

112TH CONGRESS
1ST SESSION

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.

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 “Status Report on the
5 30th Anniversary of HIV/AIDS Act”.

6 **SEC. 2. FINDINGS.**

7 The Congress makes the following findings:

8 (1) On June 5, 1981, in the Morbidity and
9 Mortality Weekly Report (MMWR), the Centers for
10 Disease Control and Prevention (CDC) reported the
11 identification of 5 cases of pneumocystis carinii
12 pneumonia (PCP), a rare type of pneumonia typi-
13 cally caused by a suppressed immune system.

14 (2) In 1982, public health officials began to use
15 the term “acquired immunodeficiency syndrome” or
16 AIDS, to describe the occurrence of opportunistic in-
17 fections among previously healthy people that were
18 subsequently associated with the initial 5 cases of
19 PCP identified in the MMWR. In 1983, scientists

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

4 (3) HIV can be transmitted between persons
5 through unprotected sexual contact, including vag-
6 inal, anal, or oral sex, through contaminated injec-
7 tion needles or blood transfusions, and from a moth-
8 er to child during pregnancy or through breast milk.
9 HIV cannot be transmitted through saliva, tears, or
10 sweat, casual contact, mosquitoes or other insects, or
11 through the air or water.

12 (4) The Joint United Nations Programme on
13 HIV/AIDS (UNAIDS) estimates that since the iden-
14 tification of AIDS in 1981, more than 60,000,000
15 people have been infected with HIV, and nearly
16 30,000,000 people have died of AIDS worldwide.

17 (5) In 2009, 33,300,000 people were living with
18 HIV around the world, 1,800,000 people died of
19 AIDS-related illnesses, and another 2,600,000 peo-
20 ple were newly infected. Of these numbers, children
21 under the age of 15 accounted for 260,000 AIDS
22 deaths, 370,000 new HIV infections, and a total of
23 2,500,000 of all people living with HIV.

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

1 ca accounting for 68 percent of all adults and chil-
2 dren living with HIV, 60 percent of whom are
3 women and girls.

4 (7) In 2008, the Tom Lantos and Henry J.
5 Hyde United States Global Leadership Against HIV/
6 AIDS, Tuberculosis, and Malaria Reauthorization
7 Act was enacted into law, reauthorizing the Presi-
8 dent’s Emergency Plan for AIDS Relief (PEPFAR)
9 and continued United States participation and con-
10 tributions to the Global Fund to Fight AIDS, Tu-
11 berculosis and Malaria.

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

16 (9) According to a recent report by the United
17 Nations Secretary-General, more than 6 million peo-
18 ple were estimated to be receiving antiretroviral
19 therapy in low- and middle-income countries as of
20 December 2010, while about 10 million people who
21 could benefit from treatment were not receiving it in
22 2009.

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

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

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

11 (12) Each year, 56,300 people become newly in-
12 fected with HIV in the United States, and on aver-
13 age, an individual is infected with HIV every 9½
14 minutes.

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

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

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

5 (16) Men who have sex with men (MSM) of all
6 races remain the population most severely affected
7 by the disease, accounting for 54 percent of all new
8 HIV infections in 2008, with young MSM of color
9 representing an increasing share of new HIV infec-
10 tions over the past decade. African-American MSM
11 account for 35 percent of all new infections among
12 all MSM and 63 percent of all new infections among
13 African-American men, while Hispanic MSM ac-
14 count for 19 percent of all new infections among all
15 MSM and 72 percent of new infections among His-
16 panic men.

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

21 (18) In 1998, Congress and the Clinton Admin-
22 istration created the National Minority AIDS Initia-
23 tive to provide technical assistance, build capacity,
24 and strengthen outreach efforts among local institu-
25 tions and community, based organizations that serve

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

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

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

15 (21) On July 13, 2010, the President released
16 a “National HIV/AIDS Strategy for the United
17 States” along with an accompanying “Federal Im-
18 plementation Plan” to achieve the goals of reducing
19 new HIV infections, increasing access to care and
20 improving health outcomes for people living with
21 HIV, reducing HIV-related disparities and health in-
22 equities, and achieving a more coordinated national
23 response to the HIV epidemic.

