

111TH CONGRESS  
1ST SESSION

# H. R. 179

To permit the use of Federal funds for syringe exchange programs for purposes of reducing the transmission of bloodborne pathogens, including HIV and viral hepatitis.

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## IN THE HOUSE OF REPRESENTATIVES

JANUARY 6, 2009

Mr. SERRANO (for himself, Mr. ABERCROMBIE, Mr. BERMAN, Mr. CAPUANO, Mrs. CHRISTENSEN, Mr. DELAHUNT, Mr. FARR, Mr. FATTAH, Mr. FILNER, Mr. GRIJALVA, Mr. HARE, Mr. HASTINGS of Florida, Mr. HINCHEY, Ms. NORTON, Mr. JACKSON of Illinois, Mr. KUCINICH, Ms. LEE of California, Mrs. MALONEY, Mr. McDERMOTT, Mr. MORAN of Virginia, Mr. NADLER of New York, Mr. PAUL, Mr. RANGEL, Ms. ROS-LEHTINEN, Ms. ROYBAL-ALLARD, Ms. SCHAKOWSKY, Mr. TOWNS, Ms. WATERS, Mr. WAXMAN, and Ms. WOOLSEY) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To permit the use of Federal funds for syringe exchange programs for purposes of reducing the transmission of bloodborne pathogens, including HIV and viral hepatitis.

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 “Community AIDS and  
5       Hepatitis Prevention Act”.

1 **SEC. 2. FINDINGS.**

2 Congress finds as follows:

3 (1) Each year, approximately 12,000 Americans  
4 contract HIV/AIDS and approximately 19,000  
5 Americans contract the hepatitis C virus directly or  
6 indirectly from sharing contaminated syringes.

7 (2) A 2005 comprehensive international review  
8 of the evidence of the effectiveness of syringe ex-  
9 change programs in preventing HIV transmission  
10 shows that such programs reduce HIV transmission  
11 and are cost-effective. Eight additional federally  
12 funded research reports concluded that syringe ex-  
13 change programs, as part of a comprehensive HIV  
14 prevention strategy, are an effective public health  
15 intervention that reduces HIV transmission without  
16 increasing the use of illicit drugs. Research has also  
17 shown that syringe exchange programs are impor-  
18 tant in preventing the transmission of hepatitis B  
19 and C. In 2004, Dr. Elias A. Zerhouni, Director of  
20 the National Institutes of Health, wrote Members of  
21 Congress stating, “A number of studies conducted in  
22 the United States have shown that syringe exchange  
23 programs do not increase drug use among partici-  
24 pants or surrounding community members and are  
25 associated with reductions in the incidence of HIV,

1 hepatitis B, and hepatitis C in the drug-using popu-  
2 lation.”.

3 (3) As part of a comprehensive HIV and hepa-  
4 titis C virus prevention effort, syringe exchange pro-  
5 grams often provide HIV and hepatitis C counseling,  
6 testing, education, and tools to reduce sexual and  
7 drug use-related health risks; links to addiction  
8 treatment; overdose prevention; and referrals to  
9 other important medical and social services. Re-  
10 search has shown that injection drug users who are  
11 referred to addiction treatment from syringe ex-  
12 change programs are more likely to enter and re-  
13 main in treatment.

14 (4) Research has shown that, by providing safe  
15 disposal of used injection equipment, syringe ex-  
16 change programs significantly reduce the number of  
17 improperly discarded syringes in the community,  
18 thereby reducing the exposure of police, sanitation  
19 workers, children, and others to dangers of blood-  
20 borne disease from accidental syringe sticks.

21 (5) Syringe exchange programs reduce the prev-  
22 alence of HIV among injection drug users. A review  
23 of data from 81 cities across Europe, Asia, and  
24 North America found that, on average, HIV preva-  
25 lence among injection drug users increased by 5.9

1 percent per year in the 52 cities without syringe ex-  
2 change programs and decreased by 5.8 percent per  
3 year in the 29 cities with syringe exchange pro-  
4 grams.

5 (6) Syringe exchange programs are supported  
6 by American scientific and professional organiza-  
7 tions, including the American Academy of Family  
8 Physicians, the American Academy of Pediatrics, the  
9 American Academy of Physicians Assistants, the  
10 American Academy of Addiction Psychiatry (for-  
11 merly the American Academy of Psychiatrists in Al-  
12 coholism and Addictions), the American Bar Asso-  
13 ciation, the American Medical Association, the  
14 American Nurses Association, the American Phar-  
15 macists Association, the American Psychiatric Asso-  
16 ciation, the American Psychological Association, the  
17 American Public Health Association, the American  
18 Society of Addiction Medicine, the Association of  
19 Nurses in AIDS Care, the Association of State and  
20 Territorial Health Officials, the Infectious Diseases  
21 Society of America, the National Association of  
22 Boards of Pharmacy, the National Alliance of State  
23 and Territorial AIDS Directors, the United States  
24 Conference of Mayors, the World Health Organiza-  
25 tion, UNICEF, the World Bank, the International

1 Red Cross-Red Crescent Society, UNAIDS, and the  
2 United Nations Office on Drugs and Crime; and  
3 United States government agencies, including the  
4 National Institutes of Health and the National Insti-  
5 tute on Drug Abuse.

6 (7) According to the most recent data from the  
7 Centers for Disease Control and Prevention, in  
8 2005, 185 syringes exchanges were operating in 36  
9 States, the District of Columbia, and Puerto Rico.  
10 Removing barriers to the use of Federal funding will  
11 empower localities to use their funding in the most  
12 efficient way to prevent HIV and viral hepatitis.

13 (8) Despite the scientific and public health con-  
14 sensus that syringe exchange programs reduce HIV  
15 and do not increase substance abuse, a ban on fund-  
16 ing syringe exchange has been enacted as part of  
17 each Departments of Labor, Health and Human  
18 Services, Education, and Related Agencies Appro-  
19 priations Act since 1998.

20 (9) A similar ban on the District of Columbia's  
21 use of its own funds for needle exchange programs  
22 was lifted in fiscal year 2008.

23 (10) Title XXVI of the Public Health Service  
24 Act, as added by the Ryan White Comprehensive  
25 AIDS Resources Emergency Act of 1990, is subject

1 to a statutory ban on funding needle exchange pro-  
2 grams.

3 **SEC. 3. USE OF FEDERAL FUNDS PERMITTED FOR SYRINGE**  
4 **EXCHANGE PROGRAMS.**

5 Notwithstanding any other provision of law, nothing  
6 shall prohibit the use of Federal funds to establish or  
7 carry out a program of distributing sterile syringes to re-  
8 duce the transmission of bloodborne pathogens, including  
9 the human immunodeficiency virus (HIV) and viral hepa-  
10 titis.

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