

113TH CONGRESS
1ST SESSION

H. R. 2599

To reduce the spread of sexually transmitted infections in correctional facilities, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 28, 2013

Ms. LEE of California (for herself, Ms. CLARKE, Mr. RANGEL, Ms. WILSON of Florida, Mr. SERRANO, Ms. NORTON, Ms. JACKSON LEE, Mr. ELLISON, Mr. LEWIS, and Ms. WATERS) introduced the following bill; which was referred to the Committee on the Judiciary, and in addition to the Committees on Energy and Commerce and Financial Services, 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 reduce the spread of sexually transmitted infections in correctional facilities, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Justice for the Unpro-
5 tected against Sexually Transmitted Infections among the
6 Confined and Exposed Act” or the “JUSTICE Act”.

1 **SEC. 2. TABLE OF CONTENTS.**

2 The table of contents of this Act is as follows:

- 3 Sec. 1. Short title.
- 4 Sec. 2. Table of contents.
- 5 Sec. 3. Findings.
- 6 Sec. 4. Authority to allow community organizations to provide STI counseling,
7 STI prevention education, and sexual barrier protection devices
8 in Federal correctional facilities.
- 9 Sec. 5. Sense of Congress regarding distribution of sexual barrier protection de-
10 vices in State prison systems.
- 11 Sec. 6. Automatic enrollment or reinstatement of Medicaid benefits.
- 12 Sec. 7. Survey of and report on correctional and immigration detention facility
13 programs aimed at reducing the spread of STIs.
- 14 Sec. 8. Strategy.
- 15 Sec. 9. Eligibility of persons discharged from correctional facilities for McKin-
16 ney-Vento Act housing assistance.
- 17 Sec. 10. Definitions.
- 18 Sec. 11. Appropriations.

3 **SEC. 3. FINDINGS.**

4 The Congress makes the following findings:

5 (1) According to the Bureau of Justice Statis-
6 tics (BJS), 2,239,800 persons were incarcerated in
7 State or Federal prisons or local jails in the United
8 States as of the end of 2011. Additionally, one in
9 every 34 United States residents was on probation,
10 in jail or prison, or on parole. During 2011, the De-
11 partment of Homeland Security (DHS) confined an
12 additional 642,000 people. DHS held 429,000 of
13 them in immigration detention facilities.

14 (2) In 2010, 60 percent of incarcerated persons
15 were racial or ethnic minorities. In 2011, African-
16 Americans males ages 18 to 19 were imprisoned at
17 more than 9 times the rate of their White counter-
18 parts. African-American men are incarcerated at a

1 rate more than 6 times that of White males, and 2.6
2 times that of Hispanic males, despite similar rates
3 of criminal activity.

4 (3) There is a disproportionately high rate of
5 HIV/AIDS among incarcerated persons, especially
6 among minorities. Rates of HIV diagnoses among
7 persons tested in prisons in 2004 were higher in Af-
8 rican-Americans and Hispanics than Whites. Ap-
9 proximately 1 in 7 people living with HIV will pass
10 through the prison system each year.

11 (4) In 2010, the AIDS-related death rate
12 among prisoners was more than 4 times higher
13 among African-Americans compared to Whites.

14 (5) Studies suggest that other sexually trans-
15 mitted infections (STIs), such as gonorrhea,
16 chlamydia, syphilis, genital herpes, viral hepatitis,
17 and human papillomavirus, also exist at a higher
18 rate among incarcerated persons than in the general
19 population. According to the Centers for Disease
20 Control and Prevention, 16 percent to 41 percent of
21 incarcerated persons have been infected with hepa-
22 titis C (compared to 1 percent to 1.5 percent of the
23 general population), and 12 percent to 35 percent of
24 incarcerated persons are chronically infected with
25 hepatitis C.

1 (6) Many correctional facilities in the United
2 States do not provide comprehensive testing and
3 treatment programs to reduce the spread of STIs.
4 According to BJS surveys from 2005, only 996 of
5 the 1,821 Federal and State correctional facilities
6 (i.e., 54.7 percent) provided HIV/AIDS counseling
7 programs.

8 (7) Individuals who are enrolled in Medicaid
9 prior to incarceration, including those who are pend-
10 ing disposition and have not had a trial yet, face a
11 suspension of their benefits upon incarceration, and
12 in some States a termination of their Medicaid eligi-
13 bility. The Federal Government encourages States to
14 automatically re-enroll incarcerated persons on Med-
15 icaid upon their release from a correctional facility,
16 unless the State reaches a determination that the in-
17 dividual is no longer eligible for reasons other than
18 their prior incarceration.