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

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

5 (23) The 19th International AIDS Conference
6 will be held in Washington, DC, from July 22–27,
7 2012, returning to the United States after a nearly
8 two decade long international boycott that was lifted
9 following the statutory repeal of a ban on travel and
10 immigration of people living with HIV/AIDS.

11 **SEC. 3. REPORT ON THE IMPLEMENTATION OF THE NA-**
12 **TIONAL HIV/AIDS STRATEGY.**

13 (a) REPORT REQUIRED.—Not later than 6 months
14 after the date of the enactment of this Act, the President,
15 in consultation with the heads of all relevant agencies in-
16 cluding the Department of Education, the Department of
17 Health and Human Services, the Department of Housing
18 and Urban Development, the Department of Justice, the
19 Department of Labor, the Department of Veterans Af-
20 fairs, and the Social Security Administration, shall trans-
21 mit to the Congress and make publicly available a report
22 on the status of the implementation of the National HIV/
23 AIDS Strategy.

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

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

7 (A) reducing the number of people who be-
8 come infected with HIV;

9 (B) increasing access to care and opti-
10 mizing health outcomes for people living with
11 HIV; and

12 (C) reducing HIV-related health dispari-
13 ties;

14 (2) the extent to which the National HIV/AIDS
15 Strategy has improved coordination of efforts to
16 maximize the effective delivery of HIV/AIDS preven-
17 tion, care, and treatment services at the community
18 level, including coordination—

19 (A) within and among Federal agencies
20 and departments;

21 (B) between the Federal Government and
22 State and local governments and health depart-
23 ments;

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

1 tions, including community- and faith-based or-
2 ganizations focused on addressing the issue of
3 HIV/AIDS; and

4 (D) between the Federal Government and
5 private businesses.

6 (3) efforts by the Federal Government to edu-
7 cate, involve, and establish and strengthen partner-
8 ships with civil society organizations, including
9 community- and faith-based organizations, in order
10 to implement the National HIV/AIDS Strategy and
11 achieve its goals;

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

14 (A) the amount of funding used to date, by
15 each Federal agency and department, to imple-
16 ment the National HIV/AIDS Strategy;

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

21 (C) an estimate of the amount of funding
22 necessary to implement the National HIV/AIDS
23 Strategy, by each Federal agency and depart-
24 ment, for the next fiscal year; and

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

4 (A) whether any existing statutory laws,
5 policies, or regulations are impeding the imple-
6 mentation of the National HIV/AIDS Strategy,
7 at the Federal, State, or local level, and wheth-
8 er any changes to such laws, policies, or regula-
9 tions are necessary or recommended; and

10 (B) whether any Federal agencies or de-
11 partments require additional statutory authority
12 to effectively carry out their duties as part of
13 the National HIV/AIDS Strategy.

14 (c) USE OF PREVIOUSLY APPROPRIATED FUNDS.—

15 Funding for the report required under subsection (a) shall
16 derive from discretionary funds of the departments and
17 agencies specified in such subsection.

18 **SEC. 4. REPORT ON PROGRESS TOWARDS ACHIEVING UNI-**

19 **VERSAL ACCESS TO HIV/AIDS TREATMENT.**

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

1 the Centers for Disease Control and Prevention, and the
2 National Institutes of Health, shall transmit to the Con-
3 gress and make publicly available a report on the status
4 of international progress towards achieving universal ac-
5 cess to HIV/AIDS treatment for people living with HIV/
6 AIDS.

