

110TH CONGRESS
1ST SESSION

H. R. 2736

To amend the Public Health Service Act to authorize grants to provide comprehensive HIV/AIDS services to racial and ethnic minorities, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 15, 2007

Ms. VELÁZQUEZ (for herself, Ms. SOLIS, Mr. SERRANO, and Mr. FORTUÑO) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to authorize grants to provide comprehensive HIV/AIDS services to racial and ethnic minorities, 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 “HIV Emergency Local
5 Partnership Act of 2007”.

6 **SEC. 2. FINDINGS; PURPOSE.**

7 (a) FINDINGS.—The Congress finds as follows:

8 (1) Since AIDS cases were first reported more
9 than 25 years ago, approximately 1.7 million people

1 in the United States have been diagnosed with HIV
2 and 500,000 of them have died.

3 (2) Racial minorities have been disproportion-
4 ately affected by this epidemic. Of the 1,200,000
5 United States HIV cases reported, there are
6 500,000 African-Americans and 200,000 Latinos liv-
7 ing with the disease.

8 (3) It is estimated that 50 percent of all AIDS
9 patients are African Americans and 19 percent are
10 Latinos. The African-American community is 12
11 percent of the general United States population, and
12 Latinos are 14 percent of the population.

13 (4) Ten States and the Commonwealth of Puer-
14 to Rico account for 71 percent of the Nation's AIDS
15 cases.

16 (5) Within the top 10 States and territories
17 with the highest concentration of people living with
18 HIV/AIDS, large Latino and African-American pop-
19 ulations reside in 7 of them: New York, California,
20 Florida, Texas, New Jersey, Illinois, and Pennsyl-
21 vania. African Americans comprise large percentages
22 of people living with this disease in Georgia, Mary-
23 land, and the District of Columbia. Latinos comprise
24 large percentages of people living with HIV/AIDS in
25 Connecticut, Massachusetts, and Puerto Rico.

1 (6) Programs funded through title XXVI of the
2 Public Health Service Act (42 U.S.C. 300ff–11 et
3 seq.; as amended by the “Ryan White HIV/AIDS
4 Treatment Modernization Act of 2006”) are essen-
5 tial to people who are HIV/AIDS positive, particu-
6 larly those who are low income or from an ethnic or
7 minority community. Although recent changes to
8 these programs address the problem of reaching mi-
9 nority populations in this country, more needs to be
10 done as the epidemic continues to impact those com-
11 munities more severely.

12 (7) People who live with HIV/AIDS not only
13 need assistance to take care of their immediate
14 physical condition, but also require information and
15 education about how to address other consequences
16 associated with the disease. A holistic approach is
17 necessary to address not just the immediate physical
18 health of an individual in the community, but also
19 to educate on preventing the spread of the disease
20 in high-risk neighborhoods.

21 (8) Capable non-profit entities are essential to
22 providing a comprehensive approach and reaching
23 more individuals in their local communities.

24 (9) There is an urgent need for providing fund-
25 ing to entities that not only serve minority popu-

1 lations, but also provide services through partner-
2 ships at the local level in high-risk communities.

3 (b) PURPOSE.—The purpose of this Act is to estab-
4 lish and authorize funding for a pilot grant program with-
5 in the Minority AIDS Initiative that will encourage quali-
6 fied community health entities to cooperate with each
7 other to provide comprehensive HIV/AIDS services for ra-
8 cial and ethnic minorities in the local community where
9 the entities are located.

10 **SEC. 3. PRIORITIZING HIV/AIDS SERVICES BY LOCAL ENTI-**
11 **TIES TO MINORITIES.**

12 (a) ESTABLISHMENT OF PROGRAM.—Section 2693 of
13 the Public Health Service Act (42 U.S.C. 300ff–101) is
14 amended—

15 (1) in subsection (a)—

16 (A) by striking “\$135,100,000 for fiscal
17 year 2008” and inserting “\$185,100,000 for
18 fiscal year 2008”; and

19 (B) by striking “\$139,100,000 for fiscal
20 year 2009” and inserting “\$189,100,000 for
21 fiscal year 2009”; and

22 (2) by adding at the end the following:

23 “(d) PRIORITIZING HIV/AIDS SERVICES BY LOCAL
24 ENTITIES TO MINORITIES.—

1 “(1) RESERVATION.—For carrying out this
2 subsection, the Secretary shall, of the amount appro-
3 priated under subsection (a) for each of fiscal years
4 2008 and 2009, reserve not less than \$25,000,0000
5 and not more than \$50,000,000.

6 “(2) GRANTS.—In carrying out the purpose de-
7 scribed in subsection (a)—

8 “(A) the Secretary shall award grants to
9 eligible entities that are located in a community
10 described in paragraph (4)(C) (or are in part-
11 nership with an entity that is located in a com-
12 munity described in paragraph (4)(C)) to pro-
13 vide comprehensive HIV/AIDS services to racial
14 and ethnic minorities in such community; and

15 “(B) sections 2604(c)(1), 2612(b)(1), and
16 2651(c)(1) (requiring the use of at least 75 per-
17 cent of available funds to provide core medical
18 services) shall not apply.

