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MEMORANDUM FOR THE PRESIDENT

SEP 20 1988

FROM: DONALD IAN MACDONALD, M.D.

SUBJECT: 10-Point Action Plan in Response to the Presidential Commission on the HIV Epidemic: September Progress Report

On August 5, you issued directives to selected Cabinet agencies requesting that they take specific actions as part of your response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic. At the same time, you asked me to monitor their progress and provide you with a status report in September and December 1988.

I am pleased to provide you with details on each of the ten points (Tab A) and to tell you that I am, in general, pleased with the progress that has been made in such a short time. While a significant number of activities have been started or expanded as a result of your plan, I would like to highlight three such activities for you:

- o The Department of Health and Human Services has planned a series of consensus conferences to intensify public/private sector collaboration on public health efforts to contain the spread of AIDS. The series will be kicked off in Washington, D.C., on November 28 with the U.S. Health Summit on HIV infection.
- o The Department of Health and Human Services has set in place a number of steps to further ensure the safety of our blood supply. Among them is a) an education program to encourage persons who are about to undergo elective surgical procedures to store their own blood, b) a schedule of enhanced inspections and proficiency testing to ensure that blood is being adequately screened for antibodies to the AIDS virus, and c) a program to improve current efforts to notify transfusion recipients who might be at risk for HIV infection.
- o The Office of Personnel Management reports that all of the 22 largest Federal agencies are putting in place AIDS policy guidelines to ensure that HIV-infected employees receive equitable, fair, and compassionate treatment. Twenty-one of the agencies have initiated formal training/education programs on AIDS. OPM has also shared its guidelines with each of the Fortune 1000 companies and has asked them to consider putting similar programs in place.

DRAFT

page 2

SEP 20 1988

In addition, the Attorney General has assured me that the Department of Justice will be ready to respond in the next few weeks to your charge for "an expeditious review and response to the Commission's recommendations on how the Federal government should provide direction and leadership in encouraging non-discrimination for HIV-infected individuals, including a review of current Federal and State laws in this area."

We have also reviewed and updated action on the individual recommendations made by the Commission. In August, about 44 percent of the 364 recommendations that fell within the Federal purview were implemented or scheduled for implementation. One month later, just over half of the Federal recommendations fall into that category. I expect that more progress will be made by December.

In December, I hope to give you a final progress report that will provide more detail on which recommendations will be implemented by funding in FY 1989.

SEP 21 1988

THE PRESIDENT'S 10-POINT ACTION PLAN September Update

- 1. Develop a series of consensus conferences with representatives from all levels of government and the private sector to intensify public health measures to reduce the spread of HIV infection. Increase the number of community-based education programs directed to those at increased risk of HIV infection.**

Status

Consensus Conferences: In response to the President's directive, HHS is sponsoring a series of consensus conferences to intensify public health measures to reduce the spread of HIV infection. The kick-off for this series will be "The U.S. Health Summit on HIV Infection" to be held in Washington, D.C., November 28-29. Participants will be 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 rest of the series of 10 conferences will be a combination of conferences newly developed to address the specific issues of public health protections raised by the President in his 10-point action plan and conferences which HHS had already planned but which are being revised to become part of this series. These conferences will provide a forum for public/private collaboration on efforts to contain the spread of HIV infection. Among those already committed are: Drug Abuse and AIDS (October 1988); Federal-State Strategies to Overcome Neighborhood Resistance to Drug Abuse Treatment Facilities (FY 1989); Workplace Standards for Bloodborne Diseases (January 1989); Safety of Health Care Workers (FY 1989); Planning and Management of Health Care Services for HIV-Infected Patients (FY 1989); HIV Infection in Racial/Ethnic Minority Populations (FY 1989); and Developing Appropriate Services for Adolescents and Youth at Risk of HIV Infection (FY 1989).

Community-Based Education Programs: Through grants to States, HHS funding already supports community-based educational programs. In addition, a number of national and regional educational organizations are also being funded. In response to the President's 10-point action plan and in recognition of the importance of racial/ethnic minority community-based educational programs, funds for community based programs will be increased by over 40 percent in FY 1989. This will include the direct funding of 15 to 20 community-based organizations in areas with the highest prevalence of AIDS.

SEP 21 1988

THE PRESIDENT'S 10-POINT ACTION PLAN September Update

- 2. Implement actions within 45 days that address: (a) prompt notification of transfusion recipients who are at increased risk of HIV infection; (b) steps to improve HIV laboratory quality and HIV screening tests; and, (c) ways to encourage the use of autologous transfusions in appropriate circumstances.**

Status

On September XX, HHS submitted a plan in response to this item. It notified the President that HHS will take the following actions to address the three issues he raised related to safety of the blood supply:

Notification of transfusion recipients: HHS reports that it will begin immediately to implement a plan to intensify existing efforts for the prompt notification of transfusion recipients at increased risk of HIV infection. This will include strengthening existing "look-back" programs by: a) promulgating regulations to make the current voluntary programs mandatory; b) promulgating requirements to ensure that the blood industry and hospitals notify the appropriate physicians that potentially contaminated units have been released and look-back should be initiated; and c) assisting in the development of educational programs to ensure that transfusion recipients who become part of a "look-back" effort are appropriately notified, tested and counseled. For those individuals who live in high AIDS incidence areas and received multiple blood transfusion between 1977 and 1985 (before the HIV antibody screening test was available), HHS will intensify its efforts to encourage them to seek counseling and testing.

Improving laboratory quality: HHS is initiating an integrated strategy to improve the accuracy of laboratory tests for HIV antibody that will include: (a) proficiency testing requirements and development of standards for laboratory quality, (b) expanded inspections of blood bank facilities, (c) enhanced training of FDA investigators who inspect blood banks, and (d) training programs for blood establishment staff.

Encouraging the Use of Self-Donated Blood Before Surgery: HHS has begun to implement a public education campaign that will include a public service message campaign for radio, television and print media as well as informational brochures. HHS will also work with health professionals to encourage the appropriate use of autologous transfusions.

In addition to these steps, HHS expects to increase its support for research on techniques, such as red blood cell sterilization, that show promise in eradicating HIV and other virus in blood intended for transfusion.

DRAFT

THE PRESIDENT'S 10-POINT ACTION PLAN
September Status

SEP 20 1988

3. The President emphasizes his concern about drug abuse and its relation to HIV infection and continues his call for bipartisan efforts to enact his anti-drug proposals.

Status

Drug Abuse Policy Office to provide text.

4. **Begins action in and out of Government that will accelerate development, approval and distribution of vaccines and drugs.**

Status

HHS has taken several actions that address this point:

- o Expediting the Drug Approval Process: Working at the direction of Vice President Bush, head of the Presidential Task Force on Regulatory Relief, the Food and Drug Administration forwarded to OMB a proposal that will expedite approvals for those therapies intended to treat life-threatening illnesses such as AIDS. The proposal compresses the total premarket drug development time by having FDA work with the drug sponsor early in the course of the approval process to design and conduct controlled clinical trials that are capable of providing definitive data on the drug's safety and effectiveness. Other key elements of the proposal are: a) the use of the treatment IND as a bridge to provide patients with experimental drugs between the completion of promising clinical trials and the point of marketing approval; b) risk-benefit considerations appropriate for drugs intended to treat life-threatening illnesses; and c) post-marketing studies to gather additional information about the drug's risks and benefits.
- o Incentives for Drug Development: The Public Health Service's Technology Management Advisory Board has appointed a Working Group to begin an assessment of private incentives for development and marketing of HIV products. This assessment will examine the increased use of existing mechanisms, such as the granting of marketing rights and waivers of royalty or patent licensing rights, as well as new approaches to provide industry with incentives for rapid commercialization of HIV-related products. It will also examine the Federal role in encouraging reasonable pricing for HIV-related products developed in part with Federal funds. HHS plans to meet its December deadline for submission of this assessment to the President.
- o Liability Issue: HHS is also investigating the parameters of the liability issue and to what extent it poses impediments for the development of HIV-related products, in particular vaccines. They will consult with private groups --the Keystone Group and the Institute of Medicine--who are also studying the issue, and will collaborate with representatives from the Department of Justice and the Department of Defense. HHS plans to have a report on this issue for the President by December.

DRAFT

THE PRESIDENT'S 10-POINT ACTION PLAN
September Update

SEP 20 1988

5. Reaffirms his commitment to provide adequate resources (dollars, staff, office, and laboratory space) to combat the HIV epidemic and directs the Office of Management and Budget to make certain there are no impediments to efficient use of these resources.