19 (8) Formerly incarcerated individuals who are
20 newly released from correctional facilities often face
21 delays in the resumption of their Medicaid benefits
22 which may exacerbate any health issues which they
23 face.

24 (9) Incarcerated individuals living with HIV/
25 AIDS who are eligible for Medicaid would benefit

1 from prompt and automatic enrollment upon their
2 release in order to ensure their continued ability to
3 access health services, including antiretroviral treat-
4 ment.

5 (10) Correctional facilities lack a uniform sys-
6 tem of STI testing and reporting. Establishing a
7 uniform data collection system would assist in devel-
8 oping and targeting counseling and treatment pro-
9 grams for incarcerated persons and can help reduce
10 the spread of STIs.

11 (11) Although Congress has acted to reduce the
12 spread of sexual violence in correctional facilities by
13 enacting the National Prison Rape Elimination Act
14 (PREA) of 2003, BJS reported that approximately
15 4.4 percent of incarcerated persons in prisons and
16 3.1 percent of persons in jail reported experiencing
17 one or more incidents of sexual victimization by an-
18 other incarcerated person or correctional facility
19 staff in the previous year.

20 (12) According to CDC, incarcerated persons
21 do engage in sexual intercourse. The CDC finds that
22 correct and consistent male or female condom use
23 effectively reduces the risk of HIV and STI trans-
24 mission and recommends HIV education and coun-
25 seling in prisons.

1 (13) Despite the effectiveness of condoms in re-
2 ducing the spread of HIV/AIDS and STIs, the Bu-
3 reau of Prisons does not recommend their use in
4 correctional facilities.

5 (14) The distribution of condoms in correctional
6 facilities is currently legal in certain parts of the
7 United States and the world. The States of Vermont
8 and Mississippi and the District of Columbia allow
9 condom distribution programs in their correctional
10 facilities. The cities of New York, San Francisco,
11 Los Angeles, Washington, DC, and Philadelphia also
12 allow condom distribution in their correctional facili-
13 ties. However, these States and cities operate less
14 than 1 percent of all correctional facilities.

15 (15) The American Public Health Association,
16 National Commission on Correctional Health Care
17 (NCCHC), Human Rights Watch, the United Na-
18 tions Joint Program on HIV/AIDS, the United Na-
19 tions Office of Drugs and Crime, UNAIDS, and the
20 World Health Organization have endorsed the effec-
21 tiveness of condom distribution programs in correc-
22 tional facilities. The Global Commission on HIV and
23 the Law further recognizes that the lack of condoms
24 exacerbates transmission risk.

1 **SEC. 4. AUTHORITY TO ALLOW COMMUNITY ORGANIZA-**
2 **TIONS TO PROVIDE STI COUNSELING, STI**
3 **PREVENTION EDUCATION, AND SEXUAL BAR-**
4 **RIER PROTECTION DEVICES IN FEDERAL**
5 **CORRECTIONAL FACILITIES.**

6 (a) DIRECTIVE TO ATTORNEY GENERAL.—Not later
7 than 30 days after the date of enactment of this Act, the
8 Attorney General shall direct the Bureau of Prisons to
9 allow community organizations to distribute sexual barrier
10 protection devices and to engage in STI counseling and
11 STI prevention education in Federal correctional facilities.
12 These activities shall be subject to all relevant Federal
13 laws and regulations which govern visitation in correc-
14 tional facilities.

15 (b) INFORMATION REQUIREMENT.—Any community
16 organization permitted to distribute sexual barrier protec-
17 tion devices under subsection (a) must ensure that the
18 persons to whom the devices are distributed are informed
19 about the proper use and disposal of sexual barrier protec-
20 tion devices in accordance with established public health
21 practices. Any community organization conducting STI
22 counseling or STI prevention education under subsection
23 (a) must offer comprehensive sex education.

24 (c) POSSESSION OF DEVICE PROTECTED.—No Fed-
25 eral correctional facility may, because of the possession or
26 use of a sexual barrier protection device—

1 (1) take adverse action against an incarcerated
2 person; or

3 (2) consider possession or use as evidence of
4 prohibited activity for the purpose of any Federal
5 correctional facility administrative proceeding.

6 (d) IMPLEMENTATION.—The Attorney General and
7 Bureau of Prisons shall implement this section according
8 to established public health practices in a manner that
9 protects the health, safety, and privacy of incarcerated
10 persons and of correctional facility staff.

