

112TH CONGRESS
1ST SESSION

H. R. 1462

To address HIV/AIDS in the African-American community, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 8, 2011

Mr. RANGEL (for himself, Mr. RUSH, Ms. NORTON, Mrs. MALONEY, Ms. RICHARDSON, Mrs. CHRISTENSEN, Ms. CLARKE of New York, Mr. JACKSON of Illinois, Mr. KING of New York, Ms. LEE of California, and Ms. SCHAKOWSKY) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To address HIV/AIDS in the African-American community,
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 “National Black Clergy
5 for the Elimination of HIV/AIDS Act of 2011”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents of this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Table of contents.
- Sec. 3. Findings.
- Sec. 4. Definitions applicable throughout Act.

TITLE I—DEPARTMENT OF HEALTH AND HUMAN SERVICES

Sec. 100. Definition.

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Subtitle B—Substance Abuse and Mental Health Services Administration

Sec. 111. Grants for substance abuse and mental health services to public health agencies and faith-based organizations.

Sec. 112. Services for HIV/AIDS affected youth who are separated from their families.

Subtitle C—Centers for Disease Control and Prevention

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Subtitle F—Miscellaneous

Sec. 151. Report on impact of HIV/AIDS in the African-American community.

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TITLE II—MISCELLANEOUS

Sec. 201. Sense of Congress on National Black Clergy HIV/AIDS Awareness Sunday.

Sec. 202. Sense of Congress on Federal agencies with responsibility for preventing, testing for, and treating HIV/AIDS.

Sec. 203. Sense of Congress on Federal Bureau of Prisons procedures for inmates with HIV.

1 **SEC. 3. FINDINGS.**

2 Congress finds the following:

3 (1) It has been estimated that more than
 4 1,000,000 people in the United States are living
 5 with HIV/AIDS, and approximately 500,000 of them
 6 are Black. Blacks are 8 times more likely to have

1 AIDS than their White counterparts. Within the
2 Black community, the subpopulation most disproportio-
3 tionately impacted by HIV/AIDS is Black men who
4 have sex with men (MSM) with prevalence rates
5 twice those of White MSM. Black women account
6 for the majority of new AIDS cases among women
7 and are 23 times more likely to be living with AIDS
8 than White women and 4 times more likely than
9 Latinas.

10 (2) On October 7–8, 2007, 186 Black clergy,
11 consisting of Baptist, COGIC, Methodist, Protes-
12 tant, AME, and Pentecostal, together with, medical,
13 policy, and AIDS leaders, were brought together by
14 the National Black Leadership Commission on
15 AIDS (NBLCA), the oldest and largest Black AIDS
16 organization of its kind in America, hosted by Time
17 Warner, Inc., with other foundation support, to par-
18 ticipate in the National Black Clergy Conclave On
19 HIV/AIDS Policy.

20 (3) The attendees included faith leaders across
21 traditional, mega, and activist churches representing
22 millions of congregants: the National Medical Asso-
23 ciation (NMA) representing 30,000 African-Amer-
24 ican physicians; the National Conference of Black
25 Mayors; the National Caucus of Black State Legisla-

1 tors; and the Health Brain Trust of the Congress-
2 sional Black Caucus and key African-American HIV/
3 AIDS advocates from across the United States. This
4 group developed a plan of action that has become
5 the National Black Clergy for the Elimination of
6 HIV/AIDS Act of 2011 to respond to the “on the
7 ground” emergency in prevention, care, and treat-
8 ment for AIDS in Black America.

9 (4) In August 2007, the NMA, the oldest and
10 largest organization representing 30,000 African-
11 American physicians, released a consensus report en-
12 titled “Addressing The HIV/AIDS Crisis In The Af-
13 rican American Community: Fact, Fiction and Pol-
14 icy”; and specifically called on the next President of
15 the United States to declare HIV/AIDS in African-
16 American communities a public health emergency
17 and worked with NBLCA to organize clergy to advo-
18 cate for the specific needs of Black physicians, their
19 patients, and those at risk in African-American com-
20 munities; and have pledged to advocate and work
21 with clergy to develop, execute, and implement these
22 initiatives as a part of their rightful role of leader-
23 ship in African-American communities and culture.