Status

In response to this directive, OMB has taken the following steps:

Space Needs:

- o OMB will soon recommend to the President that he send a budget amendment to the Congress seeking authority for the National Institutes of Health to initiate direct construction of a consolidated office building on its Bethesda campus. OMB reports that they have written the budget amendment so that it would not affect budget authority or outlays, is consistent with the Bipartisan Budget Agreement and with sound management principles, and reflects no change in administration policy on lease-purchase agreements. This action by OMB also responds directly to one of the recommendations of the Presidential Commission on the HIV Epidemic (4-8).
- o Congress may soon authorize lease-purchase acquisition of additional laboratory and office space for the Centers for Disease Control. Working with the General Services Administration, OMB reports it would implement such language promptly, should it be enacted.

Resource needs:

- o Mr. Miller has written to Secretary Bowen stating the intent of OMB to continue to work with HHS to remove all other impediments to the use of resources and will continue to encourage HHS to reallocate resources within its purview to address pressing AIDS resource needs.
- o OMB expects to address dollar resources for AIDS in the context of the FY 1990 budget.

Unresolved Issues: As yet, there has been no OMB response to many of the Commission recommendations. The proposal to create a Senior Biomedical Research Service at the National Institutes of Health is considered by the Commission and by the HHS to be a critical step in recruiting scientists to Federal laboratories that perform HIV-related research. Another unresolved concern is the limited ability of HHS to offset increased funding for HIV activities out of their own budget. OMB expects to address these issues in the near future.

6. Asks Congress to accelerate enactment of his FY 1989 HIV appropriations request and adopt the FY 1990 budget request for HIV activities as early as possible after the budget is submitted. The President will seek a special HIV emergency fund for unanticipated problems and opportunities in the FY 1990 budget request.

Status

Presidential Action: On August 5, the President sent a letter to the Congress announcing his 10-point action plan to advance the national and international response to the public health threat caused by HIV. He asked Congress to take the important step of enacting the FY 1989 appropriations for HIV activities as expeditiously as possible and to adopt the FY 1990 budget request regarding HIV measures as soon as possible after the budget is submitted.

Congressional Action on FY 1989 Appropriation: The Fiscal Year 1989 Federal funding picture for HIV-related activities is uncertain at this point as final action on Appropriation Bills and a Continuing Resolution have not been taken.

The President's budget request for Federal AIDS spending for FY 1989 totaled \$2.122 billion. This was distributed among Departments as follows: Health and Human Services, \$1.96 billion; Veterans' Administration, \$99.3 million; Department of Defense, \$52 million; Department of Justice, \$6 million; Department of Labor \$1 million; Department of Education, \$1 million; and Department of Agriculture, \$0.3 million.

To date there has been conference action only by the House and Senate Committees on H. R. 1783, the FY 1989 Labor, Health and Human Services, and Education, and Related Agencies. For the Public Health Service, the agency with the largest AIDS budget, the conference Appropriations Bill, provided \$1.29 billion for HIV-related activities. The \$1.29 billion level represents a 1.2 percent decrease from the President's budget request. The House passed H.R. 1783 on September 9. The Senate has not set a date for action.

Status of FY 1990 Request: Federal agencies submitted their FY 1990 budget request to OMB on September 1. The HHS related to HIV activities has been developed taking into account the Presidential Commission recommendations. It also contains funding for a special HIV emergency fund.

7. **The President instructs the Secretary of HHS to evaluate the current system of health care financing; and directs HHS to conduct specific studies of ways to promote out-of-hospital care; encourage states to establish insurance risk pools for medically uninsurable persons; and increase the public health response to HIV infected infants, children, adolescents and low income disabled individuals.**

Status

Evaluation of Health Care Financing: In response to the President's 10-point plan, HHS has begun planning for a one-year evaluation of the health care system. The evaluation will concentrate on financing and insurance issues. In conducting the evaluation, HHS will use a Health Care Financing Administration (HCFA) team as well as an outside contract for needed expert information and research support. This process will be established and underway within 60 days. HCFA will coordinate with other executive agencies. Particular attention will be paid to the experience of low-income disabled individuals. Disability determination in the Social Security Administration's (SSA) SSI program as it relates to Medicaid eligibility will be included with the involvement of the SSA.

Studies of Alternatives to Acute Care: HCFA is also responsible for conducting studies promoting out-of-hospital care. With FY 1989 funding, they will initiate research and demonstration project on out-of-hospital and case managed care. The solicitation also encourages studies examining the use of Medicaid waivers, hospice care, home health and other ambulatory services in providing cost-effective alternatives to inpatient care for HIV patients. HCFA will coordinate its activities with those of the Public Health Service.

Risk Pools: Risk pools offer a mechanism for providing health insurance to HIV-infected individuals as well as others who are unable to obtain it because of pre-existing conditions. HHS has evaluated existing risk pools established by the various states, and has begun development of several model risk pool statutes. Their tentative plans are to promote risk pools through the consensus conference approach and through interaction with outside organizations, such as the National Governors' Association and the National Conference of State Legislatures.

Infants, Children and Adolescents: The Secretary of HHS' Task Force on Pediatric HIV Infection has just recently submitted a report, which is currently under review within HHS. This report, which will be discussed in the December update, is expected to play a central role in addressing increased public health responsiveness to HIV-infected infants, children and adolescents.

8. Develop a multi-focused international initiative to combat HIV, particularly in less-developed countries; increase U.S. commitment to international technical assistance; and develop three-year plan for international efforts against HIV infection.

Status

Draft Plan Received: The Department of State, with the U. S. Agency on International Development (A.I.D.) taking the lead responsibility, has drafted an outline for the 3-year plan to enhance and coordinate international efforts against HIV infection. The process of developing the plan from this outline will be closely coordinated with other Federal agencies through the Federal Coordinating Committee on AIDS. A.I.D. plans to have a draft plan available for review by mid-October and the final report completed by December 5.

Key Areas Identified: This plan is based on the assumption that neither a vaccine nor a cost-effective therapy will be available within the next 3 years for less developed countries. Consequently its focus will be on providing technical assistance and education in areas such as protection of the blood supply.

The draft plan is divided into the following sections:

- o Coordinating and expanding existing multilateral and bilateral activities for the prevention and control of HIV infection: Included among these are efforts of the World Health Organization's Global Programme on AIDS, as well as those of the various agencies of the United States Government and the private sector.
- o Planning for future research programs and research coordination involved in the development of new therapeutics and a vaccine; and
- o Understanding the foreign policy implications of AIDS.

Support to be Increased: A.I.D. will increase its support for international assistance for HIV prevention programs from \$30 million in FY 1988 to \$35-40 million in FY 1989.

DRAFT

THE PRESIDENT'S 10-POINT ACTION PLAN
September Update

SEP 20 1988

9. Requires the Public Health Service to update the 1986 Public Health Service plan for combatting HIV infection.

Status

HHS projects that it is ahead of schedule in meeting the President's request to provide an update by December of the 1986 Public Health Service plan for combatting HIV infection. The agency may be able to submit the plan as early as October.

The plan is based upon a meeting convened by the Assistant Secretary for Health in early June 1988 in Charlottesville, Virginia, to develop an updated plan for combatting HIV infection. Experts in various fields, including basic research scientists, clinicians, epidemiologists, public health policy makers, pharmaceutical manufacturers, health care providers, minorities and consumers provided advice and guidance to the Federal scientists who attended the conference.

The Charlottesville report is intended as a guide for the Public Health Service to manage its billion dollar a year HIV program. The issues, goals and objectives are divided among nine areas:

- o epidemiology and surveillance
- o clinical manifestations and pathogenesis
- o prevention, information, education, and behavior change
- o patient care/health care needs
- o blood and blood products
- o intravenous drug abuse
- o neuroscience and behavior
- o therapeutics
- o vaccines

Although the Charlottesville Report is not a response to the Report of the Presidential Commission on the HIV Epidemic, it was developed within the same time frame and after a year of close interaction of PHS staff with the Commissioners. Consequently, many of the elements in the Charlottesville Report address specific recommendations of the Presidential Commission. HHS reports that it plans to use the Charlottesville Report and the Presidential Commission Report to establish a tracking and monitoring system for HHS activities in combatting HIV infection.

DRAFT

THE PRESIDENT'S 10-POINT ACTION PLAN
September Update

SEP 20 1988

10. Calls on all sectors of society to respond equitably and compassionately to those with HIV infection and to their families. In addition to directing all Federal agencies to adopt a policy based on OPM guidelines, the President requests that American businesses, unions and schools examine and consider adopting education and personnel policies based on the OPM and Centers for Disease Control guidelines.

Status

Agencies are Complying: The Office of Personnel Management's (OPM) Agency of Compliance and Evaluation staff conducted a telephone survey of the largest 22 Federal agencies (representing 96 percent of the work force) in July and again in August and report the following:

- o All 22 agencies are putting AIDS policy guidelines in place. Seven agencies have issued AIDS policies. Fourteen others are presently drafting policies/guidelines to be issued by the end of October. One agencies will issue policy guidance no later than December.
- o Twenty-one agencies have initiated formal training/education programs on AIDS-related issues for employees, supervisors and managers. The one remaining agency is currently developing a program.
- o All 22 agencies now offer counseling and referral services for AIDS-related issues through their Employee Assistance Programs or medical services facilities.