11 **SEC. 5. SENSE OF CONGRESS REGARDING DISTRIBUTION**
12 **OF SEXUAL BARRIER PROTECTION DEVICES**
13 **IN STATE PRISON SYSTEMS.**

14 It is the sense of Congress that States should allow
15 for the legal distribution of sexual barrier protection de-
16 vices in State correctional facilities to reduce the preva-
17 lence and spread of STIs in those facilities.

18 **SEC. 6. AUTOMATIC ENROLLMENT OR REINSTATEMENT OF**
19 **MEDICAID BENEFITS.**

20 (a) IN GENERAL.—Section 1902(e) of the Social Se-
21 curity Act (42 U.S.C. 1396a(e)) is amended—

22 (1) by redesignating the paragraph (14) added
23 by section 3(c) of Public Law 111–255 as paragraph
24 (15); and

1 (2) by adding at the end the following new
2 paragraph:

3 “(16) ENROLLMENT OF EX-OFFENDERS.—

4 “(A) AUTOMATIC ENROLLMENT OR REIN-
5 STATEMENT.—

6 “(i) IN GENERAL.—The State plan
7 shall provide for the automatic enrollment
8 or reinstatement of enrollment of an eligi-
9 ble individual—

10 “(I) if such individual is sched-
11 uled to be released from a public insti-
12 tution due to the completion of sen-
13 tence, not less than 30 days prior to
14 the scheduled date of the release; and

15 “(II) if such individual is to be
16 released from a public institution on
17 parole or on probation, as soon as
18 possible after the date on which the
19 determination to release such indi-
20 vidual was made, and before the date
21 such individual is released.

22 “(ii) EXCEPTION.—If a State makes a
23 determination that an individual is not eli-
24 gible to be enrolled under the State plan—

1 “(I) on or before the date by
2 which the individual would be enrolled
3 under clause (i), such clause shall not
4 apply to such individual; or

5 “(II) after such date, the State
6 may terminate the enrollment of such
7 individual.

8 “(B) RELATIONSHIP OF ENROLLMENT TO
9 PAYMENT FOR SERVICES.—

10 “(i) IN GENERAL.—Subject to sub-
11 paragraph (A)(ii), an eligible individual
12 who is enrolled, or whose enrollment is re-
13 instated, under subparagraph (A) shall be
14 eligible for medical assistance that is pro-
15 vided after the date that the eligible indi-
16 vidual is released from the public institu-
17 tion.

18 “(ii) RELATIONSHIP TO PAYMENT
19 PROHIBITION FOR INMATES.—No provision
20 of this paragraph may be construed to per-
21 mit payment for care or services for which
22 payment is excluded under subparagraph
23 (A) following paragraph (29) of section
24 1905(a).

1 “(C) TREATMENT OF CONTINUOUS ELIGI-
2 BILITY.—

3 “(i) SUSPENSION FOR INMATES.—Any
4 period of continuous eligibility under this
5 title shall be suspended on the date an in-
6 dividual enrolled under this title becomes
7 an inmate of a public institution (except as
8 a patient of a medical institution).

9 “(ii) DETERMINATION OF REMAINING
10 PERIOD.—Notwithstanding any changes to
11 State law related to continuous eligibility
12 during the time that an individual is an in-
13 mate of a public institution (except as a
14 patient of a medical institution), subject to
15 clause (iii), with respect to an eligible indi-
16 vidual who was subject to a suspension
17 under subclause (I), on the date that such
18 individual is released from a public institu-
19 tion the suspension of continuous eligibility
20 under such subclause shall be lifted for a
21 period that is equal to the time remaining
22 in the period of continuous eligibility for
23 such individual on the date that such pe-
24 riod was suspended under such subclause.

1 “(iii) EXCEPTION.—If a State makes
2 a determination that an individual is not
3 eligible to be enrolled under the State
4 plan—

5 “(I) on or before the date that
6 the suspension of continuous eligibility
7 is lifted under clause (ii), such clause
8 shall not apply to such individual; or

9 “(II) after such date, the State
10 may terminate the enrollment of such
11 individual.

12 “(D) AUTOMATIC ENROLLMENT OR REIN-
13 STATEMENT OF ENROLLMENT DEFINED.—For
14 purposes of this paragraph, the term ‘automatic
15 enrollment or reinstatement of enrollment’
16 means that the State determines eligibility for
17 medical assistance under the State plan without
18 a program application from, or on behalf of, the
19 eligible individual, but an individual may only
20 be automatically enrolled in the State Medicaid
21 plan if the individual affirmatively consents to
22 being enrolled through affirmation in writing,
23 by telephone, orally, through electronic signa-
24 ture, or through any other means specified by
25 the Secretary.