24 (5) The National Conference of Black Mayors
25 has pledged to work with clergy, medical, and com-

1 munity leaders to develop and support these initia-
2 tives on a local level and to help them to continue
3 to develop a policy agenda leading to the elimination
4 of HIV/AIDS.

5 (6) The National Caucus of Black State Legis-
6 lators pledged to take the initiatives herein to their
7 body and develop plans of action for Black State
8 Legislators to work with local clergy, health depart-
9 ments, and CBOs to adopt and implement these ini-
10 tiatives on a national level.

11 (7) At their April 2008 annual meeting, the
12 National Policy Alliance (NPA), consisting of the
13 Joint Center For Political and Economic Studies
14 (secretariat) and the National Black Caucus of
15 School Board Members, National Black Caucus of
16 Local Elected Officials; the Judicial Council of the
17 National Bar Association; the National Association
18 of Black County Officials; Blacks in Government
19 and the CBC; NCBM; WCM, voted unanimously to
20 support, endorse, and encourage the passage of the
21 National Black Clergy for the Elimination of HIV/
22 AIDS Act of 2011 and to organize their respective
23 members to endorse and support the passage of this
24 bill.

1 (8) The World Conference of Black Mayors has
2 ratified its support of these initiatives and legisla-
3 tion, and pledged to assist the clergy to take them
4 internationally.

5 (9) The National Black Leadership Commission
6 on AIDS, the Balm in Gilead, and the Black AIDS
7 Institute have been recognized by the clergy for their
8 tradition and history of service and will work with
9 clergy to conduct community and policy develop-
10 ment, linkages to local departments of health and
11 other services, infrastructure development, education
12 media, and fund development activities.

13 (10) Bishop T.D. Jakes of the Potters House
14 in Dallas, Texas, and Rev. Calvin O. Butts of the
15 Abyssinian Baptist Church in Harlem, New York,
16 and chairman of the National Black Leadership
17 Commission on AIDS have been recognized as the
18 organizers of this group and will help guide and lead
19 the development efforts of fellow clergy through this
20 process.

21 (11) The National Conclave on HIV/AIDS for
22 Black Clergy calls upon the President, Congress,
23 and corporate America to declare the HIV/AIDS cri-
24 sis in the African-American community a “public
25 health emergency”.

1 (12) The Black clergy will aggressively seek to
2 have every person under the sphere of their influence
3 tested for HIV in order to know the person’s status.

4 (13) The Black clergy will promote HIV/AIDS
5 awareness to ensure that all Black clergy serving in
6 their denominations and other congregations are
7 equipped to address issues related to this disease in
8 a factual and scientifically sound manner.

9 (14) The Black clergy will use the ABC/D
10 model as a behavioral guideline for prevention initia-
11 tives:

12 (A) A–Abstain.

13 (B) B–Be Faithful.

14 (C) C–Use Condoms.

15 (D) D–Don’t Engage in Risky Behaviors.

16 **SEC. 4. DEFINITIONS APPLICABLE THROUGHOUT ACT.**

17 In this Act, the terms “HIV” and “HIV/AIDS” have
18 the meanings given to such terms in section 2689 of the
19 Public Health Service Act (42 U.S.C. 300ff–88).

20 **TITLE I—DEPARTMENT OF**
21 **HEALTH AND HUMAN SERVICES**

22 **SEC. 100. DEFINITION.**

23 In this title, the term “Secretary” means the Sec-
24 retary of Health and Human Services.

1 **Subtitle A—Office of Minority**
2 **Health**

3 **SEC. 101. SERVICES TO REDUCE HIV/AIDS IN AFRICAN-**
4 **AMERICAN COMMUNITY.**

5 (a) IN GENERAL.—For the purpose of reducing HIV/
6 AIDS in the African-American community, the Secretary,
7 acting through the Director of the Office of Minority
8 Health, may make grants to public health agencies and
9 faith-based organizations to conduct—

10 (1) outreach activities related to HIV/AIDS
11 prevention and testing activities;

12 (2) HIV/AIDS prevention activities; and

13 (3) HIV/AIDS testing activities.

14 (b) AUTHORIZATION OF APPROPRIATIONS.—To carry
15 out this section, there are authorized to be appropriated
16 \$50,000,000 for fiscal year 2012, and such sums as may
17 be necessary for fiscal years 2013 through 2016.

