

113TH CONGRESS  
1ST SESSION

# H. R. 3117

To bring an end to the spread of HIV/AIDS in the United States and  
around the world.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 17, 2013

Ms. LEE of California introduced the following bill; which was referred to the Committee on Foreign Affairs, and in addition to the Committee on Ways and Means, 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 bring an end to the spread of HIV/AIDS in the United  
States and around the world.

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 “Ending the HIV/AIDS Epidemic Act of 2013”.

6 (b) **TABLE OF CONTENTS.**—The table of contents of  
7 this Act is as follows:

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

## TITLE I—GLOBAL HIV/AIDS-FREE GENERATION STRATEGY

Sec. 101. Global HIV/AIDS-Free Generation Strategy.

## TITLE II—USING FUNDS STRATEGICALLY TO MAXIMIZE RESULTS

Sec. 201. Support for operations research to improve program delivery, efficiency, impact, and effectiveness.

Sec. 202. Increasing coordination and integration of HIV/AIDS programs with development programs.

Sec. 203. Increasing program effectiveness and sustainability to achieve successful country ownership.

## TITLE III—ADDRESSING LEGAL AND POLICY BARRIERS TO ACCESSING HEALTH CARE

## Subtitle A—General Provisions

Sec. 301. Support for laws and regulations that improve health outcomes and promote human rights.

Sec. 302. Intensifying efforts to establish effective programs for engaging key affected populations.

Sec. 303. Ensuring United States trade policy does not restrict access to affordable medicines.

## Subtitle B—Repeal of Certain Provisions of Public Law 108–25

Sec. 311. Repeal of “conscience clause” requirement for eligibility for assistance.

Sec. 312. Repeal of limitation on use of funds for assistance for sex workers.

Sec. 313. Repeal of reporting requirement on activities promoting abstinence and related activities.

Sec. 314. Effective date.

## TITLE IV—DEFINITIONS

Sec. 401. Definitions.

**1 SEC. 2. STATEMENT OF POLICY.**

2 It is the policy of the United States to achieve an  
3 AIDS-free generation, and to—

4 (1) expand access to lifesaving antiretroviral  
5 therapy for people living with HIV/AIDS and imme-  
6 diately link people to continuous and coordinated  
7 high-quality care when they learn they are infected  
8 with HIV;

1           (2) expand targeted efforts to prevent HIV in-  
2           fection using a combination of effective, evidence-  
3           based approaches, including the elimination of new  
4           pediatric HIV infections worldwide, routine HIV  
5           screening, and universal access to HIV prevention  
6           tools in the communities where HIV/AIDS is most  
7           heavily concentrated;

8           (3) ensure laws, policies, and regulations do not  
9           impede access to prevention, treatment, and care for  
10          people living with HIV/AIDS or at risk for acquiring  
11          HIV;

12          (4) accelerate research for more efficacious HIV  
13          prevention and treatments tools, a cure, and a vac-  
14          cine; and

15          (5) respect the human rights and dignity of  
16          persons living with HIV/AIDS.

17 **SEC. 3. FINDINGS.**

18          The Congress makes the following findings:

19               (1) An estimated 34,000,000 people around the  
20               world were living with HIV at the end of 2010, up  
21               from 8,000,000 in 1990.

22               (2) Developing countries continue to bear the  
23               brunt of the HIV/AIDS epidemic, with sub-Saharan  
24               Africa accounting for 68 percent of all adults and

1 children living with HIV/AIDS, 59 percent of whom  
2 are female.

3 (3) Despite global efforts, 1,000 children  
4 around the world still contract HIV each day, the  
5 majority through mother-to-child transmission of  
6 HIV.

7 (4) HIV prevalence among young people aged  
8 15 to 24 has declined in many countries most im-  
9 pacted by HIV; nevertheless, young people still ac-  
10 count for 42 percent of all new infections among in-  
11 dividuals aged 15 and older.

12 (5) A substantial number of HIV-positive  
13 women in HIV care and treatment programs or pre-  
14 vention of mother-to-child transmission (PMTCT)  
15 programs experience an unplanned pregnancy.

16 (6) Making contraceptive services more widely  
17 available through HIV care, treatment, and PMTCT  
18 programs would make it easier for women to coordi-  
19 nate their HIV-related care with their pregnancy  
20 prevention goals, and at the same time, help prevent  
21 mother-to-child HIV transmission.

22 (7) In 2008, the Tom Lantos and Henry J.  
23 Hyde United States Global Leadership Against HIV/  
24 AIDS, Tuberculosis, and Malaria Reauthorization  
25 Act was enacted into law, reauthorizing the Presi-

1       dent’s Emergency Plan for AIDS Relief (PEPFAR)  
2       and continued United States participation and con-  
3       tributions to the Global Fund to Fight AIDS, Tu-  
4       berculosis and Malaria.

