

HOUSE No. 2908

The Commonwealth of Massachusetts

PRESENTED BY:

Carl M. Sciortino, Jr.

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying resolve:

Resolve An Act relative to the establishment of a commission to modernize HIV/AIDS Prevention and treatment.

PETITION OF:

| NAME: | DISTRICT/ADDRESS: | DATE ADDED: |
|-------------------------------|-----------------------|------------------|
| <i>Carl M. Sciortino, Jr.</i> | <i>34th Middlesex</i> | <i>1/21/2011</i> |
| <i>Ruth B. Balser</i> | <i>12th Middlesex</i> | <i>2/1/2011</i> |
| <i>Tom Sannicandro</i> | <i>7th Middlesex</i> | <i>2/3/2011</i> |
| <i>Timothy J. Toomey, Jr.</i> | <i>26th Middlesex</i> | <i>2/3/2011</i> |
| <i>Elizabeth A. Malia</i> | <i>11th Suffolk</i> | <i>2/3/2011</i> |
| <i>Denise Provost</i> | <i>27th Middlesex</i> | <i>2/3/2011</i> |
| <i>James B. Eldridge</i> | | <i>2/3/2011</i> |
| <i>Denise Andrews</i> | <i>2nd Franklin</i> | <i>2/4/2011</i> |
| <i>Kay Khan</i> | <i>11th Middlesex</i> | <i>2/4/2011</i> |

HOUSE No. 2908

By Mr. Sciortino of Medford, a petition (accompanied by resolve, House, No. 2908) of Carl M. Sciortino, Jr. and others for legislation to establish a commission to modernize HIV/AIDS prevention and treatment. Public Health.

The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

Resolve An Act relative to the establishment of a commission to modernize HIV/AIDS Prevention and treatment.

1 **Resolved**, Whereas HIV continues to affect the lives of thousands of Massachusetts
2 residents with approximately 655 new cases of HIV infection per year and 270 AIDS-related
3 deaths per year on average between 2006 and 2008, and with over 18,000 residents currently
4 living with HIV as of the end of 2009; and

5 Whereas the National HIV/AIDS Strategy Federal Implementation Plan released by the
6 Obama administration in July 2010 calls for “a more coordinated, vigorous national response to
7 the HIV epidemic” with the vision that “The United States will become a place where new HIV
8 infections are rare and when they do occur, every person, regardless of age, gender,
9 race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have
10 unfettered access to high quality, life-extending care, free from stigma and discrimination”; and

11 Whereas the National HIV/AIDS Strategy calls on state governments to partner in
12 implementing these goals and encourages them to “establish a lead entity to coordinate the
13 development and implementation of statewide HIV/AIDS plans and be accountable for reporting

regularly on progress made towards the goals of the National HIV/AIDS Strategy. To ensure effective collaboration in developing and implementing the statewide plans, the lead entity could be made up of representatives from State and local HIV/AIDS agencies, health departments, tribal governments, private advocacy groups, community-based organizations and people living with HIV;” and

Whereas the aids2031 Consortium calls for radical changes in targeting prevention and treatment and indicates, “increasing the durability of treatment programs and reducing the level of new infections to the point that the epidemic can eventually be eliminated requires development new and better AIDS-fighting tools and strategies.”

Whereas results of international trials released in autumn of 2010 of post- exposure prophylaxis and microbicidal gels demonstrate the efficacy of new tools to prevent transmission of HIV, but no state has yet determined the most efficacious and efficient way to implement the scientific results of these studies; and

Whereas rapid HIV testing, prevention efforts, and treatment options exist in the Commonwealth but are not yet available, affordable, or known by all at-risk individuals or communities as evidenced by continued disparities in HIV transmission and treatment; and

Whereas the Commonwealth has an ethical, societal, and fiscal responsibility to determine and implement the best strategies for implementing the latest research and available tools for the reduction of HIV transmission and increased treatment;

