04-102
Count:	24
D	04-002
	04-034
	04-045
	04-046
	04-047
	04-058
	04-083
	04-085
Count:	8
E	04-037
	04-061
	04-068
	04-073
	04-081
	11-041
Count:	6
F	04-062
	04-078
	04-087
	04-095
Count:	4
G	04-052
Count:	1
Count:	67

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 5

STATUS	REC #
A	01-012
	04-017
	04-066
Count:	3
B	04-008
	04-011
	04-021
	05-002
	05-003
	11-038
Count:	6
C	04-007
	04-013
	04-014
	04-018
	04-019
	04-020
	04-022
	04-024
	04-025
	04-026
	04-027
	04-038
	04-065
	04-067
	04-070
	05-001
	05-009
	05-010
	05-011
	08-004
	08-023
	08-058
	11-037
	11-039
	11-040
	11-044
Count:	26
D	04-012
	05-012
	06-034
	08-070
Count:	4

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 5

STATUS	REC #
E	04-009
	04-010
Count:	2
Count:	41

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 6

STATUS	REC #
D	05-012
Count:	1
Count:	1

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 7

STATUS	REC #
A	01-012
	02-004
	02-014
	02-018
	03-006
	03-025
	08-065
	08-067
	10-001
	10-002
	10-003
	10-005
	10-009
	10-011
	10-025
Count:	15
B	02-012
	03-023
	06-036
	10-007
Count:	4
C	02-008
	03-005
	03-008
	03-024
	10-012
	10-013
	10-016
Count:	7
D	02-005
	02-009
	03-010
	03-021
	03-022
	03-032
	06-027
	08-068
	10-006
	10-008
	10-018
	10-019
	10-020
	10-022
	10-023
	10-024

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 7

STATUS	REC #
Count:	16
E	03-009
	03-011
	03-012
	03-013
	03-015
	03-016
	03-017
	03-018
	03-019
	03-020
	03-027
	06-031
	08-066
	08-083
	10-010
	10-014
	10-015
	10-017
Count:	18
F	02-001
	02-007
	03-004
	10-004
Count:	4
G	02-013
Count:	1
H	02-016
	03-003
Count:	2
I	10-021
Count:	1
Count:	68

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 8

STATUS		REC #
A		11-001
		11-019
		11-020
		11-022
		11-026
		11-029
		11-033
		11-042
		11-046
	Count:	9
B		11-023
		11-031
		11-032
		11-038
	Count:	4
C		11-030
		11-036
		11-037
	Count:	3
D		11-028
	Count:	1
E		11-002
		11-018
		11-021
		11-024
		11-034
		11-041
		11-045
		11-047
	Count:	8
F		11-003
		11-004
		11-005
		11-006
		11-008
		11-009
		11-010
		11-011
		11-012
		11-013
		11-014

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 8

STATUS	REC #
F	11-015
	11-017
	11-025
	11-027
Count:	15
I	11-007
Count:	1
Count:	41

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 9

STATUS	REC #
A	04-016
Count:	1
D	04-015
Count:	1
E	12-001
	12-002
Count:	2
Count:	4

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 10

STATUS	REC #
A	03-028
	03-035
	08-052
	08-072
	08-073
	08-077
	09-029
	09-034
	09-092
Count:	9
B	09-006
Count:	1
C	01-001
	09-001
	09-002
	09-005
	09-007
	09-036
Count:	6
D	09-028
Count:	1
E	09-004
	09-008
Count:	2
F	02-001
	02-002
	02-006
	02-007
	03-002
	03-007
	03-048
	03-049
	06-001
	06-007
	06-012
	06-017
	07-032
	07-033
	08-054
	08-071
	08-074