5               (8) The United States President’s Emergency  
6       Plan for AIDS Relief (PEPFAR), which represents  
7       the largest commitment by any nation to combat a  
8       single disease, has saved the lives of millions of peo-  
9       ple around the world by establishing and expanding  
10      the infrastructure necessary to deliver prevention,  
11      care, and treatment services in low-resource settings.

12              (9) Early detection and treatment of HIV can  
13      have significant positive health effects. New research  
14      demonstrates conclusively that treatment of individ-  
15      uals not only slows disease progression, but can also  
16      reduce the risk of transmission to other individuals  
17      by 96 percent.

18              (10) In most countries HIV is a disease that  
19      discriminates, disproportionately affecting society’s  
20      most vulnerable. Even in generalized epidemics in  
21      which a significant share of the wider population is  
22      living with HIV/AIDS, people in vulnerable commu-  
23      nities often have considerably higher rates of HIV  
24      infection.

1           (11) Reaching men who have sex with men,  
2           transgender people, people who inject drugs, sex  
3           workers, and other vulnerable populations with effective  
4           HIV prevention and treatment is critical to  
5           bringing the AIDS epidemic under control.

6           (12) In February 2013, the Institute of Medicine  
7           releases a report evaluating PEPFAR and  
8           found that PEPFAR, which has provided care and  
9           treatment for more than 5 million people, has been  
10          “globally transformative”, a “lifeline” that is “re-  
11          storing hope”.

12       **TITLE I—GLOBAL HIV/AIDS-FREE**  
13       **GENERATION STRATEGY**

14       **SEC. 101. GLOBAL HIV/AIDS-FREE GENERATION STRATEGY.**

15          (a) STRATEGY.—The President, acting through the  
16          Coordinator of United States Government Activities to  
17          Combat HIV/AIDS Globally, shall establish a comprehensive,  
18          integrated, 5-year strategy to expand and improve  
19          efforts to combat global HIV/AIDS, while promoting efficiency  
20          and maximizing results. The strategy shall be referred  
21          to as the “Global HIV/AIDS-Free Generation  
22          Strategy”.

23          (b) CONTENTS.—The strategy shall—

24                  (1) accelerate progress toward achieving the  
25                  United States goal of an AIDS-free generation;

1           (2) establish a limited number of measurable  
2 targets to accelerate reductions in HIV incidence  
3 and HIV/AIDS-related morbidity and mortality;

4           (3) strengthen existing and future compacts  
5 and framework agreements authorized under section  
6 104A(d)(8) of the Foreign Assistance Act of 1961  
7 (22 U.S.C. 2151b–2(d)(8));

8           (4) strengthen engagement with diplomatic ef-  
9 forts at all levels of government to—

10           (A) continue to identify and promote link-  
11 ages between efforts to combat HIV/AIDS and  
12 other health development issues and human  
13 rights issues;

14           (B) encourage and assist national govern-  
15 ments to pursue policies and legal frameworks  
16 that facilitate and enable effective responses to  
17 HIV prevention, care, and treatment services;  
18 and

19           (C) increase financial accountability; and

20           (5) provide a plan to—

21           (A) support early diagnosis and initiation  
22 of HIV treatment to achieve accelerated reduc-  
23 tions of incidence and morbidity;

24           (B) eliminate vertical transmission of HIV  
25 from mother to child and support early diag-

1           nosis and initiation of HIV treatment in infants  
2           and children;

3           (C) intensify efforts to expand access to  
4           voluntarily medical male circumcision, male and  
5           female condoms and other proven-effective HIV  
6           prevention interventions, in combination with  
7           other evidence-based modalities and structural  
8           interventions;

9           (D) reduce the risk of HIV infection and  
10          address the HIV-related needs of sex workers,  
11          men who have sex with men, transgender peo-  
12          ple, and people who inject drugs;

13          (E) increase gender equity in HIV/AIDS  
14          programs and services, including access to vol-  
15          untary family planning and reproductive health  
16          services and reducing violence and coercion;

17          (F) expand partnership with implementers,  
18          researchers, and academic organizations to im-  
19          prove the science that guides the global re-  
20          sponse to HIV/AIDS;

21          (G) provide capacity development support  
22          to increase meaningful engagement of civil soci-  
23          ety, especially local indigenous organizations,  
24          that work in the areas of human rights, wom-  
25          en's and young people's health and rights, and



1 gay, lesbian, bisexual, and transgender rights,  
2 in the development, implementation, moni-  
3 toring, and evaluation of United States-funded  
4 programs;

5 (H) advance the efforts of developing coun-  
6 tries to develop health systems capable of man-  
7 aging their epidemics, respond to broader  
8 health needs impacting affected communities,  
9 and address new and emerging health concerns;  
10 and

11 (I) defend, protect, and fulfill the human  
12 rights of people living with HIV and those most  
13 at risk of HIV infection.