OPM AIDS Clearinghouse Expanded: In August the OPM Assistant Director for Employee and Labor Relations sent a memorandum to all Directors of Personnel in response to the President's action plan. It announced OPM's intent to continue the periodic surveys to determine the extend to which Federal agencies have developed policies and the steps they have taken to educate and train employees on AIDS-related matters. OPM requested copies of all agency policy statements and education and training materials on AIDS. These materials will be included in OPM's AIDS information clearinghouse and made available to agencies seeking assistance.

Businesses Contacted: On August 17, 1988, the Director, OPM, sent a letter to each of the Fortune 1000 companies telling them of the President's 10-point action plan and enclosed a copy of "AIDS in the Federal Workplace Guidelines".

Conference Sponsored: In September, OPM sponsored a conference on "AIDS in the Workplace". Presenters discussed issues concerning implementation of an effective AIDS education program.

SEP 20 1988

THE PRESIDENT'S 10-POINT ACTION PLAN
September Update

Progress on the 597 Recommendations

On June 24, 1988, The Presidential Commission on the HIV Epidemic provided the President with 597 recommendations, representing a comprehensive national strategy to respond to the HIV epidemic. In May, Federal agencies reviewed a preliminary 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.

Current Status: In the short time since the first update, considerable progress has been made in implementing these 597 recommendations. As of September 19, Federal agencies report that nearly 51 percent of the 357 recommendations with Federal responsibility are either completed, ongoing or planned. This is an increase from the July report when about 44 percent of the recommendations fell into this category. This higher percentage reflects the prompt response of Federal agencies as they decide to implement recommendations originally classified as "under consideration."

The Federal agencies disagreed with only 11 percent of the recommendations. For most of these, they generally provided alternative approaches to meeting the aim 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. Also, the consensus conferences are intended to encourage State and local governments as well as the private sector to adopt these recommendations.

Future update: In December, the Federal agencies will be requested to provide another update. The number of recommendations "under consideration" is likely to continue to decrease as agencies make decisions how best to implement them. Further, we expect more progress next year after the President submits his FY 1990 budget and Congress adopts it.

Recommendations Relating to the 10-Point Plan: All but 89 of the recommendations within the Federal purview relate in whole or in part to the 10-point plan. For recommendations with Federal responsibility, 42 percent of the recommendations relating to the 10-point plan are completed, ongoing, or planned; 27% are under consideration. Federal agencies disagreed with 13 percent for the same reasons described above.

DRAFT

SEP 20 1988

REPORT OF THE PRESIDENTIAL COMMISSION
ON THE
HUMAN IMMUNODEFICIENCY VIRUS EPIDEMIC

Status of Recommendations
1988

Federal Responsibility

<u>August 4</u>		<u>September 18</u>		<u>Status</u>
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

<u>August 4</u>		<u>September 18</u>		<u>Status</u>
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

SEP 20 1988

COMMISSION RECOMMENDATIONS RELATING TO THE 10-POINT PLAN

The following recommendations of the President's Commission on the HIV Epidemic relate in whole or in part to:

Point 1: Chapter 1: 2-4, 7-11, 13-15, 20, 25; Chapter 3: 40, 42-45; Chapter 5: 13-16, 18-20; Chapter 6: 1-20, 28, 33, 37, 38, 40, 41; Chapter 7: 1-3, 5, 6, 18-33, 40; Chapter 8: 13, 36, 46, 53, 54, 56-57, 60, 62-64, 69, 74, 75, 79, 84, 88-93; Chapter 9: 26, 36-42, 44-51, 56, 63-71, 73-76, 100-103. TOTAL: 129.

Point 2: Chapter 4: 68 and Chapter 6: 21-39. TOTAL: 19.

Point 3: Chapter 8: 1-51; Chapter 9: 83-84. TOTAL: 52.

Point 4: Chapter 4: 1-6, 23, 29, 32-37, 42-64, 68, 73, 75-100, 102; and Chapter 11: 041. TOTAL 67.

Point 5: Chapter 1: 12; Chapter 4: 7-14, 17-22, 24-27, 38, 65-67, 70; Chapter 5: 1-3, 9-12, 34; Chapter 8: 4, 23, 58, 70; Chapter 11: 37-40, 44. TOTAL: 41.

Point 6: For the December report, HHS will submit a document identifying all FY 1989 and FY 1990 resources devoted to each of the Commission recommendations to which the Department has no disagreement.

Point 7: Chapter 1: 12; Chapter 2: 1, 4-5, 7-9, 12-14, 16, 18; Chapter 3: 4-6; 8-13; 15-25, 27, 32; Chapter 6: 27, 31, 36; Chapter 8: 65-68, 83; Chapter 10: 1-25. TOTAL: 68.

Point 8: Chapter 11: 1-15, 17-34, 36-38, 41-42, 45-47. TOTAL: 41.

Point 9: For the December report, HHS will submit a report on how the recommendations of the Presidential Commission relate to those of the PHS Charlottesville Report.

Point 10: Chapter 1: 1; Chapter 2: 1-2, 6-7; Chapter 3: 2, 7, 28, 35, 48-50; Chapter 6: 1, 7, 11-12, 17; Chapter 7: 30, 32-33; Chapter 8: 52, 54, 71-78, 81-82, 85, 87; Chapter 9: 1-2, 4-37, 39-40, 47, 76-77, 80-82, 86-88, 90, 92, 95-97, 104-105; Chapter 11: 8. TOTAL 89.

**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)
<u>33</u>	<u>14</u>	<u>23</u>	<u>62</u>	<u>41</u>	<u>1</u>	<u>60</u>	<u>25</u>	<u>4</u>	<u>19</u>	Total Federal

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)
<u>96</u>	<u>5</u>	<u>29</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>16</u>	<u>0</u>	<u>70</u>	Total Non-Federal
129	19	52	67	41	1	68	41	4	89	TOTAL

DRAFT

THE PRESIDENT'S 10-POINT ACTION PLAN
September Update

SEP 20 1988

Progress on the Commission's Top 20

In their June 24, 1988, report, the Presidential Commission on the HIV Epidemic listed 20 summary recommendations it considers to be the "most important findings and recommendations". A summary of each and their status as of the September update are detailed below.

1. **Focus on the full course of HIV infection rather than concentrating on later stages of the disease (AIDS and ARC).**

Status: The focus of the President's 10-point action plan, prepared in response to this report, is on HIV infection.

2. **Encourage expanded testing to foster early diagnosis of HIV infection.**

Status: The Department of Health and Human Services has taken a number of steps to encourage expanded testing, among them are issuance of guidelines for testing and counseling and cooperative agreements to states for expanded counseling and testing, and counseling services.

3. **Make testing more easily available. Collect data from increased testing efforts to better understand the true incidence and prevalence of HIV infection.**

Status: Steps, described in response to #2 have been taken to make testing more easily available. In addition, the Public Health Service has initiated studies in 20 major metropolitan areas to collect data on the prevalence of HIV infection. The Public Health Service has also begun a feasibility study to test whether it is possible to conduct a national household survey of HIV antibody status.

4. **Treat HIV infection as a disability under Federal and state law in the public and private sectors.**

Status: In August, the President asked the Attorney General to provide him with an expeditious review and response to the Commission's recommendations on how the Federal government should provide direction and leadership in encouraging non-discrimination for HIV-infected individuals, including a review of current Federal and State laws in this area.

SEP 20 1988

5. **Strengthen privacy protections for persons infected with HIV.**

Status: The Commission's recommendations on this point are included in two bills currently under consideration by the Congress: H.R. 5142, the AIDS Federal Policy Act of 1988 and H.R. 5210, the Omnibus Drug Initiative Act of 1988.

6. **Undertake preventative measures: States should institute confidential partner notification. All persons who received blood transfusions since 1977 should be notified.**

Status: The Public Health Service has made its HIV counseling and testing cooperative agreements to states contingent on the presence within that state of a confidential partner notification program. In response to the President's 10-point action plan, the Department of Health and Human Services has taken several steps to intensify efforts for the prompt notification of transfusion recipients at increased risk of HIV infection.

7. **Make prevention and treatment of intravenous drug abuse a top national priority.**

Status: The President has highlighted this recommendation in his 10-point action plan and legislation currently under consideration by the Congress (H.R. 5210) would address this point.

8. **Expand federal and state efforts to provide drug and alcohol abuse education for all school children.**

Status: This Administration has taken a strong role in fostering and enhancing drug and alcohol abuse education in the Nation's schools. In response to the President's 10-point action plan, Federal funding for community-based educational programs will be nearly doubled in FY 1989.