1 “(E) ELIGIBLE INDIVIDUAL DEFINED.—
2 For purposes of this paragraph, the term ‘eligi-
3 ble individual’ means an individual who is an
4 inmate of a public institution (except as a pa-
5 tient in a medical institution)—

6 “(i) who was enrolled under the State
7 plan for medical assistance immediately be-
8 fore becoming an inmate of such an insti-
9 tution; or

10 “(ii) is diagnosed with human im-
11 munodeficiency virus.”.

12 (b) SUPPLEMENTAL FUNDING FOR STATE IMPLE-
13 MENTATION OF AUTOMATIC REINSTATEMENT OF MED-
14 ICAID BENEFITS.—

15 (1) IN GENERAL.—Subject to paragraph (6),
16 for each State for which the Secretary of Health and
17 Human Services has approved an application under
18 paragraph (3), the Federal matching payments (in-
19 cluding payments based on the Federal medical as-
20 sistance percentage) made to such State under sec-
21 tion 1903 of the Social Security Act (42 U.S.C.
22 1396b) shall be increased by 5 percentage points for
23 payments to the State for the activities permitted
24 under paragraph (2) for a period of one year.

1 (2) USE OF FUNDS.—A State may only use in-
2 creased matching payments authorized under para-
3 graph (1)—

4 (A) to strengthen the State’s enrollment
5 and administrative resources for the purpose of
6 improving processes for enrolling (or reinstating
7 the enrollment of) eligible individuals (as such
8 term is defined in section 1902(e)(15)(E) of the
9 Social Security Act, as added by subsection
10 (a)); and

11 (B) for medical assistance (as such term is
12 defined in section 1905(a) of the Social Secu-
13 rity Act (42 U.S.C. 1396d(a))) provided to such
14 eligible individuals.

15 (3) APPLICATION AND AGREEMENT.—The Sec-
16 retary may only make payments to a State in the in-
17 creased amount if—

18 (A) the State has amended the State plan
19 under section 1902 of the Social Security Act
20 to incorporate the requirements of subsection
21 (e)(15) of such section, as so added;

22 (B) the State has submitted an application
23 to the Secretary that includes a plan for imple-
24 menting such requirements under the State’s
25 amended State plan before the end of the 90-

1 day period beginning on the date that the State
2 receives increased matching payments under
3 paragraph (1);

4 (C) the State’s application meets the satis-
5 faction of the Secretary; and

6 (D) the State enters an agreement with
7 the Secretary that states that—

8 (i) the State will only use the in-
9 creased matching funds for the uses per-
10 mitted under paragraph (2); and

11 (ii) at the end of the period under
12 paragraph (1), the State will submit to the
13 Secretary, and make publicly available, a
14 report that contains the information re-
15 quired under paragraph (4).

16 (4) REQUIRED REPORT INFORMATION.—The in-
17 formation that is required in the report under para-
18 graph (3)(D)(ii) includes—

19 (A) the results of an evaluation of the im-
20 pact of the implementation of the requirements
21 of section 1902(e)(15) of the Social Security
22 Act on improving the State’s processes for en-
23 rolling of individuals who are released for public
24 institutions into the Medicaid program;

1 (B) the number of individuals who were
2 automatically enrolled (or whose enrollment is
3 reinstated) under such section during the period
4 under paragraph (1); and

5 (C) any other information that is required
6 by the Secretary.

7 (5) INCREASE IN CAP ON MEDICAID PAYMENTS
8 TO TERRITORIES.—Subject to paragraph (6), the
9 amounts otherwise determined for Puerto Rico, the
10 United States Virgin Islands, Guam, the Northern
11 Mariana Islands, and American Samoa under sub-
12 sections (f) and (g) of section 1108 of the Social Se-
13 curity Act (42 U.S.C. 1308) shall each be increased
14 by the necessary amount to allow for the increase in
15 the Federal matching payments under paragraph
16 (1), but only for the period under such paragraph
17 for such State. In the case of such an increase for
18 a territory, subsection (a)(1) of such section 1108
19 shall be applied without regard to any increase in
20 payment made to the territory under part E of title
21 IV of such Act that is attributable to the increase
22 in Federal medical assistance percentage effected
23 under paragraph (1) for the territory.

24 (6) LIMITATIONS.—

1 (A) TIMING.—With respect to a State, at
2 the end of the period under paragraph (1), no
3 increased matching payments may be made to
4 such State under this subsection.