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 10

STATUS	REC #
F	08-075
	08-076
	08-078
	08-081
	08-082
	08-085
	08-087
	09-009
	09-010
	09-011
	09-012
	09-013
	09-014
	09-015
	09-016
	09-017
	09-018
	09-019
	09-020
	09-021
	09-022
	09-023
	09-024
	09-025
	09-026
	09-027
	09-030
	09-031
	09-032
	09-033
	09-035
	09-037
	09-039
	09-040
	09-047
	09-076
	09-077
	09-080
	09-081
	09-082
	09-086
	09-087
	09-088
	09-090
	09-095
	09-096
	09-097
	09-104
	09-105
	11-008

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 10

STATUS	REC #
Count:	67
H	03-050
Count:	1
I	06-011 07-030
Count:	2
Count:	89

RECOMMENDATIONS NOT RELATING TO THE TEN-POINT PLAN

STATUS	REC #
A	01-005
	01-016
	01-017
	01-018
	01-019
	01-021
	01-022
	01-023
	01-024
	01-026
	02-011
	02-017
	03-026
	03-034
	03-037
	03-046
	03-051
	03-053
	04-030
	04-039
	04-074
	04-101
	04-105
	04-106
	04-107
	04-108
	04-110
	04-111
	04-113
	04-118
	04-121
	05-004
	05-006
	05-007
	05-017
	07-008
	07-009
	07-011
	07-012
	07-016
	07-017
	07-034
	07-035
	08-080
	08-094
	09-057
	09-078
	09-079
	11-035
	11-043

RECOMMENDATIONS NOT RELATING TO THE TEN-POINT PLAN

STATUS	REC #
Count:	50
B	03-039
	03-047
	03-052
	04-028
	04-069
	04-103
	04-104
	04-109
	04-115
	04-116
	04-119
	05-005
	07-010
	07-013
Count:	14
C	02-015
	03-029
	04-072
	06-043
	07-014
	07-015
	07-038
	09-003
	09-058
Count:	9
D	05-008
	07-004
	07-007
	08-059
	09-053
Count:	5
E	01-006
	03-001
	03-038
	04-031
	04-071
	04-114
	04-117
	04-120
	08-055
	09-052
	09-055

RECOMMENDATIONS NOT RELATING TO THE TEN-POINT PLAN

STATUS	REC #
Count:	11
F	02-003
	02-010
	03-014
	03-030
	03-031
	03-036
	03-054
	03-055
	04-040
	04-041
	04-112
	06-042
	06-044
	07-036
	07-037
	07-039
	08-086
	09-043
	09-054
	09-059
	09-060
	09-061
	09-062
	09-072
	09-085
	09-089
	09-091
	09-093
	09-094
	09-098
	09-099
	11-016
Count:	32
H	03-033
	03-041
	08-061
Count:	3
Count:	124

COPY FOR YOUR INFORMATION

United States Department of State

Washington, D. C. 20520

ACTION MEMORANDUM
S/S

UNCLASSIFIED

TO: The Deputy Secretary

FROM: STATE/OES - Frederick M. Bernthal FB
A.I.D./S&T - Nyle C. Brady NCB

SUBJECT: The President's Directive for an International Initiative Against the Human Immunodeficiency Virus (HIV)

ISSUE FOR DECISION

Whether to approve the proposed plan of action.

DISCUSSION

In response to the President's directive to the Secretary of State, the Department of State and the U.S. Agency for International Development (A.I.D.) will jointly develop the 3-year plan after consulting with the other federal agencies involved in international efforts to control HIV infection. The 3-year plan will build largely on A.I.D. and Department of State activities already in progress.

The Department of State and A.I.D. plan to use existing interagency mechanisms to coordinate the response to the President's directive. In mid-September we will jointly chair a meeting of the Department's Interagency Working Group to discuss the outline and content of the three year plan. A draft of the outline is attached. We will also consult with the A.I.D.-chaired International Subcommittee of the Department of Health and Human Services Federal Coordinating Committee on Information, Education, and Risk Reduction. Given the work already begun, we expect to have a draft of the plan by mid-October. The Secretary of State and the Administrator of A.I.D. will submit the final plan to the President by December 5, 1988. The plan will cover all of the activities mentioned in the President's memorandum of August 5, 1988.

