

eration of more effective and cost efficient systems for the delivery of essential services to individuals and families with HIV disease.

(Pub. L. 101-381, § 2, Aug. 18, 1990, 104 Stat. 576.)

REFERENCES IN TEXT

This Act, referred to in text, is Pub. L. 101-381, Aug. 18, 1990, 104 Stat. 576, known as the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, which enacted this subchapter, transferred section 300ee-6 of this title to section 300ff-48 of this title, amended sections 284a, 286, 287a, 287c-2, 289f, 290aa-3a, 299c-5, 300ff-48, and 300aaa to 300aaa-13 [now 238 to 238m] of this title, and enacted provisions set out as notes under sections 201, 300x-4, 300ff-11, 300ff-46, and 300ff-80 of this title. For complete classification of this Act to the Code, see Short Title of 1990 Amendment note set out under section 201 of this title and Tables.

CODIFICATION

Section was enacted as part of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, and not as part of the Public Health Service Act which comprises this chapter.

§ 300ff-1. Prohibition on use of funds

None of the funds made available under this Act, or an amendment made by this Act, shall be used to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.

(Pub. L. 101-381, title IV, § 422, Aug. 18, 1990, 104 Stat. 628.)

REFERENCES IN TEXT

This Act, referred to in text, is Pub. L. 101-381, Aug. 18, 1990, 104 Stat. 576, known as the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, which enacted this subchapter, transferred section 300ee-6 of this title to section 300ff-48 of this title, amended sections 284a, 286, 287a, 287c-2, 289f, 290aa-3a, 299c-5, 300ff-48, and 300aaa to 300aaa-13 [now 238 to 238m] of this title, and enacted provisions set out as notes under sections 201, 300x-4, 300ff-11, 300ff-46, and 300ff-80 of this title. For complete classification of this Act to the Code, see Short Title of 1990 Amendment note set out under section 201 of this title and Tables.

CODIFICATION

Section was enacted as part of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, and not as part of the Public Health Service Act which comprises this chapter.

PART A—EMERGENCY RELIEF FOR AREAS WITH SUBSTANTIAL NEED FOR SERVICES

SUBPART I—GENERAL GRANT PROVISIONS

§ 300ff-11. Establishment of program of grants

(a) Eligible areas

The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall, subject to subsections (b) through (c) of this section, make grants in accordance with section 300ff-13 of this title for the purpose of assisting in the provision of the services specified in section 300ff-14 of this title in any metropolitan area for which there has been reported to and confirmed by the Director of the Centers for Disease Control and Prevention a cumulative total of more than 2,000 cases of AIDS during the most recent period of 5 calendar years for which such data are available.

(b) Continued status as eligible area

Notwithstanding any other provision of this section, a metropolitan area that is an eligible area for a fiscal year continues to be an eligible area until the metropolitan area fails, for three consecutive fiscal years—

(1) to meet the requirements of subsection (a); and

(2) to have a cumulative total of 3,000 or more living cases of AIDS (reported to and confirmed by the Director of the Centers for Disease Control and Prevention) as of December 31 of the most recent calendar year for which such data is available.

(c) Boundaries

For purposes of determining eligibility under this subpart—

(1) with respect to a metropolitan area that received funding under this subpart in fiscal year 2006, the boundaries of such metropolitan area shall be the boundaries that were in effect for such area for fiscal year 1994; or

(2) with respect to a metropolitan area that becomes eligible to receive funding under this subpart in any fiscal year after fiscal year 2006, the boundaries of such metropolitan area shall be the boundaries that are in effect for such area when such area initially receives funding under this subpart.

(July 1, 1944, ch. 373, title XXVI, § 2601, as added Pub. L. 101-381, title I, § 101(3), Aug. 18, 1990, 104 Stat. 576; amended Pub. L. 102-531, title III, § 312(d)(25), Oct. 27, 1992, 106 Stat. 3505; Pub. L. 104-146, §§ 3(a)(1), (2), 12(c)(1), May 20, 1996, 110 Stat. 1346, 1373; Pub. L. 109-415, title I, §§ 101(a), (b), 106(a), 107(b), title VII, §§ 702(1), 703, Dec. 19, 2006, 120 Stat. 2768, 2780, 2783, 2819, 2820; Pub. L. 111-87, § 2(a)(1), (3)(A), Oct. 30, 2009, 123 Stat. 2885.)

