

113TH CONGRESS
1ST SESSION

S. 1408

To address the dramatic increase of HIV/AIDS in minority communities.

IN THE SENATE OF THE UNITED STATES

JULY 31, 2013

Mrs. GILLIBRAND introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To address the dramatic increase of HIV/AIDS in minority communities.

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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Communities United with Religious leaders for the
6 Elimination of HIV/AIDS Act of 2013” or the “CURE
7 Act of 2013”.

8 (b) TABLE OF CONTENTS.—The table of contents for
9 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Definitions.

- Sec. 4. Office of Minority Health grants for activities to reduce HIV/AIDS among those with the greatest rate of increasing rates of infection in the minority communities.
- Sec. 5. Substance Abuse and Mental Health Services Administration grants for HIV testing and counseling services for high risk youth.
- Sec. 6. Centers for Disease Control and Prevention grants for public health testing, intervention, and prevention activities.
- Sec. 7. Centers for Disease Control and Prevention activities for HIV/AIDS prevention and education.
- Sec. 8. Centers for Disease Control and Prevention national media outreach campaign.
- Sec. 9. National Center on Minority Health and Health Disparities grants for study on prevention based on behavioral factors.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) The latest estimates of the Centers for Dis-
 4 ease Control and Prevention of the incidence of new
 5 HIV infections in the United States indicate that
 6 HIV remains a serious health problem.

7 (2) It has been estimated that 1.3 million peo-
 8 ple in the United States are living with HIV/AIDS.
 9 Approximately 50,000 people in the United States
 10 are newly infected and nearly one in five of those are
 11 not aware that they are infected.

12 (3) Racial and ethnic minorities accounted for
 13 almost 71 percent of the newly diagnosed cases of
 14 HIV infection in 2010. The national HIV rates (per
 15 100,000 persons) for minority groups as of 2010
 16 was 68.9 for Blacks, 27.5 for Hispanics, 19.3 for
 17 Native Hawaiian and Pacific Islanders, 9.7 for
 18 American Indian/Alaska Natives, and 6.5 for Asian
 19 Americans.

1 (4) Although Blacks are only 14 percent of the
2 United States population, they account for half (44
3 percent) of all new HIV infection cases in 2010.
4 They are 8.0 times more likely to have HIV than
5 Whites.

6 (5) Black women accounted for 13 percent of
7 all new HIV infections in the United States in 2010
8 and nearly 64 percent of all new infections among
9 women. Most black women (87 percent) were in-
10 fected through heterosexual sex. In 2010, AIDS was
11 the third leading cause of death in black women 35
12 to 44 years of age. This equates to the death rate
13 from HIV of 22 times more likely than White
14 women.

15 (6) Black men represented almost one-third (31
16 percent) of all new HIV infections in the United
17 States in 2010 and account for 70 percent of new
18 HIV infections among Blacks. AIDS is also the
19 third leading cause of death for Black men 35 to 44
20 years of age.

21 (7) The rate of new HIV diagnoses among
22 Black males 13 to 29 years of age who have sex with
23 males has increased 48 percent between 2006 and
24 2009.

1 (8) Second to Blacks, Hispanics compose the
2 minority group most disproportionately affected by
3 HIV. Accounting for 16 percent of the United States
4 population, Hispanics account for 20 percent of all
5 new HIV infections.

6 (9) In 2010, Hispanic females are almost 5
7 times as likely to have AIDS as White females.

8 (10) Over two-thirds of Asian Americans and
9 over one-half of Pacific Islanders have never been
10 tested for HIV. Asian Americans, Native Hawaiian,
11 and Pacific Islanders account for approximately one
12 percent of HIV/AIDS cases nationally. Asian Ameri-
13 cans have lower AIDS rates than their White coun-
14 terparts and they are less likely to die of HIV/AIDS.

15 (11) HIV/AIDS is the ninth leading cause of
16 death in Asian and Pacific Island men aged 25 to
17 34.