9. **Enact new Federal and state nursing scholarship and loan programs.**

Status: This recommendation will be more thoroughly addressed in the December report with the availability of the HHS secretarial task force report on the nursing shortage.

10. **Extend and greatly expand the National Health Service Corps.**

Status: The Administration does not agree with the Commission that expansion of the National Health Service Corps is the best mechanism for addressing the health care needs of metropolitan areas with large numbers of AIDS patients.

SEP 20 1988

11. **Give the National Institutes of Health greater administrative flexibility to pursue its research goals. Remove liability obstacles.**

Status: The President has asked OMB to work with HHS and the other appropriate Federal agencies to ensure that HIV activities receive appropriate resources and support and that no impediments to their efficient use exist. Several steps have been taken to provide more space for HIV activities on the NIH campus, other actions are desirable. HHS will address the liability issue in their December report.

12. **Examine ways to provide more cost-effective financing of care for persons with HIV.**

Status: In response to the President's 10-point action plan, HHS will begin a one-year evaluation of the health care system, focusing on financing and insurance issues. HHS will also study the effectiveness of out-of-hospital care. HHS is reviewing its efforts to evaluate existing risk pools and has begun development of several model risk pool statutes.

13. **Better address concerns of health care workers about safety.**

Status: HHS has funded AIDS Regional Educational Training Centers which will provide training to increase HCW safety, it has designed several large scale studies of the occupational risk of HCWs, and, in collaboration with DOL, has also provided guidelines for HCW safety. In response to the President's 10-point action plan, health care worker safety will be a topic of a consensus conference.

14. **The Federal government needs to take steps to continually assure a safe blood supply.**

Status: In response to the President's 10-point action plan, HHS is initiating an integrated strategy to improve the accuracy of laboratory tests for HIV antibody that will include: (a) proficiency testing requirements and development of standards for laboratory quality, (b) expanded inspections of blood bank facilities, (c) enhanced training of FDA investigators who inspect blood banks, and (d) training programs for blood establishment staff.

SEP 20 1988

15. Use all reasonable strategies to promote autologous transfusion.

Status: In response to the President's 10-point action plan, HHS will convene an Expert Panel on Autologous Transfusion in early October as part of an expanded public education campaign to encourage the use of autologous donations by patients and physicians.

16. Develop and implement age appropriate, comprehensive, health education programs in our nation's schools.

Status: The President adopted principles regarding education about AIDS. The Department of Education published and distributed widely the booklet, AIDS and the Education of Our Children: A Guide for Parents and Teachers. HHS is providing support for local development of school education programs to prevent the spread of HIV infection in 49 states, four territories, and 16 cities with high prevalence of AIDS.

17. Address the problem of "boarder babies."

Status: Several new and expanded programs funded by HHS provide a broad base of community-oriented and case-managed health and social services to children with HIV infection and their families.

18. Better define the spread of HIV in the heterosexual population.

Status: HHS is adequately addressing this problem through seroprevalence studies and its support of national and local IV prevention and education programs.

19. Highlights ethical considerations and responsibilities of HIV infected individuals, the health care community and citizens.

Status: These principles apply to society in general and we agree with them. In his 10-point action plan, the President called upon all sectors of society to respond equitably and compassionately to those with HIV infection and their families.

20. Encourage and assist international efforts to combat the spread of HIV infection.

Status: In response to the President's 10-point action plan, the Department of State has developed an outline for a 3-year plan to enhance and coordinate international efforts against HIV infection. A.I.D. will increase funding for international HIV programs in FY 1989.

DRAFT

SEP 20 1988

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

SEP 20 1988

MEMORANDUM FOR THE DIRECTOR OF THE OFFICE OF MANAGEMENT AND BUDGET

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 20 1988

MEMORANDUM FOR THE ATTORNEY GENERAL

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.

DRAFT

MEMORANDUM FOR THE SECRETARY OF STATE

SEP 20 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.

DRAFT

MEMORANDUM FOR THE SECRETARY OF HEALTH AND HUMAN SERVICES

SEP 20 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 in December, the plan to enhance private incentives for development and marketing of HIV products and a status 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 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 PHS Charlottesville Report.
- .

FEDERAL AIDS SPENDING
By Year and Department
(in millions of dollars)

	1982	1983	1984	1985	1986	1987	1988	1989
Health & Human Services								
Public Health Service								
NIH	3.4	21.7	44.1	63.7	134.7	260.9	467.8	607.0
CDC	2.1	6.2	13.8	33.3	62.1	136.0	304.9	382.3
ADAMHA	0.0	0.5	2.8	2.6	12.2	47.5	112.3	175.5
HRSA	0.0	0.0	0.0	0.0	15.3	41.9	37.0	45.4
FDA	0.2	0.4	0.8	9.0	9.5	15.8	24.8	65.4
OASH	0.0	0.0	0.0	0.0	0.0	0.2	3.7	13.4
IHS	0.0	0.0	0.0	0.0	0.0	0.1	0.6	0.8
SUB-TOTAL PHS	5.6	28.7	61.5	108.6	233.8	502.5	951.0	1289.8
Hlth Care Finc. Admin.								
Medicaid (Fed Share)	0.0	10.0	30.0	70.0	130.0	200.0	330.0	490.0
Medicare	0.0	0.0	0.0	5.0	5.0	10.0	15.0	30.0
SUB-TOTAL HCFA	0.0	10.0	30.0	75.0	135.0	210.0	345.0	520.0
Social Security Admin.								
Disability Income	0.0	0.0	5.0	10.0	25.0	40.0	70.0	110.0
Supp.Security Income	0.0	0.0	1.0	3.0	8.0	11.0	18.0	28.0
SUB-TOTAL SSA	0.0	0.0	6.0	13.0	33.0	51.0	88.0	138.0
Human Development Serv.	0.0	0.0	0.0	0.0	0.0	0.0	5.7	5.2
SUB-TOTAL HHS	5.6	38.7	97.5	196.6	401.8	763.5	1389.7	1947.8
Veterans Admin.	2.0	5.0	6.1	10.1	22.9	52.6	82.9	99.3
Dept. of Defense	0.0	0.0	0.0	0.0	79.0	74.0	52.0	52.0
Dept. of Justice	0.0	0.0	0.0	0.0	1.0	3.0	6.0	6.0
Dept. of Labor	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0
Dept. of State	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0
Dept. of Education	0.0	0.0	0.0	0.0	0.0	0.0	1.2	0.0
Dept. of Agriculture	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.3
SUB-TOTAL NON HHS	2.0	5.0	6.1	10.1	102.9	131.6	144.3	159.6
* * * GRAND TOTAL	7.6	43.7	103.6	206.7	504.7	895.0	1534.0	2107.4

Detail may not add to total due to rounding.

FEDERAL AIDS SPENDING
By Year and Department
(in millions of dollars)

	1982	1983	1984	1985	1986	1987	1988	1989
<hr/>								
Health & Human Services								
Public Health Service								
NIH	3.4	21.7	44.1	63.7	134.7	260.9	467.8	607.0
CDC	2.1	6.2	13.8	33.3	62.1	136.0	304.9	382.3
ADAMHA	0.0	0.5	2.8	2.6	12.2	47.5	112.3	175.5
HRSA	0.0	0.0	0.0	0.0	15.3	41.9	37.0	45.4
FDA	0.2	0.4	0.8	9.0	9.5	15.8	24.8	65.4
OASH	0.0	0.0	0.0	0.0	0.0	0.2	3.7	13.4
IHS	0.0	0.0	0.0	0.0	0.0	0.1	0.6	0.8
SUB-TOTAL PHS	5.6	28.7	61.5	108.6	233.8	502.5	951.0	1289.8
Hlth Care Finc. Admin.								
Medicaid (Fed Share)	0.0	10.0	30.0	70.0	130.0	200.0	330.0	490.0
Medicare	0.0	0.0	0.0	5.0	5.0	10.0	15.0	30.0
SUB-TOTAL HCFA	0.0	10.0	30.0	75.0	135.0	210.0	345.0	520.0
Social Security Admin.								
Disability Income	0.0	0.0	5.0	10.0	25.0	40.0	70.0	110.0
Supp. Security Income	0.0	0.0	1.0	3.0	8.0	11.0	18.0	28.0
SUB-TOTAL SSA	0.0	0.0	6.0	13.0	33.0	51.0	88.0	138.0
Human Development Serv.	0.0	0.0	0.0	0.0	0.0	0.0	5.7	5.2
SUB-TOTAL HHS	5.6	38.7	97.5	196.6	401.8	763.5	1389.7	1947.8
<hr/>								
Veterans Admin.	2.0	5.0	6.1	10.1	22.9	52.6	82.9	99.3
Dept. of Defense	0.0	0.0	0.0	0.0	79.0	74.0	52.0	52.0
Dept. of Justice	0.0	0.0	0.0	0.0	1.0	3.0	6.0	6.0
Dept. of Labor	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0
Dept. of State	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0
Dept. of Education	0.0	0.0	0.0	0.0	0.0	0.0	1.2	0.0
Dept. of Agriculture	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.3
SUB-TOTAL NON HHS	2.0	5.0	6.1	10.1	102.9	131.6	144.3	159.6
* * * GRAND TOTAL	7.6	43.7	103.6	206.7	504.7	895.0	1534.0	2107.4

Detail may not add to total due to rounding.