1 **Subtitle B—Substance Abuse and**
2 **Mental Health Services Admin-**
3 **istration**

4 **SEC. 111. GRANTS FOR SUBSTANCE ABUSE AND MENTAL**
5 **HEALTH SERVICES TO PUBLIC HEALTH**
6 **AGENCIES AND FAITH-BASED ORGANIZA-**
7 **TIONS.**

8 (a) IN GENERAL.—The Secretary, acting through the
9 Administrator of the Substance Abuse and Mental Health
10 Services Administration, may make grants to public health
11 agencies and faith-based organizations to—

12 (1) conduct HIV/AIDS and sexually trans-
13 mitted disease outreach, prevention, and testing ac-
14 tivities that are targeted to the African-American
15 community; and

16 (2) in connection with such activities, provide
17 substance abuse testing and mental health services
18 to members of such community.

19 (b) AUTHORIZATION OF APPROPRIATIONS.—To carry
20 out this section, there are authorized to be appropriated
21 \$90,000,000 for fiscal year 2012, and such sums as may
22 be necessary for fiscal years 2013 through 2016.

1 **SEC. 112. SERVICES FOR HIV/AIDS AFFECTED YOUTH WHO**
 2 **ARE SEPARATED FROM THEIR FAMILIES.**

3 (a) IN GENERAL.—The Secretary, acting through the
 4 Administrator of the Substance Abuse and Mental Health
 5 Services Administration, may make grants to faith- and
 6 community-based organizations to provide family reunifi-
 7 cation services, mental health counseling, HIV/AIDS and
 8 sexually transmitted disease testing, and substance abuse
 9 testing and treatment to youth who—

10 (1)(A) have run away from home;

11 (B) are homeless; or

12 (C) reside in a detention center or foster care;

13 and

14 (2) are HIV positive or at risk for HIV/AIDS,
 15 including young men who have sex with men.

16 (b) AUTHORIZATION OF APPROPRIATIONS.—To carry
 17 out this section, there are authorized to be appropriated
 18 \$5,000,000 for fiscal year 2012, and such sums as may
 19 be necessary for fiscal years 2013 through 2016.

20 **Subtitle C—Centers for Disease**
 21 **Control and Prevention**

22 **SEC. 121. PUBLIC HEALTH INTERVENTION AND PREVEN-**
 23 **TION ACTIVITIES.**

24 (a) IN GENERAL.—For the purpose of reducing HIV/
 25 AIDS, sexually transmitted diseases, tuberculosis, and
 26 viral hepatitis in African-American communities, the Sec-

1 retary, acting through the Director of the Centers for Dis-
2 ease Control and Prevention, may make grants to faith-
3 based organizations for public health intervention and pre-
4 vention activities, including the use of rapid testing in tra-
5 ditional and nontraditional settings to increase the num-
6 ber of individuals who know their status at the point of
7 care and are put into treatment.

8 (b) PARTNERSHIPS.—In carrying out this section, the
9 Secretary shall encourage grantees to enter into partner-
10 ships with public health agencies.

11 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry
12 out this section, there are authorized to be appropriated
13 \$100,000,000 for fiscal year 2012, and such sums as may
14 be necessary for fiscal years 2013 through 2016.

15 **SEC. 122. HIV/AIDS PREVENTION AND EDUCATION.**

16 (a) PREVENTION ACTIVITIES.—The Secretary, acting
17 through the Director of the Centers for Disease Control
18 and Prevention, shall expand and intensify HIV/AIDS
19 prevention activities in African-American communities.
20 Such activities—

21 (1) shall be targeted to specific populations;

22 (2) shall be comprehensive and accurately based
23 on science and research; and

24 (3) shall include information on abstinence, the
25 proper use of condoms, risks associated with unpro-

1 tected sex, and the value of sexual delay particularly
2 among young adolescents and teenagers.

3 (b) EDUCATION.—The Secretary, acting through the
4 Director of the Centers for Disease Control and Preven-
5 tion, shall expand and intensify HIV/AIDS educational ac-
6 tivities targeting Black women, youth, and men who have
7 sex with men.

8 (c) COORDINATION.—The Secretary shall carry out
9 this section in coordination with public schools of all levels,
10 Black organizations, historically Black colleges and uni-
11 versities, and faith-based organizations and institutions.