5 (B) MAINTENANCE OF ELIGIBILITY.—

6 (i) IN GENERAL.—Subject to clause
7 (ii), a State is not eligible for an increase
8 in its Federal matching payments under
9 paragraph (1), or an increase in an
10 amount under paragraph (5), if eligibility
11 standards, methodologies, or procedures
12 under its State plan under title XIX of the
13 Social Security Act (including any waiver
14 under such title or under section 1115 of
15 such Act (42 U.S.C. 1315)) are more re-
16 strictive than the eligibility standards,
17 methodologies, or procedures, respectively,
18 under such plan (or waiver) as in effect on
19 the date of enactment of this Act.

20 (ii) STATE REINSTATEMENT OF ELIGI-
21 BILITY PERMITTED.—A State that has re-
22 stricted eligibility standards, methodolo-
23 gies, or procedures under its State plan
24 under title XIX of the Social Security Act
25 (including any waiver under such title or

1 under section 1115 of such Act (42 U.S.C.
2 1315)) after the date of the enactment of
3 this Act, is no longer ineligible under
4 clause (i) beginning with the first calendar
5 quarter in which the State has reinstated
6 eligibility standards, methodologies, or pro-
7 cedures that are no more restrictive than
8 the eligibility standards, methodologies, or
9 procedures, respectively, under such plan
10 (or waiver) as in effect on such date.

11 (C) NO WAIVER AUTHORITY.—The Sec-
12 retary may not waive the application of this
13 subsection under section 1115 of the Social Se-
14 curity Act or otherwise.

15 (D) LIMITATION OF MATCHING PAYMENTS
16 TO 100 PERCENT.—In no case shall an increase
17 in Federal matching payments under this sub-
18 section result in Federal matching payments
19 that exceed 100 percent.

20 (7) STATE DEFINED.—In this subsection, the
21 term “State” has the meaning given such term for
22 purposes of title XIX of the Social Security Act.

23 (c) EFFECTIVE DATE.—

24 (1) IN GENERAL.—Except as provided in para-
25 graph (2), the amendments made by subsection (a)

1 shall take effect 180 days after the date of the en-
2 actment of this Act and shall apply to services fur-
3 nished on or after such date.

4 (2) RULE FOR CHANGES REQUIRING STATE
5 LEGISLATION.—In the case of a State plan for med-
6 ical assistance under title XIX of the Social Security
7 Act which the Secretary of Health and Human Serv-
8 ices determines requires State legislation (other than
9 legislation appropriating funds) in order for the plan
10 to meet the additional requirements imposed by the
11 amendments made by this subsection, the State plan
12 shall not be regarded as failing to comply with the
13 requirements of such title solely on the basis of its
14 failure to meet these additional requirements before
15 the first day of the first calendar quarter beginning
16 after the close of the first regular session of the
17 State legislature that begins after the date of the en-
18 actment of this Act. For purposes of the previous
19 sentence, in the case of a State that has a 2-year
20 legislative session, each year of such session shall be
21 deemed to be a separate regular session of the State
22 legislature.

1 **SEC. 7. SURVEY OF AND REPORT ON CORRECTIONAL AND**
2 **IMMIGRATION DETENTION FACILITY PRO-**
3 **GRAMS AIMED AT REDUCING THE SPREAD OF**
4 **STIS.**

5 (a) SURVEY.—The Attorney General and the Sec-
6 retary of Homeland Security, after consulting with the
7 Secretary of Health and Human Services, State officials,
8 and community organizations, shall, to the maximum ex-
9 tent practicable, conduct a survey of all Federal and State
10 correctional facilities and immigration detention facilities,
11 no later than 180 days after the date of enactment of this
12 Act and annually thereafter for 5 years, to determine the
13 following:

14 (1) PREVENTION EDUCATION OFFERED.—The
15 type of prevention education, information, or train-
16 ing offered to incarcerated persons and detainees
17 and staff of correctional and immigration detention
18 facilities regarding sexual violence and the spread of
19 STIs, including whether such education, informa-
20 tion, or training—

21 (A) constitutes comprehensive sex edu-
22 cation;

23 (B) is compulsory for new incarcerated
24 persons and detainees and for new staff; and

25 (C) is offered on an ongoing basis.

1 (2) ACCESS TO SEXUAL BARRIER PROTECTION
2 DEVICES.—Whether incarcerated persons and de-
3 tainees can—

4 (A) possess sexual barrier protection de-
5 vices;

6 (B) purchase sexual barrier protection de-
7 vices;

8 (C) purchase sexual barrier protection de-
9 vices at a reduced cost; and

10 (D) obtain sexual barrier protection devices
11 without cost.

12 (3) INCIDENCE OF SEXUAL VIOLENCE.—The in-
13 cidence of sexual violence and assault committed by
14 incarcerated persons and detainees, and by staff of
15 correctional and immigration detention facilities.