19 “(3) REQUIREMENTS.—Comprehensive HIV/
20 AIDS services provided by an eligible entity pursu-
21 ant to this subsection shall—

22 “(A) include not less than 3 types of HIV/
23 AIDS services authorized under part A, B, C,
24 or D of this title or section 2692; and

1 “(B) give special consideration to minority
2 capacity staff building which reflects the target
3 population.

4 “(4) ELIGIBILITY.—To be eligible to receive a
5 grant under this section, an entity shall—

6 “(A) be a nonprofit private entity;

7 “(B) be located, or apply for the grant in
8 partnership with an entity that is located, in
9 one of the 10 States and territories with the
10 highest concentration of people living with HIV/
11 AIDS, as determined by the Centers for Dis-
12 ease Control and Prevention; and

13 “(C) be located, or apply for the grant in
14 partnership with an entity that is located, in a
15 community in which racial and ethnic minorities
16 comprise a majority of the population, as identi-
17 fied by United States census data.

18 “(5) DISTRIBUTION OF GRANTS.—The Sec-
19 retary shall award grants under this subsection for
20 HIV/AIDS services in not less than 5 of the States
21 and territories described in paragraph (4)(B).

22 “(6) PREFERENCE.—In awarding grants under
23 this subsection, the Secretary shall give preference
24 to eligible entities that demonstrate each of the fol-
25 lowing:

1 “(A) The eligible entity is located (and not
2 merely in partnership with another entity that
3 is located) in a State or territory described in
4 paragraph (4)(B) and a community described in
5 paragraph (4)(C).

6 “(B) In providing HIV/AIDS services
7 through the grant, the eligible entity will part-
8 ner with one or more local entities in the com-
9 munity to be served.

10 “(C) The eligible entity will use the grant
11 to provide innovative approaches to HIV test-
12 ing, prevention, and treatment.

13 “(D) The staff of the eligible entity reflects
14 the community to be served.

15 “(E) The members of the governing body
16 of the eligible entity are representative of the
17 community to be served.”.

18 (b) REPORT.—

19 (1) IN GENERAL.—Not later than January 1,
20 2009, the Secretary of Human and Health Services
21 shall submit a report to the Congress describing the
22 status of the HIV/AIDS epidemic across the Nation.

23 (2) CONTENTS.—The report submitted under
24 this subsection shall—

1 (A) give special emphasis to the 10 States
2 and territories with the highest concentration of
3 people living with HIV/AIDS, as determined by
4 the Centers for Disease Control and Prevention;

5 (B) include the comments submitted pur-
6 suant to paragraph (3);

7 (C) analyze the effectiveness of the grant
8 program established under section 2693(d) of
9 the Public Health Service Act, as added by sub-
10 section (a); and

11 (D) recommend any appropriate changes
12 for improving such program.

13 (3) COMMENTS.—In preparing the report re-
14 quired by this subsection, the Secretary shall solicit
15 comments from the general public and each entity
16 receiving a grant under section 2693(d) of the Pub-
17 lic Health Service Act, as added by subsection (a).

18 **SEC. 4. TEMPORARY EXTENSION OF MINORITY HIV/AIDS**

19 **INITIATIVES FUNDING.**

20 The Secretary of Health and Human Services shall
21 continue to fund grants awarded through the Minority
22 HIV/AIDS Initiatives of the Health Resources and Serv-
23 ices Administration, as in effect on the day before the date
24 of the enactment of the Ryan White HIV/AIDS Treatment
25 Modernization Act of 2006 (Pub. L. 109–415), until the

1 Secretary begins to provide funds to entities through sec-
2 tion 2693 of the Public Health Service Act (42 U.S.C.
3 300ff–121), as added by the Ryan White HIV/AIDS
4 Treatment Modernization Act of 2006.

5 **SEC. 5. EXEMPTION FROM MEDICAID TERRITORIAL FUND-**
6 **ING LIMITATION FOR MEDICAL ASSISTANCE**
7 **FOR INDIVIDUALS WITH HIV/AIDS.**

8 (a) IN GENERAL.—Section 1108(g) of the Social Se-
9 curity Act (42 U.S.C. 1308(g)) is amended by adding at
10 the end the following:

11 “(4) DISREGARDING MEDICAL ASSISTANCE CAP
12 FOR INDIVIDUALS WITH HIV/AIDS.—Funding limita-
13 tions under this subsection and subsection (f) shall
14 not apply to amounts expended for medical assist-
15 ance for individuals with HIV/AIDS (as defined in
16 section 2688(7) of the Public Health Service Act).”.

17 (b) EFFECTIVE DATE.—The amendment made by
18 subsection (a) shall apply to fiscal years beginning with
19 fiscal year 2007.

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