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

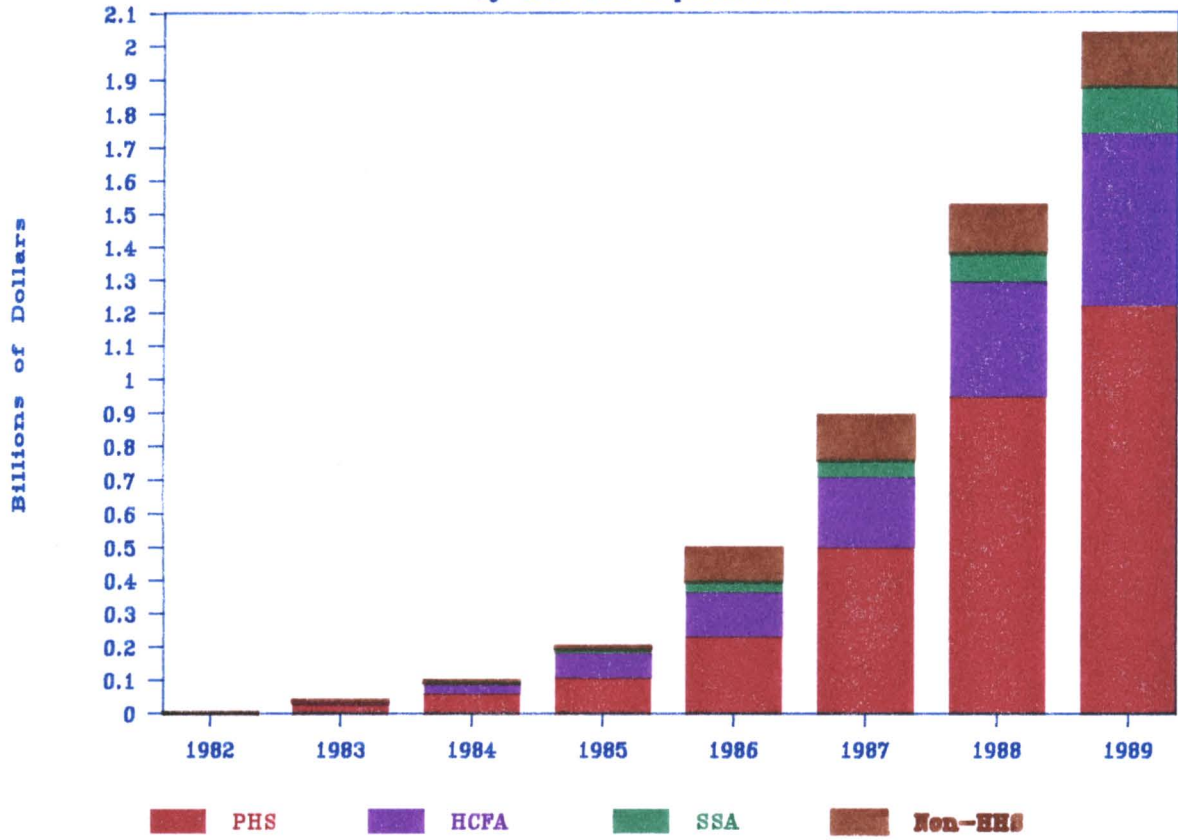
	1982	1983	1984	1985	1986	1987	1988	1989	Total
HEALTH AND HUMAN SERVICES									
Public Health Service									
NIH	3.4	21.7	44.1	63.7	134.7	260.9	467.8	587.6	1583.9
CDC	2.1	6.2	13.8	33.3	62.1	136.0	304.9	490.7	959.1
ADAMHA	0.0	0.5	2.8	2.6	12.2	47.5	112.3	177.6	355.4
HRSA	0.0	0.0	0.0	0.0	15.3	41.9	37.0	40.0	134.2
FDA	0.2	0.4	0.8	9.0	9.5	15.8	24.8	65.4	125.8
QASH	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	1300.0	3191.7
Health Care Financing Admin.									
Medicaid (Fed Share)	0.0	10.0	30.0	70.0	130.0	200.0	330.0	490.0	1260.0
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	1325.0
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									
Subtotal HHS	5.6	38.7	97.5	196.6	401.8	763.5	1389.7	1963.2	4856.5
Veterans' Admin									
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	0.0	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	1534.0	2122.8	5418.2

This reflects HHS, labor appropriate action 9/20

Detail may not add to total due to rounding.