16 (4) COUNSELING, TREATMENT, AND SUP-
17 PORTIVE SERVICES.—Whether the correctional or
18 immigration detention facility requires incarcerated
19 persons and detainees to participate in counseling,
20 treatment, and supportive services related to STIs,
21 or whether it offers such programs to incarcerated
22 persons and detainees.

23 (5) STI TESTING.—Whether the correctional or
24 immigration detention facility tests incarcerated per-

1 sons and detainees for STIs or gives them the option
2 to undergo such testing—

- 3 (A) at intake;
- 4 (B) on a regular basis; and
- 5 (C) prior to release.

6 (6) STI TEST RESULTS.—The number of incar-
7 cerated persons and detainees who are tested for
8 STIs and the outcome of such tests at each correc-
9 tional or immigration detention facility, disaggregat-
10 ed to include results for—

- 11 (A) the type of sexually transmitted infec-
12 tion tested for;
- 13 (B) the race and ethnicity of individuals
14 tested;
- 15 (C) the age of individuals tested; and
- 16 (D) the gender of individuals tested.

17 (7) PRE-RELEASE REFERRAL POLICY.—Wheth-
18 er incarcerated persons and detainees are informed
19 prior to release about STI-related services or other
20 health services in their communities, including free
21 and low-cost counseling and treatment options.

22 (8) PRE-RELEASE REFERRALS MADE.—The
23 number of referrals to community-based organiza-
24 tions or public health facilities offering STI-related
25 or other health services provided to incarcerated per-

1 sons and detainees prior to release, and the type of
2 counseling or treatment for which the referral was
3 made.

4 (9) REINSTATEMENT OF MEDICAID BENE-
5 FITS.—Whether the correctional facility assists in-
6 carcerated persons that were enrolled in the State
7 Medicaid program prior to their incarceration, in re-
8 instating their enrollment upon release and whether
9 such individuals receive referrals as provided by
10 paragraph (8) to entities that accept the State Med-
11 icaid program, including if applicable—

12 (A) the number of such individuals, includ-
13 ing those diagnosed with the human immuno-
14 deficiency virus, that have been reinstated;

15 (B) a list of obstacles to reinstating enroll-
16 ment or to making determinations of eligibility
17 for reinstatement, if any; and

18 (C) the number of individuals denied en-
19 rollment.

20 (10) OTHER ACTIONS TAKEN.—Whether the
21 correctional or immigration detention facility has
22 taken any other action, in conjunction with commu-
23 nity organizations or otherwise, to reduce the preva-
24 lence and spread of STIs in that facility.

1 (b) PRIVACY.—In conducting the survey under sub-
2 section (a), the Attorney General and the Secretary of
3 Homeland Security shall not request or retain the identity
4 of any person who has sought or been offered counseling,
5 treatment, testing, or prevention education information re-
6 garding an STI (including information about sexual bar-
7 rier protection devices), or who has tested positive for an
8 STI.

9 (c) REPORT.—The Attorney General and the Sec-
10 retary of Homeland Security shall transmit to Congress
11 and make publicly available the results of the survey re-
12 quired under subsection (a), both for the Nation as a
13 whole and disaggregated as to each State and each correc-
14 tional facility or immigration detention facility. To the
15 maximum extent possible, the Attorney General and the
16 Secretary of Homeland Security shall issue the first report
17 no later than 1 year after the date of enactment of this
18 Act and shall issue reports annually thereafter for 5 years.

19 **SEC. 8. STRATEGY.**

20 (a) DIRECTIVE TO ATTORNEY GENERAL.—The At-
21 torney General, in consultation with the Secretary of
22 Health and Human Services, State officials, and commu-
23 nity organizations, shall develop and implement a 5-year
24 strategy to reduce the prevalence and spread of STIs in
25 Federal and State correctional facilities. To the maximum

1 extent possible, the strategy shall be developed, trans-
2 mitted to Congress, and made publicly available no later
3 than 180 days after the transmission of the first report
4 required under section 7(c) of this Act.

5 (b) CONTENTS OF STRATEGY.—The strategy shall in-
6 clude the following:

7 (1) PREVENTION EDUCATION.—A plan for im-
8 proving prevention education, information, and
9 training offered to incarcerated persons and correc-
10 tional facility staff, including information and train-
11 ing on sexual violence and the spread of STIs, and
12 comprehensive sex education.

13 (2) SEXUAL BARRIER PROTECTION DEVICE AC-
14 CESS.—A plan for expanding access to sexual barrier
15 protection devices in correctional facilities.

