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112TH CONGRESS
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H. R. 1880

To require, on the occasion of the 30th anniversary of the first reported cases of AIDS, reporting on the implementation of the National HIV/AIDS Strategy and on the status of international progress towards achieving universal access to HIV/AIDS treatment, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 12, 2011

Ms. LEE of California (for herself, Mr. GRIJALVA, Mr. MORAN, Mr. CONYERS, Mr. MEEKS, Ms. NORTON, Mr. TOWNS, Mr. COURTNEY, Ms. SCHAKOWSKY, Mr. FRANK of Massachusetts, Ms. WILSON of Florida, Mr. COHEN, Ms. RICHARDSON, Mr. NADLER, Mrs. MALONEY, Mr. SERRANO, Mr. RANGEL, Mr. STARK, Ms. BORDALLO, Ms. BASS of California, Mr. ACKERMAN, Ms. BALDWIN, Mr. BECERRA, Ms. BERKLEY, Mr. BISHOP of Georgia, Mr. BRALEY of Iowa, Ms. BROWN of Florida, Mr. CICILLINE, Mr. CLARKE of Michigan, Ms. CLARKE of New York, Mr. CLAY, Mr. CLEAVER, Mr. CLYBURN, Ms. DEGETTE, Mr. CROWLEY, Mr. DAVIS of Illinois, Mrs. DAVIS of California, Ms. DELAURO, Mr. DOGGETT, Ms. EDWARDS, Mr. ELLISON, Mr. FARR, Mr. FATTAH, Mr. GARAMENDI, Mr. GENE GREEN of Texas, Ms. HANABUSA, Mr. HASTINGS of Florida, Mr. HIGGINS, Mr. HOLDEN, Mr. HONDA, Ms. JACKSON LEE of Texas, Mr. LARSON of Connecticut, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. JOHNSON of Georgia, Mr. LANGEVIN, Mr. LEVIN, Mr. MCNERNEY, Ms. MOORE, Mrs. NAPOLITANO, Mr. PASTOR of Arizona, Mr. PAYNE, Mr. PRICE of North Carolina, Mr. REYES, Mr. RICHMOND, Mr. RAHALL, Ms. ROYBAL-ALLARD, Mr. DAVID SCOTT of Georgia, Ms. SEWELL, Ms. SPEIER, Mr. THOMPSON of Mississippi, Mr. TONKO, Ms. TSONGAS, Mr. VAN HOLLEN, Ms. VELÁZQUEZ, Ms. WASSERMAN SCHULTZ, Ms. WATERS, Mr. WATT, Mr. WAXMAN, Mr. WEINER, Ms. WOOLSEY, Mr. MCDERMOTT, Ms. PINGREE of Maine, Mr. DOYLE, Mr. TIERNEY, Mr. SCHIFF, Mr. OLVER, Mr. RUSH, and Mr. JACKSON of Illinois) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Foreign Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To require, on the occasion of the 30th anniversary of the first reported cases of AIDS, reporting on the implementation of the National HIV/AIDS Strategy and on the status of international progress towards achieving universal access to HIV/AIDS treatment, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Status Report on the 30th Anniversary of HIV/AIDS Act''.

SEC. 2. FINDINGS.

The Congress makes the following findings:

(1) On June 5, 1981, in the Morbidity and Mortality Weekly Report (MMWR), the Centers for Disease Control and Prevention (CDC) reported the identification of 5 cases of pneumocystis carinii pneumonia (PCP), a rare type of pneumonia typically caused by a suppressed immune system.

(2) In 1982, public health officials began to use the term ''acquired immunodeficiency syndrome'' or AIDS, to describe the occurrence of opportunistic infections among previously healthy people that were subsequently associated with the initial 5 cases of PCP identified in the MMWR. In 1983, scientists

isolated and identified the virus that causes AIDS, which became known as human immunodeficiency virus (HIV).

(3) HIV can be transmitted between persons through unprotected sexual contact, including vaginal, anal, or oral sex, through contaminated injection needles or blood transfusions, and from a mother to child during pregnancy or through breast milk. HIV cannot be transmitted through saliva, tears, or sweat, casual contact, mosquitoes or other insects, or through the air or water.

(4) The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that since the identification of AIDS in 1981, more than 60,000,000 people have been infected with HIV, and nearly 30,000,000 people have died of AIDS worldwide.