18 (12) Native Hawaiians and Other Pacific Is-
19 landers are 2.6 times more likely to be diagnosed
20 with HIV as compared to the White population.
21 While Native Hawaiians and Other Pacific Islanders
22 represent 0.4 percent of the total population in the
23 United States, the AIDS case rate for Native Ha-
24 waiians and Other Pacific Islanders was twice that
25 of the White population in 2010.

1 (13) American Indians/Alaska Natives have a
2 30 percent higher rate of HIV/AIDS infection as
3 compared to the White population. In 2010, Amer-
4 ican Indian/Alaska Native females were three times
5 more likely to be diagnosed with HIV infection, as
6 compared to the White female population.

7 (14) Runaway youth are 6 to 12 times more
8 likely to become infected with HIV than other youth.

9 (15) In August 2007, the National Medical As-
10 sociation, representing 30,000 African-American
11 physicians, released a consensus report titled “Ad-
12 dressing the HIV/AIDS Crisis In The African Amer-
13 ican Community: Fact, Fiction and Policy” which
14 specifically called on the next President of the
15 United States to declare HIV/AIDS in African-
16 American communities a public health emergency.
17 The National Medical Association has worked with
18 the National Black Leadership Commission on
19 AIDS (NBLCA) to organize clergy to advocate for
20 the specific needs of Black physicians, their patients,
21 and those at risk in African-American communities.
22 Both organizations have pledged to advocate and
23 work with clergy to develop, execute, and implement
24 these initiatives in African-American communities
25 and culture.

1 (16) In October 2007, 186 Black clergy, con-
2 sisting of Baptist, Church of God in Christ
3 (COGIC), Methodist, Protestant, African Methodist
4 Episcopal (AME), and Pentecostal faiths came to-
5 gether to participate in the National Black Clergy
6 Conclave on HIV/AIDS Policy, hosted by Time War-
7 ner, Inc., with other foundation support. Included in
8 this prestigious gathering were the Health Brain
9 Trust of the Congressional Black Caucus, leaders
10 from the National Conference of Black Mayors, and
11 the National Caucus of Black State Legislators.
12 This group developed a plan of action that has be-
13 come the Communities United with Religious leaders
14 to Eliminate HIV/AIDS in minority communities to
15 respond to the “on the ground” emergency in pre-
16 vention, care, and treatment for AIDS in Black
17 America.

18 (17) The National Black Clergy Conclave on
19 HIV/AIDS declared the HIV/AIDS crisis in the Af-
20 rican-American community a “public health emer-
21 gency”. The National Conclave also recognized that
22 HIV/AIDS is growing in and affecting other minor-
23 ity groups disproportionately. Therefore, the Con-
24 clave is collaborating with the National Alliance for
25 Hispanic Health, a 30-year-old organization aimed

1 at Hispanic health; the Asian & Pacific Islander
2 American Health Forum, a 27-year-old national or-
3 ganization focused on improving the health of Asian
4 Americans, Native Hawaiians, and Pacific Islanders;
5 and the Asian-Pacific Islander Wellness Center and
6 Esperanza, a Latino based national organization to
7 end HIV/AIDS disparities within these racial and
8 minority communities.

9 (18) At their April 2008 annual meeting, the
10 National Policy Alliance, consisting of the Joint
11 Center For Political and Economic Studies (secre-
12 tariat), the National Black Caucus of School Board
13 Members, National Black Caucus of Local Elected
14 Officials, the Judicial Council of the National Bar
15 Association, the National Association of Black Coun-
16 ty Officials, Blacks in Government, National Con-
17 ference of Black Mayors, and the World Council of
18 Mayors voted unanimously to support, endorse, and
19 encourage the passage of a bill that addresses the
20 dramatic increase of HIV/AIDS in minority commu-
21 nities and to organize their respective members to
22 endorse and support the passage of such a bill.

23 **SEC. 3. DEFINITIONS.**

24 In this Act:

1 (1) AIDS, HIV, AND HIV/AIDS.—The terms
 2 “AIDS”, “HIV”, and “HIV/AIDS” have the mean-
 3 ings given such terms in section 2689 of the Public
 4 Health Service Act (42 U.S.C. 300ff–88).