16 (3) SEXUAL VIOLENCE REDUCTION.—A plan
17 for reducing the incidence of sexual violence among
18 incarcerated persons and correctional facility staff,
19 developed in consultation with the National Prison
20 Rape Elimination Commission.

21 (4) COUNSELING AND SUPPORTIVE SERVICES.—
22 A plan for expanding access to counseling and sup-
23 portive services related to STIs in correctional facili-
24 ties.

1 (5) TESTING.—A plan for testing incarcerated
2 persons for STIs during intake, during regular
3 health exams, and prior to release, and that—

4 (A) is conducted in accordance with guide-
5 lines established by the Centers for Disease
6 Control and Prevention;

7 (B) includes pretest counseling;

8 (C) requires that incarcerated persons are
9 notified of their option to decline testing at any
10 time;

11 (D) requires that incarcerated persons are
12 confidentially notified of their test results in a
13 timely manner; and

14 (E) ensures that incarcerated persons test-
15 ing positive for STIs receive posttest coun-
16 seling, care, treatment, and supportive services.

17 (6) TREATMENT.—A plan for ensuring that
18 correctional facilities have the necessary medicine
19 and equipment to treat and monitor STIs and for
20 ensuring that incarcerated persons living with or
21 testing positive for STIs receive and have access to
22 care and treatment services.

23 (7) STRATEGIES FOR DEMOGRAPHIC GROUPS.—
24 A plan for developing and implementing culturally
25 appropriate, sensitive, and specific strategies to re-

1 duce the spread of STIs among demographic groups
2 heavily impacted by STIs.

3 (8) DISCHARGE AND RETURN TO SOCIETY.—A
4 plan to improve pre-release discharge planning for
5 inmates, especially those with HIV/AIDS, to access
6 essential services.

7 (9) LINKAGES WITH COMMUNITIES AND FACILI-
8 TIES.—A plan for establishing and strengthening
9 linkages to local communities and health facilities
10 that—

11 (A) provide counseling, testing, care, and
12 treatment services;

13 (B) may receive persons recently released
14 from incarceration who are living with STIs;
15 and

16 (C) accept payment through the State
17 Medicaid program.

18 (10) ENROLLMENT IN STATE MEDICAID PRO-
19 GRAMS.—Plans to ensure that incarcerated persons
20 who were—

21 (A) enrolled in their State Medicaid pro-
22 gram prior to incarceration in a correctional fa-
23 cility are automatically re-enrolled in such pro-
24 gram upon their release; and

1 (B) not enrolled in their State Medicaid
2 program prior to incarceration, but who are di-
3 agnosed with the human immunodeficiency
4 virus while incarcerated in a correctional facil-
5 ity, are automatically enrolled in such program
6 upon their release.

7 (11) OTHER PLANS.—Any other plans devel-
8 oped by the Attorney General for reducing the
9 spread of STIs or improving the quality of health
10 care in correctional facilities.

11 (12) MONITORING SYSTEM.—A monitoring sys-
12 tem that establishes performance goals related to re-
13 ducing the prevalence and spread of STIs in correc-
14 tional facilities and which, where feasible, expresses
15 such goals in quantifiable form.

16 (13) MONITORING SYSTEM PERFORMANCE INDI-
17 CATORS.—Performance indicators that measure or
18 assess the achievement of the performance goals de-
19 scribed in paragraph (12).

20 (14) COST ESTIMATE.—A detailed estimate of
21 the funding necessary to implement the strategy at
22 the Federal and State levels for all 5 years, includ-
23 ing the amount of funds required by community or-
24 ganizations to implement the parts of the strategy in
25 which they take part.

1 (c) REPORT.—The Attorney General shall transmit
2 to Congress and make publicly available an annual
3 progress report regarding the implementation and effec-
4 tiveness of the strategy described in subsection (a). The
5 progress report shall include an evaluation of the imple-
6 mentation of the strategy using the monitoring system and
7 performance indicators provided for in paragraphs (12)
8 and (13) of subsection (b).

9 **SEC. 9. ELIGIBILITY OF PERSONS DISCHARGED FROM COR-**
10 **RECTIONAL FACILITIES FOR MCKINNEY-**
11 **VENTO ACT HOUSING ASSISTANCE.**

12 Section 401 of the McKinney-Vento Homeless Assist-
13 ance Act (42 U.S.C. 11360) is amended—

14 (1) by redesignating paragraphs (9) through
15 (33) as paragraphs (10) through (34), respectively;
16 and

17 (2) by inserting after paragraph (8) the fol-
18 lowing new paragraph:

19 “(9) HOMELESS.—Notwithstanding section
20 103(d), the terms ‘homeless’, ‘homeless individual’,
21 and ‘homeless person’ include an individual who—

22 “(A) is being released from any prison,
23 penitentiary, adult detention facility, juvenile
24 detention facility, jail, or other facility to which
25 persons may be sent after conviction of a crime

1 or act of juvenile delinquency within any State;
2 and

3 “(B) has been diagnosed with any sexually
4 transmitted infection (as such term is defined
5 in section 10 of the JUSTICE Act).”.