14 (c) CONSULTATION.—In developing the strategy, the  
15 President, acting through the Coordinator of United  
16 States Government Activities to Combat HIV/AIDS Glob-  
17 ally, shall consult with—

18 (1) each executive branch agency administering  
19 United States foreign assistance related to—

20 (A) improving global health;

21 (B) strengthening financial management  
22 systems; and

23 (C) monitoring and promoting human  
24 rights and democracy;

1           (2) personnel at United States embassies and  
2 country missions involved in the administration of  
3 the types of United States foreign assistance de-  
4 scribed in paragraph (1);

5           (3) the appropriate congressional committees  
6 with jurisdiction over the agencies described in para-  
7 graph (1);

8           (4) civil society and nongovernmental organiza-  
9 tions engaged in improving health care and health  
10 outcomes in developing countries, including indige-  
11 nous community and faith-based organizations;

12           (5) international organizations engaged in im-  
13 proving health care and health outcomes in devel-  
14 oping countries and of which the United States is a  
15 voting member, with which the United States coordi-  
16 nates the delivery of foreign assistance, or to which  
17 the United States contributes funding for the pur-  
18 pose of providing such assistance;

19           (6) academic organizations, private foundations,  
20 businesses, and other organizations engaged in im-  
21 proving health care and health outcomes in devel-  
22 oping countries and not receiving United States  
23 funding for such purposes;

1 (7) other donor nations engaged in improving  
2 health care and health outcomes in developing coun-  
3 tries;

4 (8) countries receiving health-related United  
5 States foreign assistance;

6 (9) any other global, regional, or subregional  
7 organizations or partnerships engaged in improving  
8 health care and health outcomes in developing coun-  
9 tries; and

10 (10) small, disadvantaged, and women-owned  
11 businesses and United States minority-serving insti-  
12 tutions, specifically historically Black colleges and  
13 universities.

14 (d) REPORT.—Not later than 1 year after the date  
15 of the enactment of this Act, the President shall submit  
16 to Congress a report that sets forth the strategy described  
17 in this section.

18 **TITLE II—USING FUNDS STRATE-**  
19 **GICALLY TO MAXIMIZE RE-**  
20 **SULTS**

21 **SEC. 201. SUPPORT FOR OPERATIONS RESEARCH TO IM-**  
22 **PROVE PROGRAM DELIVERY, EFFICIENCY,**  
23 **IMPACT, AND EFFECTIVENESS.**

24 (a) SENSE OF CONGRESS.—It is the sense of the Con-  
25 gress that there is a need and urgency to expand the range

1 of interventions for preventing the transmission of HIV,  
2 including behavioral prevention research, operations re-  
3 search to optimize combination HIV prevention, and re-  
4 search on medical technology to prevent HIV infection, in-  
5 cluding microbicides, cost-effective female condoms, Pre-  
6 Exposure Prophylaxis (PrEP), multipurpose technologies  
7 for the prevention of HIV and unintended pregnancy, and  
8 vaccines.

9 (b) STATEMENT OF POLICY.—It should be the policy  
10 of the United States to ensure that efforts to combat HIV/  
11 AIDS globally should expand, intensify, and coordinate  
12 operations research to improve the quality, delivery, and  
13 impact of programming, including with respect to—

14 (1) services appropriate for men who have sex  
15 with men, transgender people, people who inject  
16 drugs, and sex workers;

17 (2) structural interventions to remove barriers  
18 that inhibit effective implementation of HIV/AIDS-  
19 related foreign assistance, including the analysis of  
20 laws and policies that have a negative health impact  
21 and put individuals at increased risk of HIV infec-  
22 tion;

23 (3) scalable combination of prevention and  
24 treatment approaches to HIV/AIDS;

1           (4) prevention and management of co-  
2 morbidities such as tuberculosis, malaria, and viral  
3 hepatitis; and

4           (5) identification and follow up of HIV-positive  
5 infants and children in resource-limited settings to  
6 increase the proportion of children accessing HIV  
7 treatment and care services.

