

**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:
<i>Carl M. Sciortino, Jr.</i>	<i>34th Middlesex</i>
<i>Ruth B. Balsler</i>	<i>12th Middlesex</i>
<i>Tom Sannicandro</i>	<i>7th Middlesex</i>
<i>Timothy J. Toomey, Jr.</i>	<i>26th Middlesex</i>
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>
<i>James B. Eldridge</i>	
<i>Denise Andrews</i>	<i>2nd Franklin</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>

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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.

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**The Commonwealth of Massachusetts**

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**In the Year Two Thousand Eleven**  
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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

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

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

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

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

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

33           Now Therefore be Resolved,

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

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

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

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

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

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

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

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

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

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

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

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