6 **SEC. 10. DEFINITIONS.**

7 For the purposes of this Act:

8 (1) **COMMUNITY ORGANIZATION.**—The term
9 “community organization” means a public health
10 care facility or a nonprofit organization which pro-
11 vides health- or STI-related services according to es-
12 tablished public health standards.

13 (2) **COMPREHENSIVE SEX EDUCATION.**—The
14 term “comprehensive sex education” means a pro-
15 gram that—

16 (A) includes age- and developmentally ap-
17 propriate, culturally and linguistically relevant
18 information on a broad set of topics related to
19 sexuality including human development, rela-
20 tionships, decisionmaking, communication, ab-
21 stinence, contraception, and disease and preg-
22 nancy prevention;

23 (B) provides students with opportunities
24 for developing skills as well as learning informa-
25 tion;

1 (C) is inclusive of lesbian, gay, bisexual,
2 transgender, and heterosexual young people;
3 and

4 (D) aims to—

5 (i) provide scientifically accurate and
6 realistic information about human sexu-
7 ality;

8 (ii) provide opportunities for individ-
9 uals to understand their own, their fami-
10 lies', and their communities' values, atti-
11 tudes, and insights about sexuality;

12 (iii) help individuals develop healthy
13 relationships and interpersonal skills; and

14 (iv) help individuals exercise responsi-
15 bility regarding sexual relationships, which
16 includes addressing abstinence, pressures
17 to become prematurely involved in sexual
18 intercourse, and the use of contraception
19 and other sexual health measures.

20 (3) CORRECTIONAL FACILITY.—The term “cor-
21 rectional facility” means any prison, penitentiary,
22 adult detention facility, juvenile detention facility,
23 jail, or other facility to which persons may be sent
24 after conviction of a crime or act of juvenile delin-
25 quency within the United States.

1 (4) DETAINEE.—The term “detainee” means
2 any person held by the Department of Homeland Se-
3 curity whether in criminal or civil confinement.

4 (5) IMMIGRATION DETENTION FACILITY.—The
5 term “immigration detention facility” means a con-
6 finement facility operated by or pursuant to contract
7 with U.S. Immigration and Customs Enforcement
8 (ICE) that routinely holds persons pending resolu-
9 tion or completion of immigration removal oper-
10 ations or processes, including facilities that are oper-
11 ated by ICE, facilities that provide detention services
12 under a contract awarded by ICE, or facilities used
13 by ICE pursuant to an Intergovernmental Service
14 Agreement.

15 (6) INCARCERATED PERSON.—The term “incar-
16 cerated person” means any person who is serving a
17 sentence in a correctional facility after conviction of
18 a crime.

19 (7) SEXUALLY TRANSMITTED INFECTION.—The
20 term “sexually transmitted infection” or “STI”
21 means any disease or infection that is commonly
22 transmitted through sexual activity, including HIV/
23 AIDS, gonorrhea, chlamydia, syphilis, genital her-
24 pes, viral hepatitis, and human papillomavirus.

1 (8) SEXUAL BARRIER PROTECTION DEVICE.—

2 The term “sexual barrier protection device”—

3 (A) means any Food and Drug Adminis-
4 tration-approved physical device which has not
5 been tampered with and which reduces the
6 probability of STI transmission or infection be-
7 tween sexual partners, including female
8 condoms, male condoms, and dental dams; and

9 (B) includes water-based lubricants that
10 have been shown to reduce the probability of
11 condom breakage.

12 (9) STATE.—The term “State” includes the
13 District of Columbia, American Samoa, the Com-
14 monwealth of the Northern Mariana Islands, Guam,
15 Puerto Rico, and the United States Virgin Islands.

16 **SEC. 11. APPROPRIATIONS.**

17 (a) IN GENERAL.—There are authorized to be appro-
18 priated such sums as may be necessary to carry out this
19 Act for each of the fiscal years 2014 through 2020.

20 (b) AVAILABILITY OF FUNDS.—Amounts made avail-
21 able under subsection (a) are authorized to remain avail-
22 able until expended.

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