12 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
13 out this section, there are authorized to be appropriated
14 \$90,000,000 for fiscal year 2012, and such sums as may
15 be necessary for fiscal years 2013 through 2016.

16 **SEC. 123. BUILDING CAPACITY OF COMMUNITIES.**

17 (a) IN GENERAL.—The Secretary, acting through the
18 Director of the Centers for Disease Control and Preven-
19 tion, shall expand funding to eligible entities to build the
20 capacity of African-American communities to respond to
21 HIV/AIDS.

22 (b) EMPHASIS.—In carrying out this section, the Sec-
23 retary shall emphasize the provision of funding for policy
24 development, education, technical assistance, and train-
25 ing—

1 (1) to national and local faith-based organiza-
2 tions; and

3 (2) to organizations with a significant history of
4 working within the African-American community on
5 HIV/AIDS issues, an interdenominational center of
6 seminaries specializing in the training of African-
7 American clergy, and historically Black colleges and
8 universities.

9 (c) DEFINITION.—In this section, the term “eligible
10 entity” means a national or community-based organization
11 with a history and tradition of service to African-American
12 communities.

13 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
14 out this section, there are authorized to be appropriated
15 \$25,000,000 for fiscal year 2012, and such sums as may
16 be necessary for fiscal years 2013 through 2016.

17 **SEC. 124. NATIONAL MEDIA OUTREACH CAMPAIGN.**

18 (a) IN GENERAL.—The Secretary, acting through the
19 Director of the Centers for Disease Control and Preven-
20 tion, shall implement a national media outreach campaign
21 that urges all sexually active individuals to be tested for
22 and know their HIV/AIDS status.

23 (b) REQUIREMENTS.—The national media outreach
24 campaign under this section shall—

1 (1) be science-driven and targeted to African-
2 American men, women, and youth; and

3 (2) give special emphasis to Black women and
4 men who have sex with men.

5 (c) COORDINATION; CONSULTATION.—The Secretary
6 shall carry out this section—

7 (1) in coordination with Black media outlets for
8 print, electronic, and Web-based media and Black
9 media associations, including the National Associa-
10 tion of Black Owned Broadcasters and the National
11 Newspaper Publishers Association; and

12 (2) in consultation with an advisory board in-
13 cluding representatives of the National Medical As-
14 sociation, faith leaders, elected and appointed offi-
15 cials, social marketing experts, and business and
16 community stakeholders.

17 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
18 out this section, there are authorized to be appropriated
19 \$10,000,000 for fiscal year 2012, and such sums as may
20 be necessary for fiscal years 2013 through 2016.

1 **Subtitle D—National Institutes of**
2 **Health**

3 **SEC. 131. RESEARCH TO DEVELOP BEHAVIORAL STRATE-**
4 **gies TO REDUCE TRANSMISSION OF HIV/**
5 **AIDS.**

6 (a) **IN GENERAL.**—The Secretary, acting through the
7 Director of the National Institutes of Health, may conduct
8 or support culturally competent research to develop evi-
9 dence-based behavioral strategies to reduce the trans-
10 mission of HIV/AIDS within the African-American com-
11 munity.

12 (b) **PRIORITY.**—In carrying out this section, the Sec-
13 retary shall prioritize research that focuses on populations
14 within the African-American community that are at in-
15 creased risk for HIV/AIDS, including—

16 (1) men who have sex with men; and

17 (2) women.

18 (c) **AUTHORIZATION OF APPROPRIATIONS.**—To carry
19 out this section, there are authorized to be appropriated
20 \$10,000,000 for fiscal year 2012, and such sums as may
21 be necessary for fiscal years 2013 through 2016.

1 **SEC. 132. STUDY OF BIOLOGICAL AND BEHAVIORAL FAC-**
2 **TORS.**

3 (a) IN GENERAL.—The Secretary, acting through the
4 Director of the National Center on Minority Health and
5 Health Disparities, may make grants for—

6 (1) the study of biological and behavioral fac-
7 tors that lead to increased HIV/AIDS prevalence in
8 the African-American community, to be conducted
9 by researchers with a history and tradition of service
10 to Black communities; and

11 (2) behavioral and structural network research
12 and interventions, in collaboration with other insti-
13 tutes and centers of the National Institutes of
14 Health, indigenous faith and national and commu-
15 nity-based organizations with a history and tradition
16 of conducting such research for Black communities,
17 with a special emphasis on Black women and Black
18 men who have sex with men.