Now Therefore be Resolved,

SECTION 1. There shall be a special commission for the purpose of devising a statewide strategy to modernize HIV/AIDS prevention and treatment in the Commonwealth. The commission shall consist of 4 members appointed by the Department of Public Health, including the Commissioner of Public Health or a designee, the Director of the Bureau of Infectious Diseases or a designee, the Director of the Bureau of Substance Abuse or a designee, a representative of the Statewide Consumer Advisory Board, 8 members selected by the Governor which shall be chosen from individuals nominated by AIDS service organizations reflecting diverse geographies and populations served, including at least one expert in HIV epidemiology and one expert in HIV/AIDS clinical trials, the Director of Medicaid or a designee, 4 members of the senate, 1 of whom shall be a member of the minority party, and 4 members of the house of representatives, 1 of whom shall be a member of the minority party. The governor shall designate a member of the commission as chairperson. The commission shall be established within 90 days of passage of this act.

SECTION 2. The commission shall develop a comprehensive plan to address the goals of reducing the number of people who become infected with HIV, increasing access to care and optimizing health outcomes for people living with HIV, and reducing HIV-related health disparities in the Commonwealth, as called for by the National HIV/AIDS Strategy, including a consensus budget proposal, capable of being implemented over a 5 year period, with a focus as follows:-

(a) To ensure the collaboration of relevant agencies and organizations in the Commonwealth involved with prevention and treatment of HIV/AIDS

(b) To review of goals and recommendations of the National HIV/AIDS Strategy and the aids2031 Consortium and analyze how effective current programs, services, and policies of the Commonwealth are at meeting these goals

(c) To review results of recent research developments in both treatment and prevention, including pre- and post-exposure prophylaxis, microbicides, deployment of rapid testing, and determine the best way to utilize these new tools in prevention programs across the state

(d) To review research and data on disparities of race, sexual orientation, and gender identity in HIV transmission and treatment outcomes in the Commonwealth, including the Department of Public Health reports, "An Added Burden: The Impact of the HIV/AIDS Epidemic on Communities of Color in Massachusetts," and, "The Health of Lesbian, Gay, Bisexual, and Transgender Persons in Massachusetts," and to specifically address the needs of these populations in the comprehensive plan

(e) To analyze the possibility of research protocols or clinical trials to be carried out by the Department of Public Health in partnership with relevant community-based organizations and health providers to monitor the efficacy of statewide prevention and treatment models, including the active coordination of newer tools such as PEP, PREP, microbicides, and rapid testing

(f) To carry out an analysis of the financial and organizational feasibility of utilizing existing state resources for implementing a comprehensive plan to reduce HIV/AIDS

(g) To ensure that the state maximizes its ability to leverage outside resources from the federal, municipal, and private sources in the creation of coordinated, comprehensive initiatives to address HIV/AIDS prevention, treatment, and disparities

SECTION 3. The commission shall develop a public engagement plan. The commission should actively seek participation from stakeholder groups, organizations, individuals, and agencies, and shall hold at least two public hearings to help inform the development of the comprehensive plan and at least one public hearing following the release of a draft of the comprehensive plan prior to a final plan being submitted to designated officials.

SECTION 4. Funding for the operations of the commission shall be subject to appropriation. Any funding provided for the execution of this act shall not be made through any reduction of existing programs, and external sources of funding may be acquired.

SECTION 5. The commission shall present to the General Court its comprehensive HIV prevention plan to reduce transmission of HIV in the Commonwealth, including a timeline for implementation, cost estimates and finance mechanisms and its recommendations, if any, research protocols, proposals or grant applications, if any, together with drafts of legislation necessary to carry its recommendations into effect by filing them with the Clerk of the House of Representatives, who shall forward the same to the Joint Committee on Public Health, the Joint Committee on Health Care Finance, and the House and Senate Committees on Ways and Means on or before June 30, 2012. The commission's role shall be advisory in nature, and its recommendations, decisions, and actions shall not be binding on the executive branch or the legislative branch.