(5) In 2009, 33,300,000 people were living with HIV around the world, 1,800,000 people died of AIDS-related illnesses, and another 2,600,000 people were newly infected. Of these numbers, children under the age of 15 accounted for 260,000 AIDS deaths, 370,000 new HIV infections, and a total of 2,500,000 of all people living with HIV.

(6) Developing countries continue to bear the brunt of the AIDS pandemic with sub-Saharan Afri-

ca accounting for 68 percent of all adults and children living with HIV, 60 percent of whom are women and girls.

(7) In 2008, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act was enacted into law, reauthorizing the President's Emergency Plan for AIDS Relief (PEPFAR) and continued United States participation and contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

(8) Nearly 4.7 million people around the world currently receive support for antiretroviral treatment as a result of PEPFAR bilateral programs, the Global Fund, or both.

(9) According to a recent report by the United Nations Secretary-General, more than 6 million people were estimated to be receiving antiretroviral therapy in low- and middle-income countries as of December 2010, while about 10 million people who could benefit from treatment were not receiving it in 2009.

(10) In November 2010, UNAIDS and the World Health Organization launched the concept of ''Treatment 2.0'', a radically simplified HIV treat-

ment platform to achieve the goal of preventing 10 million deaths and reducing new HIV infections by up to 1 million annually by optimizing drug regimens, simplifying laboratory platforms for diagnosis and monitoring, reducing costs, adapting delivery systems, and mobilizing communities.

(11) The CDC estimates that in the United States, more than 1,100,000 people are living with HIV, and approximately 21 percent do not know they are infected.

(12) Each year, 56,300 people become newly infected with HIV in the United States, and on average, an individual is infected with HIV every 9½ minutes.

(13) A total of 617,025 people have died of AIDS in the United States from the beginning of the HIV/AIDS epidemic through 2008.

(14) At the end of 2008, African-Americans represented 48 percent of all people living with HIV in the United States, Whites represented 33 percent, Hispanics represented 17 percent, Asian-Americans and Pacific Islanders represented 1 percent, and American Indians and Alaska Natives represented less than 1 percent.

(15) The leading transmission category of HIV infection in the United States is male-to-male sexual contact, followed by heterosexual contact and injection drug use.

(16) Men who have sex with men (MSM) of all races remain the population most severely affected by the disease, accounting for 54 percent of all new HIV infections in 2008, with young MSM of color representing an increasing share of new HIV infections over the past decade. African-American MSM account for 35 percent of all new infections among all MSM and 63 percent of all new infections among African-American men, while Hispanic MSM account for 19 percent of all new infections among all MSM and 72 percent of new infections among Hispanic men.

(17) Among women, the rate of new HIV infection for African-American women is nearly 15 times higher than White women, while the rate among Hispanic women is nearly 4 times higher.

(18) In 1998, Congress and the Clinton Administration created the National Minority AIDS Initiative to provide technical assistance, build capacity, and strengthen outreach efforts among local institutions and community, based organizations that serve

racial and ethnic minorities living with or vulnerable to HIV/AIDS.

(19) In 2009, the Ryan White HIV/AIDS Treatment Extension Act of 2009 was enacted into law, reauthorizing Federal HIV/AIDS care and treatment programs for 4 years and making funding available to United States metropolitan areas, States, and service providers to assist affected families and persons living with HIV/AIDS with health care and support services.

(20) As of April 7, 2011, approximately 7,900 people across 11 States were waiting to receive AIDS treatment through the AIDS Drug Assistance Program authorized by the Ryan White CARE Act.

(21) On July 13, 2010, the President released a ''National HIV/AIDS Strategy for the United States'' along with an accompanying ''Federal Implementation Plan'' to achieve the goals of reducing new HIV infections, increasing access to care and improving health outcomes for people living with HIV, reducing HIV-related disparities and health inequities, and achieving a more coordinated national response to the HIV epidemic.

(22) In recognition of the 30th anniversary of the first reported cases of AIDS, the United Nations

General Assembly will hold a High Level Meeting on AIDS from June 8–10, 2011, to consider a new Declaration of Commitment on HIV/AIDS from United Nations member states.

(23) The 19th International AIDS Conference will be held in Washington, DC, from July 22–27, 2012, returning to the United States after a nearly two decade long international boycott that was lifted following the statutory repeal of a ban on travel and immigration of people living with HIV/AIDS.