RECOMMENDATION

That you approve this course of action.

Approve _____ Disapprove _____

Attachment:
As stated.

Drafted:AID/ST/H:JHarris:875-4494,
STATE/OES/IHP:AMoede:8/25/88:647-4069

#137, OESIHP

Clearances:

AID/ST/H:AVanDusen	draft	Date:	8/19/88
AID/DAA/ST:BLangmaid	draft	Date:	8/23/88
STATE/OES/HP:WLockwood	draft	Date:	8/24/88
STATE/OAS/OES:WNitze	draft	Date:	8/24/88

INTERNATIONAL INITIATIVE TO CONTROL THE SPREAD
OF THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)

The following outline of the 3-year plan (Fiscal Years 1989, 1990 and 1991) for an international initiative to control the spread of HIV will be based on four assumptions:

-- A vaccine will not be available within 3 years;

-- Only limited modalities of treatment will be available in the next 3 years and will not be cost-effective for less developed countries;

-- Our only known means of controlling HIV spread are education programs, blood transfusion, screening, and some barrier methods of contraception;

-- Control of HIV spread requires extensive international collaboration.

OUTLINE

I. Discussion of and Future Plans for Programs for Prevention and Control of HIV Infection:

A. Multilateral Activities (Lead Drafting Responsibility: A.I.D.)

a) Global Programme on AIDS (GPA) of the World Health Organization (WHO); and
b) Other Organizations.

B. Bilateral Activities (Lead Drafting Responsibility: A.I.D. with Contributions by Concerned Departments and Agencies)

1. United States Government (USG)

a) Agency for International Development (A.I.D.);
b) Department of Defense (DOD)
c) Department of Health and Human Services (DHHS); and
d) Other Agencies such as the Peace Corps and the Veterans Administration.

2. Private Sector Organizations

a) Private Voluntary Organizations;
b) Private Corporations and Business Associations; and
c) Universities.

II. Discussion of and Future Plans for the Development of New Methods of Treatment and a Vaccine (Lead Drafting Responsibility: A.I.D. to Coordinate Inputs by Concerned Departments and Agencies):

A. Research Programs

B. Research Coordination

III. Foreign Policy Implication of AIDS (Lead Drafting Responsibility: Department of State)

A. Impacts (Political, Economic, Social) of HIV Infection

B. HIV Testing of Travelers.

IV. Budgetary Implications (Lead Drafting Responsibility: A.I.D., with Inputs from other Financing Agencies)

Action to OES
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TMA
TMB
RF/pb

THE WHITE HOUSE

WASHINGTON

August 5, 1988

MEMORANDUM FOR THE SECRETARY OF STATE

I have approved a 10-point action plan as part of my response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic. This plan includes developing a multi-focused international initiative involving: encouragement and assistance to international HIV efforts, with emphasis on less-developed countries; a heightened U.S. commitment to international technical assistance within established technology transfer laws; and the development of a 3-year plan for international efforts against HIV infection.

In carrying out your functions, I ask that you address HIV-related activities as follows:

done 1. Review your FY 1989 spending plans to incorporate relevant recommendations of my HIV Commission;

done 2. Include in your FY 1990 budget submissions appropriate funds for the United States regular and special contributions to international HIV efforts, especially those in less-developed countries;

3. Continue to emphasize our commitment to international technical assistance; and,

4. Propose, within 120 days, a 3-year plan for international efforts against HIV infection.

I am directing Donald Ian Macdonald, Deputy Assistant to the President for Drug Abuse Policy, to monitor progress on our response to the Commission's Report and provide me with status reports in September and December, 1988. Please provide Dr. Macdonald with appropriate information about your progress.

Ronald Reagan