PRIOR PROVISIONS

A prior section 2601 of act July 1, 1944, was successively renumbered by subsequent acts and transferred, see section 238 of this title.

AMENDMENTS

2009—Pub. L. 111-87 repealed Pub. L. 109-415, § 703, and revived the provisions of this section as in effect on Sept. 30, 2009. See 2006 Amendment note and Effective Date of 2009 Amendment; Revival of Section note below.

2006—Pub. L. 109-415, § 703, which directed repeal of this section effective Oct. 1, 2009, was itself repealed by Pub. L. 111-87, § 2(a)(1), effective Sept. 30, 2009.

Subsec. (a). Pub. L. 109-415, § 702(1), substituted “AIDS” for “acquired immune deficiency syndrome”.

Pub. L. 109-415, § 106(a), substituted “during the most recent period” for “for the most recent period”.

Pub. L. 109-415, § 101(b), substituted “through (c)” for “through (d)” and inserted “and confirmed by” after “reported to”.

Subsecs. (b) to (d). Pub. L. 109-415, §§ 101(a), 107(b), added subsecs. (b) and (c), substituted “this subpart” for “this part” in subsec. (c) wherever appearing, and struck out former subsecs. (b) to (d) which related to requirement regarding confirmation of cases, requirements regarding population, and continued status as eligible area, respectively.

1996—Subsec. (a). Pub. L. 104-146, § 12(c)(1), inserted “section” before “300ff-14”.

Pub. L. 104-146, § 3(a)(1)(B), substituted “metropolitan area for which there has been reported to the Director of the Centers for Disease Control and Prevention a cu-

mulative total of more than 2,000 cases of acquired immune deficiency syndrome for the most recent period of 5 calendar years for which such data are available.” for “metropolitan area for which, as of June 30, 1990, in the case of grants for fiscal year 1991, and as of March 31 of the most recent fiscal year for which such data is available in the case of a grant for any subsequent fiscal year—

“(1) there has been reported to and confirmed by the Director of the Centers for Disease Control and Prevention a cumulative total of more than 2,000 cases of acquired immune deficiency syndrome; or

“(2) the per capita incidence of cumulative cases of such syndrome (computed on the basis of the most recently available data on the population of the area) is not less than 0.0025.”

Pub. L. 104-146, §3(a)(1)(A), substituted “subject to subsections (b) through (d)” for “subject to subsection (b)”.

Subsecs. (c), (d). Pub. L. 104-146, §3(a)(2), added subsecs. (c) and (d).

1992—Subsecs. (a)(1), (b). Pub. L. 102-531 substituted “Centers for Disease Control and Prevention” for “Centers for Disease Control”.

EFFECTIVE DATE OF 2009 AMENDMENT; REVIVAL OF SECTION

Pub. L. 111-87, §2(a)(2), (3), Oct. 30, 2009, 123 Stat. 2885, provided that:

“(2) EFFECTIVE DATE.—Paragraph (1) [repealing section 703 of Pub. L. 109-415, formerly set out as an Effective Date of Repeal note below] shall take effect as if enacted on September 30, 2009.

“(3) CONTINGENCY PROVISIONS.—Notwithstanding section 703 of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109-415; 120 Stat. 2767 [2820]) [repealing this subchapter, formerly set out as an Effective Date of Repeal note below] and section 139 of the Continuing Appropriations Resolution, 2010 [123 Stat. 2048]—

“(A) the provisions of title XXVI of the Public Health Service Act (42 U.S.C. 300ff et seq.), as in effect on September 30, 2009, are hereby revived; and

“(B) the amendments made by this Act to title XXVI of the Public Health Service Act (42 U.S.C. 300ff et seq.) [see Tables for classification] shall apply to such title as so revived and shall take effect as if enacted on September 30, 2009.”