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

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

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

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

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

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

1 achieve the goal, including funding and re-
2 sources provided by—

3 (i) the United States;

4 (ii) partner countries;

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

9 (iv) other donor nations;

10 (v) nonprofit foundations and civil-so-
11 ciety and nongovernmental organizations,
12 including community- and faith-based or-
13 ganizations; and

14 (vi) private businesses; and

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

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

21 (A) improved coordination and collabora-
22 tion among relevant Federal agencies and de-
23 partments and among—

24 (i) the United States;

25 (ii) partner countries;

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

5 (iv) other donor nations;

6 (v) nonprofit foundations and civil-so-
7 ciety and nongovernmental organizations,
8 including community- and faith-based or-
9 ganizations; and

10 (vi) private businesses;

11 (B) the identification and utilization of ef-
12 ficiencies in the delivery of HIV/AIDS treat-
13 ment services within and between United States
14 funded bilateral and multilateral programs, and
15 partner countries, including to the extent that
16 such gains in efficiencies are being exhausted;

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

19 (D) the Global Fund to Fight AIDS, Tu-
20 berculosis and Malaria;

21 (E) ongoing research into new, simpler,
22 more effective, and cheaper HIV treatment
23 regimens, including operational research to en-
24 sure that such treatments are adhered to and
25 delivered quickly and efficiently;

1 (F) bilateral and multilateral efforts to
2 strengthen recruitment, training, and retention
3 of skilled indigenous health workers within na-
4 tional health systems of partner countries, in-
5 cluding to increase the effectiveness of such
6 health workers and ensure their equitable dis-
7 tribution within the country;

8 (G) bilateral and multilateral trade and in-
9 vestment negotiations, policies, or agreements,
10 especially in cases affecting the price, quality,
11 accessibility, and affordability of pharma-
12 ceuticals, including second-line pharmaceuticals,
13 diagnostics, and medical products and devices
14 (including any patents for or generic alter-
15 natives to such items) used to treat HIV/AIDS
16 and its associated opportunistic infections or
17 diseases;

18 (H) participation, contribution, and leader-
19 ship within multilateral institutions including
20 UNAIDS, the World Health Organization, the
21 United Nations, international financial institu-
22 tions, and other such multilateral institutions;
23 and

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

1 estimate of the amount of funding and re-
2 sources necessary for the next fiscal year; and
3 (3) the concept of “Treatment 2.0” as proposed
4 by UNAIDS and the World Health Organization to
5 improve and expand HIV treatment by optimizing
6 drug regimens, simplifying laboratory platforms for
7 diagnosis and monitoring, reducing costs, adapting
8 delivery systems, and mobilizing communities, in-
9 cluding—

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

13 (B) a summary of efforts by the United
14 States in contributing to the realization of the
15 proposal, and any such planned actions by the
16 United States for the next fiscal year, includ-
17 ing—

18 (i) any proposed changes to United
19 States statutory laws, policies, or regula-
20 tions; and

21 (ii) the amount of funding and re-
22 sources provided to date by the United
23 States to support the proposal, and for the
24 next fiscal year.

1 (c) USE OF PREVIOUSLY APPROPRIATED FUNDS.—
2 Funding for the report required under subsection (a) shall
3 derive from existing discretionary funds of the depart-
4 ments and agencies specified in such subsection.

5 **SEC. 5. DEFINITIONS.**

6 In this Act:

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

11 (2) INTERNATIONAL FINANCIAL INSTITU-
12 TION.—The term “international financial institu-
13 tion” means any of the following institutions:

14 (A) The International Bank for Recon-
15 struction and Development.

16 (B) The International Development Asso-
17 ciation.

18 (C) The International Finance Corpora-
19 tion.

20 (D) The Multilateral Investment Guar-
21 antee Agency.

22 (E) The International Centre for Settle-
23 ment of Investment Disputes.

24 (F) The Inter-American Development
25 Bank.

1 (G) The Asian Development Bank.

2 (H) The Asian Development Fund.

3 (I) The African Development Bank.

4 (J) The African Development Fund.

5 (K) The International Monetary Fund.

6 (L) The North American Development
7 Bank.

8 (M) The European Bank for Reconstruc-
9 tion and Development.

10 (3) NATIONAL HIV/AIDS STRATEGY.—The term
11 “National HIV/AIDS Strategy” means the National
12 HIV/AIDS Strategy of the United States developed
13 by the President.

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

20 (A) “pre-exposure prophylaxis” which
21 means the provision of antiretroviral drugs to
22 uninfected individuals before possible exposure
23 to the virus; and

24 (B) “test and treat” which means the test-
25 ing of everyone for HIV/AIDS within a high-

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

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

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