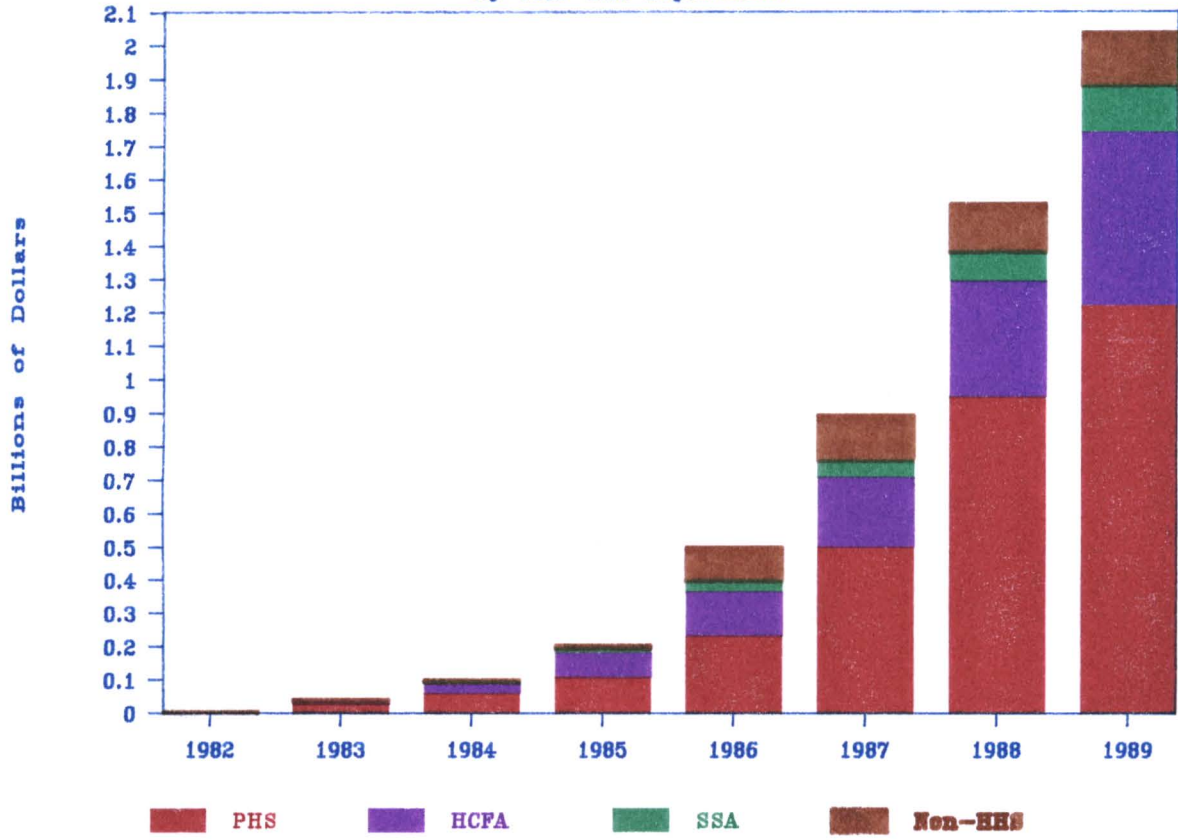
FEDERAL AIDS SPENDING

By Year and Department



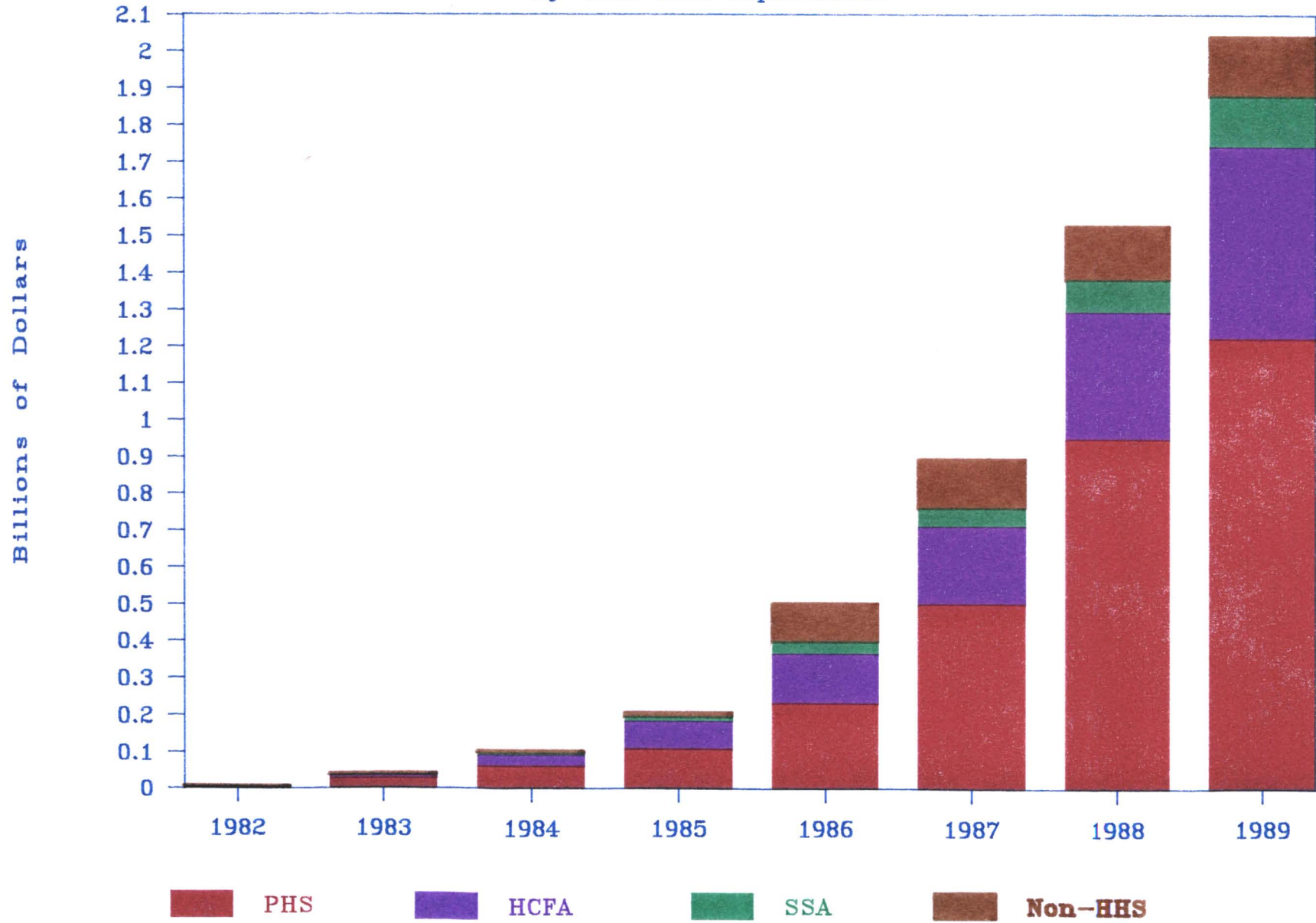
FEDERAL AIDS SPENDING

By Year and Department



FEDERAL AIDS SPENDING

By Year and Department



FEDERAL AIDS SPENDING
By Year and Department
(in millions of dollars)

	1982	1983	1984	1985	1986	1987	1988	1989
Health & Human Services								
Public Health Service								
NIH	3.4	21.7	44.1	63.7	134.7	260.9	467.8	607.0
CDC	2.1	6.2	13.8	33.3	62.1	136.0	304.9	382.3
ADAMHA	0.0	0.5	2.8	2.6	12.2	47.5	112.3	175.5
HRSA	0.0	0.0	0.0	0.0	15.3	41.9	37.0	45.4
FDA	0.2	0.4	0.8	9.0	9.5	15.8	24.8	
OASH	0.0	0.0	0.0	0.0	0.0	0.2	3.7	13.4
IHS	0.0	0.0	0.0	0.0	0.0	0.1	0.6	0.8
SUB-TOTAL PHS	5.6	28.7	61.5	108.6	233.8	502.5	951.0	1224.4
Hlth Care Finc. Admin.								
Medicaid (Fed Share)	0.0	10.0	30.0	70.0	130.0	200.0	330.0	490.0
Medicare	0.0	0.0	0.0	5.0	5.0	10.0	15.0	30.0
SUB-TOTAL HCFA	0.0	10.0	30.0	75.0	135.0	210.0	345.0	520.0
Social Security Admin.								
Disability Income	0.0	0.0	5.0	10.0	25.0	40.0	70.0	110.0
Supp. Security Income	0.0	0.0	1.0	3.0	8.0	11.0	18.0	28.0
SUB-TOTAL SSA	0.0	0.0	6.0	13.0	33.0	51.0	88.0	138.0
Human Development Serv.	0.0	0.0	0.0	0.0	0.0	0.0	5.7	5.2
SUB-TOTAL HHS	5.6	38.7	97.5	196.6	401.8	763.5	1389.7	1963.2
Veterans Admin.								
Dept. of Defense	0.0	0.0	0.0	0.0	79.0	74.0	52.0	52.0
Dept. of Justice	0.0	0.0	0.0	0.0	1.0	3.0	6.0	6.0
Dept. of Labor	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0
Dept. of State	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0
Dept. of Education	0.0	0.0	0.0	0.0	0.0	0.0	1.2	0.0
Dept. of Agriculture	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.3
SUB-TOTAL NON HHS	2.0	5.0	6.1	10.1	102.9	131.6	144.3	159.6
* * * GRAND TOTAL	7.6	43.7	103.6	206.7	504.7	895.0	1534.0	2122.8

ANSWER TO QUESTIONS ON 10-POINT PLAN

1. Community-based education programs: How much is the increase? Increase \$15.0 million in FY 1988 to \$21.6 million in FY 1989. This represents only a 44 percent increase due to increased end of the year funding in FY 1988. Please note we have changed the text to reflect that change.

Where are the 15-20 cities that will get direct funding? We can not answer this right now. It will be decided when the grants are awarded in through the competitive bid process. It will be tied to AIDS prevalence.

2. Blood plan: When will the plan be submitted to Dr. Macdonald? FDA was aiming for September 20 to meet the 45 day deadline. They are currently revising based on comments from the HHS Office of the Secretary and plan to send it back to HHS by the end of the week. Who will promulgate regulations and requirements? FDA said they will do both and they plan to begin the process immediately. Who will begin the development the educational programs for look back? CDC and FDA will work together. When will they begin? Within the next three months.

How much of an expansion of inspections of blood bank facilities? FDA has done biannual inspections in the past. They will now do annual inspections. This could be said to be a doubling of effort. We have changed the text to reflect this.

With regard to the public information campaign to promote autologous donations as a means of increasing the blood supply and assuring safety, NIH began this effort in FY 1988 and will fully implement it in FY 1989. The campaign will include a public service message campaign for radio, television and print media, informational brochures and publications. In addition to this NIH activity, FDA is preparing an article for its Drug Bulletin on red blood cell transfusion that will, among other topics, present information to health professionals on the appropriate use of autologous transfusions.

We recommend Dr. Macdonald call the Commissioner to ask about the status of the issue paper on improving the safety of the blood supply plan and request a briefing on it as well.

4. When will OMB approve the expedited drug approval process? How much time will be saved? Still trying to get an answer from FDA on these 2 questions.

Pricing: We changed the text to reflect as strong a statement as we think we can make at the present time. This

and the liability issue are subjects for the December report. The September status is that steps have been taken to get the report and recommendations together.

6. Budget: See attached table. Revised PHS figures represent action by the Congress yesterday.
7. Health Care Study: What is the scope of the evaluation? It will focus on access to care by the American public, both the uninsured and the underinsured. It will concentrate on financing and insurance issues. Particular attention will be paid to the experience of low-income disabled individuals in keeping with the President's request.

When will the studies on out-of-hospital care be initiated? Solicitations will be announced early FY 1989 and funding for the studies will be awarded as soon possible.

Risk pools: S. 1634 is most likely not going to be passed by the Congress this year. I think we should delete that sentence. We have rewritten that paragraph in the new package of the ten one pagers.