SEC. 3. REPORT ON THE IMPLEMENTATION OF THE NATIONAL HIV/AIDS STRATEGY.

(a) REPORT REQUIRED.—Not later that 6 months after the date of the enactment of this Act, the President, in consultation with the heads of all relevant agencies including the Department of Education, the Department of Health and Human Services, the Department of Housing and Urban Development, the Department of Justice, the Department of Labor, the Department of Veterans Affairs, and the Social Security Administration, shall transmit to the Congress and make publicly available a report on the status of the implementation of the National HIV/AIDS Strategy.

(b) CONTENTS.—The report required by subsection (a) shall include a description, analysis, and evaluation of—

(1) key steps taken by the Federal Government towards the achievement of the goals of the National HIV/AIDS Strategy, including the goals of—

(A) reducing the number of people who become infected with HIV;

(B) increasing access to care and optimizing health outcomes for people living with HIV; and

(C) reducing HIV-related health disparities;

(2) the extent to which the National HIV/AIDS Strategy has improved coordination of efforts to maximize the effective delivery of HIV/AIDS prevention, care, and treatment services at the community level, including coordination—

(A) within and among Federal agencies and departments;

(B) between the Federal Government and State and local governments and health departments;

(C) between the Federal Government and nonprofit foundations and civil society organiza-

tions, including community- and faith-based organizations focused on addressing the issue of HIV/AIDS; and

(D) between the Federal Government and private businesses.

(3) efforts by the Federal Government to educate, involve, and establish and strengthen partnerships with civil society organizations, including community- and faith-based organizations, in order to implement the National HIV/AIDS Strategy and achieve its goals;

(4) how Federal resources are being deployed to implement the Strategy, including—

(A) the amount of funding used to date, by each Federal agency and department, to implement the National HIV/AIDS Strategy;

(B) a brief summary for each Federal agency and department of the number and function of all Federal employees assisting in implementing the Strategy; and

(C) an estimate of the amount of funding necessary to implement the National HIV/AIDS Strategy, by each Federal agency and department, for the next fiscal year; and

(5) what additional steps, if any, are necessary to fully implement the National HIV/AIDS Strategy, including—

(A) whether any existing statutory laws, policies, or regulations are impeding the implementation of the National HIV/AIDS Strategy, at the Federal, State, or local level, and whether any changes to such laws, policies, or regulations are necessary or recommended; and

(B) whether any Federal agencies or departments require additional statutory authority to effectively carry out their duties as part of the National HIV/AIDS Strategy.

(c) USE OF PREVIOUSLY APPROPRIATED FUNDS.—Funding for the report required under subsection (a) shall derive from discretionary funds of the departments and agencies specified in such subsection.

SEC. 4. REPORT ON PROGRESS TOWARDS ACHIEVING UNIVERSAL ACCESS TO HIV/AIDS TREATMENT.

(a) REPORT REQUIRED.—Not later than 6 months after the date of the enactment of this Act, the President, in consultation with the Global AIDS Coordinator and the heads of all relevant agencies, including the Department of State, the Department of Health and Human Services, the United States Agency for International Development,

the Centers for Disease Control and Prevention, and the National Institutes of Health, shall transmit to the Congress and make publicly available a report on the status of international progress towards achieving universal access to HIV/AIDS treatment for people living with HIV/AIDS.

(b) CONTENTS.—The report required by subsection (a) shall include a description, analysis, and evaluation of—

(1) the extent to which progress has been made in achieving the goal of universal access to HIV/AIDS treatment on a country, regional, and global basis, as well as addressing the ongoing challenges and obstacles to achieving such goal, including—

(A) for the prevention of mother-to-child transmission;

(B) with respect to the most-at-risk populations (MARPs) such as injection drug users, sex workers and their clients, men who have sex with men, transgender people, and prisoners;

(C) to ensure the availability of treatment as prevention strategies;

(D) an estimate of the amount of funding and resources provided to date in order to

achieve the goal, including funding and resources provided by—

(i) the United States;

(ii) partner countries;

(iii) the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, the World Health Organization, and other multilateral institutions;

(iv) other donor nations;

(v) nonprofit foundations and civil-society and nongovernmental organizations, including community- and faith-based organizations; and

(vi) private businesses; and

(E) an estimate of the amount of funding and resources still needed to accomplish the goal;

(2) how the United States is contributing to the achievement of the goal of universal access to HIV/AIDS treatment, including through—