19 (b) AUTHORIZATION OF APPROPRIATIONS.—To carry
20 out this section, there are authorized to be appropriated
21 \$100,000,000 for fiscal year 2012, and such sums as may
22 be necessary for fiscal years 2013 through 2016.

1 **Subtitle E—Health Resources and**
2 **Services Administration**

3 **SEC. 141. HEALTH CARE PROFESSIONALS TREATING INDI-**
4 **VIDUALS WITH HIV/AIDS.**

5 Part E of title VII of the Public Health Service Act
6 (42 U.S.C. 294n et seq.) is amended by adding at the end
7 the following:

8 **“Subpart 4—Health Care Professionals Treating**
9 **Individuals With HIV/AIDS**

10 **“SEC. 780. BETTER CARE FOR INDIVIDUALS WITH HIV/AIDS.**

11 “(a) IN GENERAL.—The Secretary, acting through
12 the Administrator of the Health Resources and Services
13 Administration and in consultation with the African-
14 American church community, may award grants for any
15 of the following:

16 “(1) Development of curricula for training pri-
17 mary care providers in HIV/AIDS prevention and
18 care.

19 “(2) Training health care professionals with ex-
20 pertise in HIV/AIDS to provide care to individuals
21 with HIV/AIDS.

22 “(3) Development by grant recipients under
23 title XXVI and other persons of policies for pro-
24 viding culturally relevant and sensitive treatment to
25 individuals with HIV/AIDS, with particular empha-

1 sis on treatment to African-Americans and children
2 with HIV/AIDS.

3 “(4) Development and implementation of pro-
4 grams to increase the use of telemedicine to respond
5 to HIV/AIDS-specific health care needs in rural and
6 minority communities, with particular emphasis
7 given to medically underserved communities and the
8 southern States.

9 “(5) Creation of faith- and community-based
10 certification programs for providers in HIV/AIDS
11 care and support services.

12 “(6) Establishment of comfort care centers that
13 provide mental, emotional, and psycho-social coun-
14 seling for people with HIV/AIDS and implement ad-
15 ditional protocols to be carried out in the centers
16 that address the needs of children and young adults
17 who are infected with the disease and are
18 transitioning from childhood to adulthood.

19 “(7) Incentive payments to health care pro-
20 viders supported by the Health Resources and Serv-
21 ices Administration to implement HIV/AIDS testing
22 consistent with the guidelines issued in 2006 by the
23 Centers for Disease Control and Prevention entitled
24 ‘Revised Recommendations for HIV Testing of

1 Adults, Adolescents, and Pregnant Women in
2 Health-Care Settings’.

3 “(b) DEFINITION.—In this section, the term ‘HIV/
4 AIDS’ has the meaning given to such term in section
5 2689.

6 “(c) AUTHORIZATION OF APPROPRIATIONS.—To
7 carry out this section, there are authorized to be appro-
8 priated \$100,000,000 for fiscal year 2012, and such sums
9 as may be necessary for fiscal years 2013 through 2016.”.

10 **Subtitle F—Miscellaneous**

11 **SEC. 151. REPORT ON IMPACT OF HIV/AIDS IN THE AFRI- 12 CAN-AMERICAN COMMUNITY.**

13 (a) IN GENERAL.—The Secretary shall submit to
14 Congress and the President an annual report on the im-
15 pact of HIV/AIDS in the African-American community.

16 (b) CONTENTS.—The report under subsection (a)
17 shall include information on the—

18 (1) progress that has been made in reducing
19 the impact of HIV/AIDS in such community;

20 (2) opportunities that exist to make additional
21 progress in reducing the impact of HIV/AIDS in
22 such community;

23 (3) challenges that may impede such additional
24 progress; and

1 (4) Federal funding necessary to achieve sub-
2 stantial reductions in HIV/AIDS in the African-
3 American community.