EFFECTIVE DATE OF REPEAL

Pub. L. 109-415, title VII, §703, Dec. 19, 2006, 120 Stat. 2820, which provided for the repeal of this subchapter effective Oct. 1, 2009, was itself repealed by Pub. L. 111-87, §2(a)(1), Oct. 30, 2009, 123 Stat. 2885.

EFFECTIVE DATE OF 1996 AMENDMENT

Pub. L. 104-146, §13, May 20, 1996, 110 Stat. 1374, provided that:

“(a) IN GENERAL.—Except as provided in subsection (b), this Act [enacting sections 300ff-27a, 300ff-31, 300ff-33 to 300ff-37, 300ff-77, 300ff-78, and 300ff-101 of this title, amending this section and sections 294n, 300d, 300ff-12 to 300ff-17, 300ff-21 to 300ff-23, 300ff-26 to 300ff-29, 300ff-47 to 300ff-49, 300ff-51, 300ff-52, 300ff-54, 300ff-55, 300ff-64, 300ff-71, 300ff-74, 300ff-76, and 300ff-84 of this title, transferring section 294n of this title to section 300ff-111 of this title, repealing sections 300ff-18 and 300ff-30 of this title, and enacting provisions set out as notes under sections 201, 300cc, and 300ff-33 of this title and section 4103 of Title 5, Government Organization and Employees], and the amendments made by this Act, shall become effective on October 1, 1996.

“(b) EXCEPTION.—The amendments made by sections 3(a), 5, 6, and 7 of this Act to sections 2601(c), 2601(d), 2603(a), 2618(b), 2626, 2677, and 2691 of the Public Health Service Act [42 U.S.C. 300ff-11(c), (d), 300ff-13(a), 300ff-28(b), 300ff-34, 300ff-77, 300ff-101] shall become effective on the date of enactment of this Act [May 20, 1996].”

STUDIES BY INSTITUTE OF MEDICINE

Pub. L. 106-345, title V, §501, Oct. 20, 2000, 114 Stat. 1352, required the Secretary of Health and Human Services to request the Institute of Medicine or another appropriate entity to conduct a study of State surveillance systems on the prevalence of HIV and a study concerning the relationship between epidemiological measures and health care for certain individuals with HIV and to ensure that the former study be completed and a report submitted to congressional committees not later than 3 years after Oct. 20, 2000, and that the latter study be completed and a report submitted to congressional committees not later than 2 years after Oct. 20, 2000.

STUDY REGARDING HIV DISEASE IN RURAL AREAS

Pub. L. 101-381, title IV, §403, Aug. 18, 1990, 104 Stat. 622 directed Secretary of Health and Human Services, after consultation with Director of the Office of Rural Health Policy, to conduct study for purpose of estimating incidence and prevalence in rural areas of cases of acquired immune deficiency syndrome and cases of infection with etiologic agent for such syndrome and determine adequacy in rural areas of services for diagnosing and providing treatment for such cases that are in early stages of infection, and provided that, not later than 1 year after Aug. 18, 1990, Secretary was to submit report to Congress.

§ 300ff-12. Administration and planning council

(a) Administration

(1) In general

Assistance made available under grants awarded under this subpart shall be directed to the chief elected official of the city or urban county that administers the public health agency that provides outpatient and ambulatory services to the greatest number of individuals with AIDS, as reported to and confirmed by the Centers for Disease Control and Prevention, in the eligible area that is awarded such a grant.

(2) Requirements

(A) In general

To receive assistance under section 300ff-11(a) of this title, the chief elected official of the eligible area involved shall—

(i) establish, through intergovernmental agreements with the chief elected officials of the political subdivisions described in subparagraph (B), an administrative mechanism to allocate funds and services based on—

(I) the number of AIDS cases in such subdivisions;

(II) the severity of need for outpatient and ambulatory care services in such subdivisions; and

(III) the health and support services personnel needs of such subdivisions; and

(ii) establish an HIV health services planning council in accordance with subsection (b) of this section.

(B) Local political subdivision

The political subdivisions referred to in subparagraph (A) are those political subdivisions in the eligible area—

(i) that provide HIV-related health services; and

(ii) for which the number of cases reported for purposes of section 300ff-11(a) of