Louanne

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 responsibility 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 continue 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

<u>August 4</u>		<u>September 18</u>		<u>Status</u>
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)
<u>364</u>	<u>60.97%</u>	<u>357</u>	<u>59.80%</u>	Total Federal

Non-Federal Responsibility

<u>August 4</u>		<u>September 18</u>		<u>Status</u>
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)
<u>233</u>	<u>39.03%</u>	<u>240</u>	<u>40.20%</u>	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

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

<u>STATUS</u>	<u>REC #</u>
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

<u>STATUS</u>	<u>REC #</u>
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

<u>STATUS</u>	<u>REC #</u>
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

<u>STATUS</u>	<u>REC #</u>
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

<u>STATUS</u>	<u>REC #</u>
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

<u>STATUS</u>	<u>REC #</u>
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

<u>STATUS</u>	<u>REC #</u>
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

<u>STATUS</u>	<u>REC #</u>
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

<u>STATUS</u>	<u>REC #</u>
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

<u>STATUS</u>	<u>REC #</u>
E	04-009
	04-010
Count:	2
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Count:	41
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RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 6

<u>STATUS</u>	<u>REC #</u>
D	05-012

Count: 1

Count: 1

RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 7

<u>STATUS</u>	<u>REC #</u>
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

<u>STATUS</u>	<u>REC #</u>
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

<u>STATUS</u>	<u>REC #</u>
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

<u>STATUS</u>	<u>REC #</u>
F	11-015
	11-017
	11-025
	11-027
Count:	15
I	11-007
Count:	1
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Count:	41
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RECOMMENDATIONS RELATING TO THE TEN-POINT PLAN
POINT 9

<u>STATUS</u>	<u>REC #</u>
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

<u>STATUS</u>	<u>REC #</u>
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

<u>STATUS</u>	<u>REC #</u>
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

<u>STATUS</u>	<u>REC #</u>
Count:	67
H	03-050
Count:	1
I	06-011 07-030
Count:	2
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Count:	89
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RECOMMENDATIONS NOT RELATING TO THE TEN-POINT PLAN

<u>STATUS</u>	<u>REC #</u>
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

9/22
3:00pm

THE PRESIDENT'S 10-POINT ACTION PLAN
September Update

- 1. Develop a series of consensus conferences with representatives from all levels of government and the private sector to intensify public health measures to reduce the spread of HIV infection. Increase the number of community based education programs directed to those at increased risk of HIV infection.

Status

Consensus Conferences A "U.S. Health Summit" on HIV infection has been scheduled by HHS for November 28-29. This consensus conference will intensify public/private sector collaboration on a variety of public health problems and lead to recommendations for further meetings and action.

Your letter to Secretary Bowen has resulted in conference development on the following subjects:

-
-

Additionally, a series of previously scheduled conferences have been reprogrammed to address issues identified by you and your HIV Commission:

- o HIV infection in racial/ethnic minority populations, FY 1989;
- o OSHA workplace standards for bloodborne diseases, January 1989;
- o Planning and management of health care services for HIV-infected patients, FY 1989;
- o Drug Abuse and AIDS, October 1988;
- o Developing appropriate services for adolescents and youth at risk of HIV infection, FY 1989;
- o Safety of health care workers, FY 1989;
- o Federal-State strategies to overcome neighborhood resistance to drug abuse treatment facilities, FY 1989.

Community Based Education Programs Funding for local HIV prevention programs will be increased by 44 percent -- from \$15 million to \$21.6 million in FY 1989.

Fifteen to twenty areas with high prevalence of HIV infection and AIDS will receive grants to be awarded in October.

THE PRESIDENT'S 10-POINT ACTION PLAN
September Update

2. Implement actions within 45 days that address: (a) prompt notification of transfusion recipients who are at increased risk of HIV infection; (b) steps to improve HIV laboratory quality and HIV screening tests; and, (c) ways to encourage the use of autologous transfusions in appropriate circumstances.

Status

Notification of Transfusion Recipients Notification of transfusion recipients through "look-back" programs are underway. These programs have been strengthened through: (a) regulations making current voluntary programs mandatory; (b) requiring the blood industry and hospitals to notify physicians that potentially contaminated blood units may have been released and "look-back" should be initiated; and, (c) education programs for transfusion recipients including notification, testing and counselling. Within three months, special out-reach efforts will begin to notify, educate, test and counsel those who were transfusion recipients between 1977 and 1985 (before the HIV screening test was available).

Improving Laboratory Quality HHS is initiating an integrated strategy to improve laboratory testing accuracy, including: (a) proficiency testing requirements and development of standards for laboratory quality; (b) doubled inspections and surveillance of blood bank facilities; (c) enhanced training of FDA investigators who inspect blood banks; and, (d) training programs for blood establishment staff. In addition, NIH is conducting research to develop and evaluate new tests to detect HIV infection.

Self-Donated (Autologous) Transfusions HHS will be conducting a major educational effort, "the National Blood Resources Education Program," to promote a safe supply of blood and the more effective use of blood and blood products. This program will include a public education campaign (radio, television and print PSAs) to promote autologous donation prior to elective surgery as a means of increasing the blood supply and assuring safety. The FDA is preparing an article for the FDA Drug Bulletin to present information to health professionals on the appropriate use of autologous transfusions.

In addition, HHS intends to increase research on techniques, such as red blood cell sterilization, which show promise for eradicating HIV and other viruses in blood.

THE PRESIDENT'S 10-POINT ACTION PLAN
September Update

3. The President emphasizes his concern about drug abuse and its relation to HIV infection and continues his call for bipartisan efforts to enact his anti-drug proposals.

Status

Drug and HIV/AIDS Legislation: Resolution of your anti-drug proposals is uncertain at this point. We are working with Congress regarding the pending drug legislation. Your proposals for both HIV/AIDS and anti-drug efforts exist in pending legislation. However, almost \$13 million has been cut from your budget request during the FY 1989 appropriations process and Congress is not expected to successfully negotiate either an anti-drug or HIV/AIDS bill before the October recess. The important issues may remain unresolved, including:

- **Increasing Drug Treatment Capacity** NIDA has developed model demonstration projects for IV drug users at risk for HIV/AIDS, however administration of these grants is dependent upon increased funding for treatment.
- **Evaluation of Effective Treatment** Your legislative package emphasizes increased evaluation of what works in drug treatment. Both the House and Senate bills contain provisions for increased evaluation at the state level.
- **Targeting High-Risk Populations** HHS is developing demonstration projects targeting populations at high-risk for HIV/AIDS, including women of child-bearing age, infants born with HIV/AIDS, and high-risk youth. The Office of Juvenile Justice Drug Prevention (OJJDP) at DOJ and the Office of Substance Abuse Prevention (OSAP) at HHS are providing technical assistance to major metropolitan areas working with high-risk youth. OJJDP will be holding a meeting in late September on high-risk youth and HIV/AIDS.

THE PRESIDENT'S 10-POINT ACTION PLAN
September Update

4. Begins action in and out of Government that will accelerate development, approval and distribution of vaccines and drugs.

Status

Accelerate Approval Process On _____, FDA released a _____ to expedite approval for therapies to treat life-threatening illnesses.

- o Developed in coordination with the Vice President and the Presidential Task Force on Regulatory Relief, total premarket development time of most drugs should be shortened by 25 percent. The FDA will work with the drug sponsor early in the course of the approval process to design and conduct controlled clinical trials which provide definitive data regarding safety and effectiveness.
- o Providing patients with clinically tested yet experimental drugs prior to marketing approval.
- o Exceptions for the use of possible, yet unproven, drugs to treat life-threatening illnesses.
- o Post-marketing studies to gather additional information about the drug's risks and benefits.

Incentives for Drug Development At HHS, a working group was appointed on _____ to consider incentives for private development and marketing of HIV products, including issues such as granting marketing rights and waivers of royalty or patent licensing rights. The group has also been charged with examining the Federal role in encouraging reasonable pricing for HIV-related products which are developed in part with Federal grants. A report is due in December.

Liability Issue HHS is investigating the liability issue as to whether it might pose impediments for the development of HIV-related products, in particular vaccines. HHS, per one Commission recommendation, is doing so in consultation with private groups, particularly the Keystone Group and the Institute of Medicine, and will collaborate with representatives from the Department of Justice and the Department of Defense.

THE PRESIDENT'S 10-POINT ACTION PLAN
September Update

5. Reaffirms his commitment to provide adequate resources (dollars, staff, office and laboratory space) to combat the HIV epidemic and directs the Office of Management and Budget to make certain there are no impediments to efficient use of these resources.

Status

Space Needs OMB will soon recommend to you that a budget amendment be sent to Congress seeking authority for the NIH to initiate construction of a consolidated office building on the NIH campus in Bethesda. Your HIV Commission recommended construction of a consolidated office building to remove "one of the most serious research administrative obstacles ... encountered." In addition, Congress is expected to approve a lease-purchase acquisition for the Centers for Disease Control to provide additional laboratory and office space.

Resource Needs OMB will continue to work with the Secretary to assure that adequate resources are available for HIV efforts. HHS Secretary Bowen has the authority to transfer FTEs and HIV funds among HHS agencies. OMB will address dollar resources and FTEs for HIV infection as it prepares your FY 1990 budget.

