

113TH CONGRESS  
1ST SESSION

# H. R. 2599

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

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## 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

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## 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:

Sec. 1. Short title.

Sec. 2. Table of contents.

Sec. 3. Findings.

Sec. 4. Authority to allow community organizations to provide STI counseling, STI prevention education, and sexual barrier protection devices in Federal correctional facilities.

Sec. 5. Sense of Congress regarding distribution of sexual barrier protection devices in State prison systems.

Sec. 6. Automatic enrollment or reinstatement of Medicaid benefits.

Sec. 7. Survey of and report on correctional and immigration detention facility programs aimed at reducing the spread of STIs.

Sec. 8. Strategy.

Sec. 9. Eligibility of persons discharged from correctional facilities for McKinney-Vento Act housing assistance.

Sec. 10. Definitions.

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.

○