5 (2) ELIGIBLE HEALTH ENTITIES.—The term
 6 “eligible health entity” means any of the following
 7 entities that serve at least one minority group:

8 (A) A public health agency.

9 (B) A health center, including an entity
 10 operated by an Indian tribe or tribal or Indian
 11 organization under the Indian Self-Determina-
 12 tion Act or an urban Indian organization under
 13 the Indian Health Care Improvement Act.

14 (C) A community-based organization.

15 (D) A faith-based organization.

16 (3) MINORITY GROUP.—The term “minority
 17 group” has the meaning given the term “racial and
 18 ethnic minority group” under section 1707(g) of the
 19 Public Health Service Act (42 U.S.C. 300u–6(g))
 20 and includes such other groups as specified by the
 21 Deputy Assistant Secretary for Minority Health.

22 (4) SECRETARY.—The term “Secretary” means
 23 the Secretary of Health and Human Services.

1 **SEC. 4. OFFICE OF MINORITY HEALTH GRANTS FOR ACTIVI-**
2 **TIES TO REDUCE HIV/AIDS AMONG THOSE**
3 **WITH THE GREATEST RATE OF INCREASING**
4 **RATES OF INFECTION IN THE MINORITY COM-**
5 **MUNITIES.**

6 (a) IN GENERAL.—For the purpose of reducing HIV/
7 AIDS among minority groups, the Secretary, acting
8 through the Deputy Assistant Secretary for Minority
9 Health, may make grants to eligible health entities to con-
10 duct any of the following activities, with respect to one
11 or more minority groups, including youth in such groups:

12 (1) HIV/AIDS education and outreach activi-
13 ties.

14 (2) Activities focusing on the prevention of
15 HIV/AIDS and access to treatment for HIV/AIDS.

16 (3) HIV/AIDS testing activities.

17 (b) ELIGIBILITY.—To be eligible to receive a grant
18 under subsection (a), an entity shall submit to the Deputy
19 Assistant Secretary an application at such time, in such
20 manner, and containing such information as required by
21 the Deputy Assistant Secretary.

22 (c) PRIORITY.—

23 (1) IN GENERAL.—In making grants under sub-
24 section (a), the Secretary, acting through the Deputy
25 Assistant Secretary for Minority Health, shall give
26 priority to applications for proposed activities to

1 serve one or more minority groups with a rate of oc-
2 currence of HIV that is equal to at least the applica-
3 ble minimum rate specified by the Secretary under
4 paragraph (2).

5 (2) SPECIFICATION OF MINIMUM RATE OF OC-
6 CURRENCE OF HIV.—For purposes of paragraph (1),
7 the Secretary, in consultation with relevant stake-
8 holders, shall specify a minimum rate of occurrence
9 of HIV, which may be based on gender and geo-
10 graphic area.

11 (d) FUNDING.—

12 (1) AUTHORIZATION OF APPROPRIATIONS.—To
13 carry out this section, there are authorized to be ap-
14 propriated \$25,000,000 for each of the fiscal years
15 2014 through 2017. Any funds made available to
16 the Secretary pursuant to the previous sentence for
17 a fiscal year shall remain available until expended
18 but in no case after fiscal year 2017.

19 (2) ADMINISTRATIVE COSTS.—Of the amounts
20 made available, pursuant to paragraph (1), to carry
21 out this section for a year, not more than 10 percent
22 of such amounts may be used for administrative
23 costs.

1 **SEC. 5. SUBSTANCE ABUSE AND MENTAL HEALTH SERV-**
2 **ICES ADMINISTRATION GRANTS FOR HIV**
3 **TESTING AND COUNSELING SERVICES FOR**
4 **HIGH RISK YOUTH.**

5 (a) IN GENERAL.—The Secretary, acting through the
6 Administrator of the Substance Abuse and Mental Health
7 Services Administration, may make grants to eligible
8 health entities to provide HIV testing and subsequent
9 counseling and referral for medical treatment based on the
10 results of such testing, to youth who are—

- 11 (1) members of minority groups;
12 (2) not more than 18 years of age;
13 (3) HIV positive or at risk for HIV/AIDS, in-
14 cluding young men of racial minorities who have sex
15 with men; and
16 (4) engaged in substance abuse.