4 **SEC. 152. STUDY ON STATUS OF HIV/AIDS EPIDEMIC AMONG**
5 **AFRICAN-AMERICANS.**

6 (a) IN GENERAL.—The Secretary shall—

7 (1) seek to enter into an agreement with the In-
8 stitute of Medicine to document, in collaboration
9 with an academic organization which specializes in
10 the identification and reduction of health disparities
11 within the African-American community, all aspects
12 of the HIV/AIDS epidemic among African-Ameri-
13 cans, including the role that historical racial or eth-
14 nic barriers play in sustaining the epidemic among
15 African-Americans;

16 (2) submit a report to the President, the Direc-
17 tor of the Office of National AIDS Policy Coordina-
18 tion, the Director of the White House Domestic Pol-
19 icy Council, the Director of White House Office of
20 Faith-Based and Neighborhood Partnerships, key
21 Federal agencies, and the relevant committees of the
22 Congress on the status of the HIV/AIDS epidemic
23 among African-Americans in the United States; and

24 (3) include in such report—

1 (A) specific recommendations on the imple-
2 mentation of Federal policies to reduce the bur-
3 den of HIV/AIDS in the African-American com-
4 munity; and

5 (B) a special focus on the Black clergy and
6 the church as a unique resource in the African-
7 American community.

8 (b) AUTHORIZATION OF APPROPRIATIONS.—

9 (1) IN GENERAL.—To carry out this section,
10 there is authorized to be appropriated \$2,000,000
11 for each of fiscal years 2012 and 2013.

12 (2) SPECIAL RULE.—Of the amount of funds
13 appropriated to carry out this section for a fiscal
14 year—

15 (A) 45 percent shall be allocated to the In-
16 stitutes of Medicine pursuant to the agreement
17 entered into under subsection (a)(1);

18 (B) 45 percent shall be allocated to an
19 academic organization which specializes in the
20 identification and reduction of health disparities
21 within the African-American community pursu-
22 ant to such agreement; and

23 (C) 10 percent shall be allocated for ad-
24 ministrative costs and other activities under
25 this section.

1 **TITLE II—MISCELLANEOUS**

2 **SEC. 201. SENSE OF CONGRESS ON NATIONAL BLACK CLER-**
3 **GY HIV/AIDS AWARENESS SUNDAY.**

4 It is the sense of Congress that—

5 (1) there should be established a National
6 Black Clergy HIV/AIDS Awareness Sunday on
7 which the Congress and the President call on mem-
8 bers of the Black clergy—

9 (A) to become involved at the local commu-
10 nity level in HIV/AIDS testing, policy, and ad-
11 vocacy;

12 (B) to discuss the HIV/AIDS epidemic
13 with their congregations and the community at-
14 large; and

15 (C) to urge members of their congregations
16 to reduce risk factors, practice safe sex and
17 other preventive measures, be tested for HIV/
18 AIDS, and seek care when appropriate; and

19 (2) an appropriate Sunday should be selected
20 for this occasion.

1 **SEC. 202. SENSE OF CONGRESS ON FEDERAL AGENCIES**
2 **WITH RESPONSIBILITY FOR PREVENTING,**
3 **TESTING FOR, AND TREATING HIV/AIDS.**

4 It is the sense of Congress that all Federal agencies
5 with a responsibility for preventing, testing for, and treat-
6 ing HIV/AIDS should—

7 (1) adopt policies for prevention, testing, and
8 treatment that are consistent with the guidelines
9 issued in 2006 by the Centers for Disease Control
10 and Prevention, entitled “Revised Recommendations
11 for HIV Testing of Adults, Adolescents, and Preg-
12 nant Women in Health-Care Settings”; and

13 (2) begin a systemic, aggressive approach to im-
14 plementing voluntary, routine testing as part of all
15 health exams, including in emergency rooms, clinics,
16 and private physician offices.

17 **SEC. 203. SENSE OF CONGRESS ON FEDERAL BUREAU OF**
18 **PRISONS PROCEDURES FOR INMATES WITH**
19 **HIV.**

20 It is the sense of Congress that the Federal Bureau
21 of Prisons should implement procedures for—

22 (1) voluntary HIV testing as a routine compo-
23 nent of inmate care; and

24 (2) referral to care as a routine component of
25 release planning for inmates with HIV/AIDS, includ-

- 1 ing referral to community-based care and faith-based
- 2 institutions.