(A) improved coordination and collaboration among relevant Federal agencies and departments and among—

(i) the United States;

(ii) partner countries;

(iii) the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, the World Health Organization, and other multilateral institutions;

(iv) other donor nations;

(v) nonprofit foundations and civil-society and nongovernmental organizations, including community- and faith-based organizations; and

(vi) private businesses;

(B) the identification and utilization of efficiencies in the delivery of HIV/AIDS treatment services within and between United States funded bilateral and multilateral programs, and partner countries, including to the extent that such gains in efficiencies are being exhausted;

(C) bilateral HIV/AIDS programs and other bilateral global health programs;

(D) the Global Fund to Fight AIDS, Tuberculosis and Malaria;

(E) ongoing research into new, simpler, more effective, and cheaper HIV treatment regimens, including operational research to ensure that such treatments are adhered to and delivered quickly and efficiently;

(F) bilateral and multilateral efforts to strengthen recruitment, training, and retention of skilled indigenous health workers within national health systems of partner countries, including to increase the effectiveness of such health workers and ensure their equitable distribution within the country;

(G) bilateral and multilateral trade and investment negotiations, policies, or agreements, especially in cases affecting the price, quality, accessibility, and affordability of pharmaceuticals, including second-line pharmaceuticals, diagnostics, and medical products and devices (including any patents for or generic alternatives to such items) used to treat HIV/AIDS and its associated opportunistic infections or diseases;

(H) participation, contribution, and leadership within multilateral institutions including UNAIDS, the World Health Organization, the United Nations, international financial institutions, and other such multilateral institutions; and

(I) the amount of funding and resources provided by the United States to date, and an

estimate of the amount of funding and resources necessary for the next fiscal year; and

(3) the concept of ''Treatment 2.0'' as proposed by UNAIDS and the World Health Organization to improve and expand HIV treatment by optimizing drug regimens, simplifying laboratory platforms for diagnosis and monitoring, reducing costs, adapting delivery systems, and mobilizing communities, including—

(A) the progress achieved to date and any challenges and obstacles to the realization of the proposal; and

(B) a summary of efforts by the United States in contributing to the realization of the proposal, and any such planned actions by the United States for the next fiscal year, including—

(i) any proposed changes to United States statutory laws, policies, or regulations; and

(ii) the amount of funding and resources provided to date by the United States to support the proposal, and for the next fiscal year.

(c) USE OF PREVIOUSLY APPROPRIATED FUNDS.—Funding for the report required under subsection (a) shall derive from existing discretionary funds of the departments and agencies specified in such subsection.

SEC. 5. DEFINITIONS.

In this Act:

(1) HIV AND HIV/AIDS.—The terms ''HIV'' and ''HIV/AIDS'' have the meanings given to such terms in section 2689 of the Public Health Service Act (42 U.S.C. 300ff–88).

(2) INTERNATIONAL FINANCIAL INSTITUTION.—The term ''international financial institution'' means any of the following institutions:

(A) The International Bank for Reconstruction and Development.

(B) The International Development Association.

(C) The International Finance Corporation.

(D) The Multilateral Investment Guarantee Agency.

(E) The International Centre for Settlement of Investment Disputes.

(F) The Inter-American Development Bank.

(G) The Asian Development Bank.

(H) The Asian Development Fund.

(I) The African Development Bank.

(J) The African Development Fund.

(K) The International Monetary Fund.

(L) The North American Development Bank.

(M) The European Bank for Reconstruction and Development.

(3) NATIONAL HIV/AIDS STRATEGY.—The term ''National HIV/AIDS Strategy'' means the National HIV/AIDS Strategy of the United States developed by the President.

(4) TREATMENT AS PREVENTION.—The term ''treatment as prevention'' means the strategy of providing antiretroviral treatment to people living with or vulnerable to HIV/AIDS in order to decrease their risk of transmitting or becoming infected with the virus. Such strategies may include—

(A) ''pre-exposure prophylaxis'' which means the provision of antiretroviral drugs to uninfected individuals before possible exposure to the virus; and

(B) ''test and treat'' which means the testing of everyone for HIV/AIDS within a high-

risk group or a defined geographic area and the immediate provision of antiretroviral treatment to everyone who tests positive for the disease.

(5) UNAIDS.—The term ''UNAIDS'' means the Joint United Nations Programme on HIV/AIDS.

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