Unresolved Issues The recruitment and retention of science personnel are being addressed by OPM and a more complete answer will be available for the December report.

THE PRESIDENT'S 10-POINT ACTION PLAN
September Update

6. Asks Congress to accelerate enactment of his FY 1989 HIV appropriations request & adopt the FY 1990 budget request for HIV activities as early as possible after the budget is submitted. The President will seek a special HIV emergency fund for unanticipated problems and opportunities in the FY 1990 budget request.

Status

Presidential Action Much of the FY 1989 HIV appropriations request has been enacted and signed. On August 5, you sent a letter to the Congress announcing his 10-point plan and asked Congress to expeditiously enact both the FY 1989 and FY 1990 appropriations request for HIV activities. The Labor, Health and Human Services and Education Bill was signed on September 20, and included \$1.29 billion -- a 1.2 percent decrease from your budget request.

Status of FY 1990 Request HHS submitted its FY 1990 budget request to OMB on September 1 and the request will go to Congress with the President's budget in February 1989.

FEDERAL AIDS SPENDING
By Year and Department
(in millions of dollars)

	1982	1983	1984	1985	1986	1987	1988	1989
Health & Human Services								
Public Health Service								
NIH	3.4	21.7	44.1	63.7	134.7	260.9	467.8	607.0
CDC	2.1	6.2	13.8	33.3	62.1	136.0	304.9	382.3
ADAMHA	0.0	0.5	2.8	2.6	12.2	47.5	112.3	175.5
HRSA	0.0	0.0	0.0	0.0	15.3	41.9	37.0	45.4
FDA	0.2	0.4	0.8	9.0	9.5	15.8	24.8	65.4
OASH	0.0	0.0	0.0	0.0	0.0	0.2	3.7	13.4
IHS	0.0	0.0	0.0	0.0	0.0	0.1	0.6	0.8
SUB-TOTAL PHS	5.6	28.7	61.5	108.6	233.8	502.5	951.0	1289.8
Hlth Care Finc. Admin.								
Medicaid (Fed Share)	0.0	10.0	30.0	70.0	130.0	200.0	330.0	490.0
Medicare	0.0	0.0	0.0	5.0	5.0	10.0	15.0	30.0
SUB-TOTAL HCFA	0.0	10.0	30.0	75.0	135.0	210.0	345.0	520.0
Social Security Admin.								
Disability Income	0.0	0.0	5.0	10.0	25.0	40.0	70.0	110.0
Supp. Security Income	0.0	0.0	1.0	3.0	8.0	11.0	18.0	28.0
SUB-TOTAL SSA	0.0	0.0	6.0	13.0	33.0	51.0	88.0	138.0
Human Development Serv.	0.0	0.0	0.0	0.0	0.0	0.0	5.7	5.2
SUB-TOTAL HHS	5.6	38.7	97.5	196.6	401.8	763.5	1389.7	1947.8
Veterans Admin.	2.0	5.0	6.1	10.1	22.9	52.6	82.9	99.3
Dept. of Defense	0.0	0.0	0.0	0.0	79.0	74.0	52.0	52.0
Dept. of Justice	0.0	0.0	0.0	0.0	1.0	3.0	6.0	6.0
Dept. of Labor	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0
Dept. of State	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0
Dept. of Education	0.0	0.0	0.0	0.0	0.0	0.0	1.2	0.0
Dept. of Agriculture	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.3
SUB-TOTAL NON HHS	2.0	5.0	6.1	10.1	102.9	131.6	144.3	159.6
*** GRAND TOTAL	7.6	43.7	103.6	206.7	504.7	895.0	1534.0	2107.4

Detail may not add to total due to rounding.

THE PRESIDENT'S 10-POINT ACTION PLAN
September Update

- 7. Instructs the Secretary of HHS to evaluate the current system of health care financing; and directs HHS to conduct specific studies of ways to promote out-of-hospital care; encourage states to establish insurance risk pools for medically uninsurable persons; and increase the public health response to HIV infected infants, children, adolescents and low income disabled individuals.**

Status

Evaluation of Health Care Financing By December 1, a Health Care Financing Administration (HCFA) team, with outside contract experts, will have begun an evaluation of the availability of health care as well as financing and insurance issues, especially for the underinsured and uninsured. Particular attention will be paid to experiences of low-income disabled individuals and disability coverage through the Social Security Administration and/or Medicaid.

Alternatives to Acute Care HCFA has included studies of the effectiveness of out-of-hospital and case managed care in their 1989 research and demonstration project solicitation. The solicitation will begin early in FY 1989 and encourages studies on the use of Medicaid waivers, hospice care, home health and other ambulatory services to provide cost-effective alternatives to inpatient care for HIV patients. HCFA will coordinate its activities with PHS service demonstration and research grants activities.

Risk Pools HHS has evaluated existing risk pools in States and has begun development of several model risk pool statutes. HHS plans to promote risk pools through the consensus conference approach and through interaction with outside organizations such as the National Governors Association.

Infants, Children and Adolescents The HHS Secretary's Task Force on Pediatric HIV Infection Report recommends specific studies regarding infants, children and adolescents. This report is currently under review with the Department and a more complete submission will be available for the December report.

THE PRESIDENT'S 10-POINT ACTION PLAN
September Update

- 8. Directs the Secretary of State to develop a multi-focused international initiative to combat HIV, particularly in less-developed countries; increase U.S. commitment to international technical assistance; and seek development of a three-year plan for international efforts against HIV infection.**

Status

Draft Plan The outline for a 3-year plan has been drafted by the Department of State, with the U.S. Agency for International Development (A.I.D.). The development of the plan from the outline will be coordinated with other Federal agencies through the HHS's Federal Coordinating Committee on AIDS, but focusses on four broad areas:

- o multilateral and bilateral activities for the prevention and control of HIV infection;
- o development of new methods of treatment and a vaccine;
- o foreign policy implications of AIDS; and,
- o budgetary implications.

The plan should be available for review by mid-October and the final report completed by mid-December.

Financial Support A.I.D. will increase its financial support for international assistance for HIV prevention programs from \$30 million in FY 1988 to \$35-40 million in FY 1989.

THE PRESIDENT'S 10-POINT ACTION PLAN
September Update

9. Requires the PHS to update the 1986 Public Health Service plan for combatting HIV infection.

Status

The report of the second PHS AIDS Prevention and Control Conference, held by the Assistant Secretary for Health in June 1988, is scheduled to be published in October. The report will be a guide for the Public Health Service to manage its billion dollar-a-year HIV program. The issues, goals and objectives are divided into nine (9) broad categories:

- o epidemiology and surveillance;
- o clinical manifestations and pathogenesis;
- o prevention, information, education and behavior change;
- o patient care/health care needs;
- o blood and blood products;
- o intravenous drug abuse;
- o neuroscience and behavior;
- o therapeutics; and
- o vaccines.

The PHS report will be used to develop an HIV Implementation Plan which will identify the major goals to be carried out in FY 1989. HHS plans to use the Report and the report of the Presidential Commission to establish a computerized tracking and monitoring system for HHS activities in combatting HIV infection, including implementation of the Commission's recommendations.

A more complete submission will be available for the December report.

THE PRESIDENT'S 10-POINT ACTION PLAN
September Update

10. **Calls on all sectors of society to respond equitably and compassionately to those with HIV infection and to their families. In addition to directing all Federal agencies to adopt a policy based on OPM guidelines, the President requests that American businesses, unions and schools examine and consider adopting education and personnel policies based on the OPM and CDC Guidelines.**

Status

Agencies are Complying A telephone survey of the largest 22 Federal agencies (96 percent of the Federal workforce), initiated in July, was followed in August with a supplemental survey. The Office of Personnel Management reports the following:

- o All 22 agencies are putting AIDS policy guidelines in place. Seven agencies have issued AIDS policies. Fourteen others are presently drafting policies/guidelines to be issued by the end of October. One agency will issue policy guidance no later than December.
- o Twenty-one agencies have initiated formal training/education programs on AIDS-related issues for employees, supervisors, and managers. The one remaining agency is currently developing a program.
- o All 22 agencies now offer counseling and referral services for AIDS-related issues through their Employee Assistance Programs or medical services facilities.

OPM held a Conference September 14, 1988 in Washington, D.C. on "AIDS in the Workplace."

OPM AIDS Clearinghouse Established OPM has established a clearinghouse to make AIDS information available to agencies seeking assistance. Items included in the clearinghouse are: the President's action plan; copies of all agency policy statements; education and training materials; results of periodic surveys regarding extent of AIDS policies and programs; and AIDS education programs.

Private Sector Responding On August 17, 1988 the Director of OPM sent a letter to each of the Fortune 1000 companies telling them of the President's ten point action plan and enclosed a copy of "AIDS in the Federal Workplace Guidelines."