17 Such youth may include those who have run away from
18 home, are homeless, have had experience in the juvenile
19 justice system, or reside in a detention center or foster
20 care.

21 (b) USES OF GRANTS.—An entity receiving a grant
22 under this section may only use such grant to provide—

- 23 (1) testing for HIV for the youth described in
24 subsection (a);
25 (2) counseling for such youth—

1 (A) on information on HIV that is based
2 on medical science and annually updated; and

3 (B) to help such youth to assess HIV-risk
4 situations and alter behaviors to promote
5 choices of lower risk; and

6 (3) referral to health resources, mental health
7 resources, and health organizations, which may in-
8 clude medical centers receiving funding under part A
9 or part B of title XXVI of the Public Health Service
10 Act.

11 (c) ELIGIBILITY.—To be eligible to receive a grant
12 under subsection (a), an entity shall submit to the Admin-
13 istrator an application at such time, in such manner, and
14 containing such information as required by the Adminis-
15 trator.

16 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
17 out this section, there are authorized to be appropriated
18 \$5,000,000 for each of the fiscal years 2014 through
19 2017. Any funds made available to the Secretary pursuant
20 to the previous sentence for a fiscal year shall remain
21 available until expended but in no case after fiscal year
22 2017.

1 **SEC. 6. CENTERS FOR DISEASE CONTROL AND PREVEN-**
2 **TION GRANTS FOR PUBLIC HEALTH TESTING,**
3 **INTERVENTION, AND PREVENTION ACTIVI-**
4 **TIES.**

5 (a) IN GENERAL.—For the purpose of reducing the
6 rate of occurrence of HIV/AIDS with respect to minority
7 groups, the Secretary, acting through the Director of the
8 Centers for Disease Control and Prevention, may make
9 grants to eligible health entities for public health interven-
10 tion and prevention activities described in subsection (b).

11 (b) GRANT USES.—An entity receiving a grant under
12 this section may use such grant to only conduct the fol-
13 lowing public health intervention and prevention activities
14 with respect to one or more minority groups:

15 (1) Rapid HIV testing.

16 (2) Measures and activities to prevent the
17 spread of HIV/AIDS and to minimize symptoms of
18 HIV/AIDS.

19 (3) Outreach activities targeting both females
20 and males.

21 (4) Referrals to health resources, mental health
22 resources, and health organizations.

23 (c) ELIGIBILITY.—

24 (1) IN GENERAL.—To be eligible to receive a
25 grant under subsection (a) an entity shall submit to
26 the Director an application at such time, in such

1 manner, and containing such information as re-
2 quired by the Director, including the provision of the
3 assurances described in paragraph (2).

4 (2) ASSURANCES.—For purposes of paragraph
5 (1), the assurances described in this paragraph, with
6 respect to an entity seeking a grant under this sec-
7 tion, are each of the following assurances:

8 (A) PARTNERSHIPS.—An assurance to the
9 satisfaction of the Secretary that the entity will
10 enter into partnerships with public or private
11 health agencies in carrying out the activities
12 funded by the grant.

13 (B) ALLOCATION OF GRANT FOR ACTIVI-
14 TIES FOR FEMALES.—An assurance to the sat-
15 isfaction of the Secretary that the entity will
16 use at least 60 percent of the amounts received
17 under the grant on activities described in sub-
18 section (b) that are for females in minority
19 groups.

20 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
21 out this section, there are authorized to be appropriated
22 \$10,000,000 for each of the fiscal years 2014 through
23 2017. Any funds made available to the Secretary pursuant
24 to the previous sentence for a fiscal year shall remain

1 available until expended but in no case after fiscal year
2 2017.

