

119TH CONGRESS
1ST SESSION

H. RES. 331

Supporting the goals and ideals of “National Youth HIV/AIDS Awareness Day”.

IN THE HOUSE OF REPRESENTATIVES

APRIL 10, 2025

Mr. POCAN (for himself, Ms. CHU, Mr. COHEN, Mr. DAVIS of Illinois, Mr. EVANS of Pennsylvania, Mr. JOHNSON of Georgia, Ms. KELLY of Illinois, Mr. NADLER, Ms. OCASIO-CORTEZ, Ms. SEWELL, Ms. SIMON, Ms. WATERS, Mrs. WATSON COLEMAN, and Ms. JOHNSON of Texas) submitted the following resolution; which was referred to the Committee on Energy and Commerce

RESOLUTION

Supporting the goals and ideals of “National Youth HIV/AIDS Awareness Day”.

Whereas “National Youth HIV/AIDS Awareness Day” is a nationwide observance that calls on people to take action to invest in the health, education, and leadership of young people;

Whereas, more than 40 years into the epidemic, the Centers for Disease Control and Prevention estimates that in the United States more than 1,189,700 people are living with HIV, and 30,635 people were diagnosed with HIV in the United States in 2020;

Whereas, in 2020, youth aged 13 to 24 years composed 20 percent of all new HIV diagnoses in the United States;

Whereas young people living with HIV are the least likely of any age group to be retained in care and have a suppressed viral load;

Whereas 56 percent of young people living with HIV ages 13 to 24 are unaware of their HIV status;

Whereas African-American youth are most impacted by the epidemic, representing 54 percent of new transmissions in young people ages 13 to 24;

Whereas young African-American gay and bisexual men are even more severely affected, representing 53 percent (2,740) of new HIV diagnoses among young gay and bisexual men;

Whereas young gay and bisexual men accounted for 84 percent (5,161) of all new HIV diagnoses in people aged 13 to 24 in 2020;

Whereas the National HIV/AIDS Strategy expands the fact that youth experience worse HIV outcomes on status awareness, pre-exposure prophylaxis uptake, and health outcomes;

Whereas the National HIV/AIDS Strategy recommends children and young adults with HIV need tailored and often more intensive medical and support services to support them as they grow and become young adults;

Whereas the Division of Adolescent and School Health is the only Federal program supporting HIV prevention for adolescents in schools;

Whereas the Nation's largest Federal program dedicated to providing care and treatment for people living with HIV

was named after Ryan White, a teenager from Indiana who helped educate a Nation about HIV and AIDS in the 1980s;

Whereas the Ryan White Part D Program is one of the national efforts to link young people living with HIV to medical care and support services;

Whereas the Patient Protection and Affordable Care Act provides youth, including those living with or impacted by HIV and AIDS, better access to health care coverage, more health insurance options, additional funding for sex education, a prohibition against denying people living with HIV access to health care, and expanded access to Medicaid which will support more young people living with HIV receiving care; and

Whereas April 10 of each year is now recognized as “National Youth HIV/AIDS Awareness Day”: Now, therefore, be it

1 *Resolved*, That the House of Representatives—

2 (1) supports the goals and ideals of “National
3 Youth HIV/AIDS Awareness Day”;

4 (2) encourages State and local governments, in-
5 cluding their public health agencies, education agen-
6 cies, schools, and media organizations to recognize
7 and support such a day;

8 (3) supports young people’s right to education,
9 prevention, treatment, and care, and to live without
10 criminalization, discrimination, oppression, and stig-
11 ma;

1 (4) promotes up-to-date, inclusive, culturally re-
2 sponsible, and medically accurate information about
3 HIV, such as pre-exposure prophylaxis PreP, in sex
4 education curricula to ensure that all young people
5 are educated about HIV, as called for in the Na-
6 tional HIV/AIDS Strategy;

7 (5) supports removal of HIV laws that are sci-
8 entifically inaccurate and unfairly criminalize young
9 people living with HIV for behaviors that are con-
10 sensual or have no risk of transmission;

11 (6) urges youth-friendly and accessible health
12 care services, especially access to medications such
13 as pre-exposure prophylaxis, post-exposure prophylaxis,
14 and antiretroviral therapy without parental
15 consent, to better provide for the early identification
16 of HIV through voluntary routine testing, and to
17 connect those in need to clinically and culturally ap-
18 propriate care and treatment as early as possible;

19 (7) supports the increase of funding for pro-
20 grams that support people impacted by and living
21 with HIV, including the Centers for Disease Control
22 and Prevention's Division of Adolescent and School
23 Health, the Division of STD Prevention, and the Di-
24 vision of HIV Prevention, the Ryan White HIV/
25 AIDS Program, the Medicaid program, AIDS Drug

1 Assistance Programs, and programs that support
2 medical mentorship, peer navigation, educating com-
3 munities on testing and treatment options, and peo-
4 ple accessing PrEP, and ensure a smoother transi-
5 tion to adult HIV care;

6 (8) recommends a comprehensive prevention
7 and treatment strategy that empowers young people,
8 parents, public health workers, educators, faith lead-
9 ers, and other stakeholders to fully engage with their
10 communities and families to help decrease violence,
11 discrimination, and stigma toward individuals who
12 disclose their sexual orientation or HIV status;

13 (9) calls for a generation free of HIV stigma in
14 a manner that prioritizes youth leadership and devel-
15 opment in order to ensure youth involvement in deci-
16 sions which impact their health and well-being as
17 well as advance a pipeline for the next generation of
18 HIV and AIDS doctors, advocates, educators, re-
19 searchers, and other professionals; and

20 (10) recognizes the direct impact from harmful
21 legislative efforts seeking to restrict bodily autonomy
22 for young people, such as restrictions on abortion
23 and birth control access and bans on transgender
24 health care, which negatively impact youth access to
25 nonstigmatizing HIV prevention, education, con-

- 1 confidential testing and treatment, and increases risk
- 2 for criminalization.