3 **SEC. 7. CENTERS FOR DISEASE CONTROL AND PREVEN-**
4 **TION ACTIVITIES FOR HIV/AIDS PREVENTION**
5 **AND EDUCATION.**

6 (a) PREVENTION ACTIVITIES.—The Secretary, acting
7 through the Director of the Centers for Disease Control
8 and Prevention, shall expand and intensify HIV/AIDS
9 prevention and education activities for minority groups.
10 Such activities shall—

11 (1) be targeted to minority groups with a rate
12 of occurrence of HIV that is at least equal to the
13 minimum rate of occurrence specified by the Sec-
14 retary under section 4(c)(2);

15 (2) be comprehensive and updated annually
16 based on science and research; and

17 (3) include the dissemination of medically-based
18 information on the importance of open conversation
19 on HIV in the community involved, the importance
20 of adherence to medical treatment and medication,
21 reduction of the stigma of HIV, the importance of
22 HIV testing, risk situation assessment, methods of
23 HIV transmission prevention, and the risk of mater-
24 nal-fetal and maternal breast milk transmission.

1 (b) EDUCATION.—The Secretary, acting through the
 2 Director of the Centers for Disease Control and Preven-
 3 tion, shall expand and intensify culturally appropriate and
 4 linguistically accessible HIV/AIDS educational activities
 5 for minority groups, including for members of such groups
 6 who are intravenous drug users, Hispanic and Black
 7 women, youth, and men who have sex with men.

8 (c) COORDINATION.—The Secretary shall carry out
 9 this section in coordination with, as appropriate, public
 10 schools of all levels, organizations that are advocates for
 11 advancing minority health, and eligible health entities.

12 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
 13 out this section, there are authorized to be appropriated
 14 \$9,000,000 for each of the fiscal years 2014 through
 15 2017. Any funds made available to the Secretary pursuant
 16 to the previous sentence for a fiscal year shall remain
 17 available until expended but in no case after fiscal year
 18 2017.

19 **SEC. 8. CENTERS FOR DISEASE CONTROL AND PREVEN-**
 20 **TION NATIONAL MEDIA OUTREACH CAM-**
 21 **PAIGN.**

22 (a) IN GENERAL.—The Secretary, acting through the
 23 Director of the Centers for Disease Control and Preven-
 24 tion, shall implement a national media outreach campaign
 25 that urges sexually active individuals who are members of

1 minority groups to be tested for and know their HIV/
2 AIDS status.

3 (b) REQUIREMENTS.—The national media outreach
4 campaign under this section—

5 (1) shall—

6 (A) be science-driven and targeted to mi-
7 nority men, women, and youth; and

8 (B) give special emphasis to Black and
9 Hispanic women and minority males who have
10 sex with males, including those who are not
11 more than 18 years of age; and

12 (2) may target high schools and universities
13 with 40 percent or greater minority enrollment.

14 (c) LOCAL ORGANIZATIONS.—In implementing the
15 campaign under subsection (a), the Secretary may enter
16 into agreements with local organizations (as defined by the
17 Secretary) that focus on serving a single metropolitan
18 community.

19 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
20 out this section, there are authorized to be appropriated
21 \$10,000,000 for each of the fiscal years 2014 through
22 2017. Any funds made available to the Secretary pursuant
23 to the previous sentence for a fiscal year shall remain
24 available until expended but in no case after fiscal year
25 2017.

1 **SEC. 9. NATIONAL CENTER ON MINORITY HEALTH AND**
2 **HEALTH DISPARITIES GRANTS FOR STUDY**
3 **ON PREVENTION BASED ON BEHAVIORAL**
4 **FACTORS.**

5 (a) IN GENERAL.—The Secretary, acting through the
6 Director of the National Center on Minority Health and
7 Health Disparities, may make grants to eligible entities
8 to study behavioral factors that lead to increased HIV/
9 AIDS prevalence in minority groups.

10 (b) ELIGIBLE ENTITIES.—For purposes of this sec-
11 tion, an eligible entity is a public or private organization
12 with one or more published studies on behaviors.

13 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry
14 out this section, there are authorized to be appropriated
15 \$10,000,000 for each of the fiscal years 2014 through
16 2017. Any funds made available to the Secretary pursuant
17 to the previous sentence for a fiscal year shall remain
18 available until expended but in no case after fiscal year
19 2017.