8 **SEC. 202. INCREASING COORDINATION AND INTEGRATION**  
9                           **OF HIV/AIDS PROGRAMS WITH DEVELOP-**  
10                           **MENT PROGRAMS.**

11           (a) STATEMENT OF POLICY.—It should be the policy  
12 of the United States to ensure that efforts to combat HIV/  
13 AIDS globally should maximize efficiencies and the inte-  
14 gration of services and programs to achieve reduction in  
15 HIV transmission rates and the burden of HIV-related  
16 morbidity and mortality, by means that include—

17           (1) ensuring that women and adolescent girls  
18 with HIV or who are at risk of HIV infection and  
19 who do not wish to become pregnant have access to  
20 voluntary contraceptive services, including a range of  
21 contraceptive options, and voluntary counseling to  
22 plan families, either directly or through meaningful  
23 referrals to existing United States Agency for Inter-  
24 national Development or local family planning pro-

1       grams that provide counseling and a range of con-  
2       traceptive options;

3               (2) integrating tuberculosis interventions with  
4       HIV services, including case-finding and tuberculosis  
5       treatment, expanding tuberculosis preventive ther-  
6       apy, and reducing other opportunistic infections that  
7       accompany HIV/AIDS;

8               (3) ensuring young people with HIV are pro-  
9       vided with confidential and affordable access to  
10      youth-friendly comprehensive sexual and reproduc-  
11      tive health services and supplies, including male and  
12      female condoms for the prevention of pregnancy and  
13      sexually transmitted diseases, as relevant; and

14              (4) working to promote and protect the human  
15      rights of people living with HIV, including men who  
16      have sex with men, transgender people, people who  
17      inject drugs, sex workers, and other vulnerable popu-  
18      lations, including indigenous people, migrants, inter-  
19      nally displaced people, young people, incarcerated  
20      populations, and people with disabilities.

21      (b) REPORT.—Not later than 180 days after the date  
22      of the enactment of this Act, the Secretary of State shall  
23      submit to the appropriate congressional committees a re-  
24      port describing the utilization of efficiencies in the delivery  
25      of HIV/AIDS treatment services within and between

1 United States-funded bilateral and multilateral programs  
2 and partner countries, including to the extent that such  
3 gains in efficiencies are being exhausted.

4 **SEC. 203. INCREASING PROGRAM EFFECTIVENESS AND**  
5 **SUSTAINABILITY TO ACHIEVE SUCCESSFUL**  
6 **COUNTRY OWNERSHIP.**

7 (a) STATEMENT OF POLICY.—It should be the policy  
8 of the United States to ensure that efforts to combat HIV/  
9 AIDS globally should help developing countries signifi-  
10 cantly decrease the burden of HIV, strengthen and im-  
11 prove their health systems, help build country ownership,  
12 and increase financial accountability to ensure sustain-  
13 ability and equitable access to health services, including  
14 by—

15 (1) assisting developing countries create,  
16 strengthen, and implement their own evidence-based  
17 national HIV/AIDS strategies, by means that in-  
18 clude—

19 (A) supporting early diagnosis and initi-  
20 ation of HIV and tuberculosis treatment to  
21 achieve accelerated reductions of incidence and  
22 morbidity;

23 (B) eliminating the vertical transmission of  
24 HIV from mother to child and supporting early

1 diagnosis and initiation of HIV treatment in in-  
2 fants and children;

3 (C) intensifying efforts to expand access to  
4 voluntary medical male circumcision, male and  
5 female condoms, harm reduction services, and  
6 other proven-effective HIV prevention interven-  
7 tions, in combination with other evidence-based  
8 modalities, including structural interventions;

9 (D) intensifying efforts to eliminate HIV  
10 infections among populations that are often at  
11 greatest risk, including sex workers, men who  
12 have sex with men, transgender individuals, and  
13 people who inject drugs, and addressing the  
14 HIV-related needs, including access to ART, of  
15 those already infected;

16 (E) ensuring young people are provided  
17 with comprehensive knowledge, skill-building  
18 programs, in and out of school, to make in-  
19 formed and responsible decisions for their sex-  
20 ual health, and are provided with confidential  
21 and affordable access to youth-friendly com-  
22 prehensive sexual and reproductive health serv-  
23 ices and supplies, including male and female  
24 condoms;



1 (F) ensuring women with HIV or who are  
2 at risk of HIV infection and who do not wish  
3 to become pregnant have access to voluntary  
4 contraceptive services and commodities, and  
5 women who desire pregnancy have access to  
6 family planning counseling and maternal health  
7 services free of judgment and discrimination;  
8 and

9 (G) encouraging policy changes to elimi-  
10 nate discriminatory and stigmatizing policies  
11 that stand in the way of access to health serv-  
12 ices by marginalized and poor populations in-  
13 cluding punitive laws against HIV exposure and  
14 potential transmission, sex work, same-sex be-  
15 havior, drug use, and gender expression;

16 (2) supporting meaningful community involve-  
17 ment and participation, inclusive of poor, vulnerable,  
18 or marginalized populations and their representative  
19 indigenous and civil society organizations, in deci-  
20 sionmaking related to national HIV/AIDS strategies  
21 and the delivery of health services, including in deci-  
22 sions related to the adoption of health policies and  
23 the total amount and distribution of health funding;

24 (3) assisting countries to coordinate, regulate,  
25 and harmonize the delivery of health services pro-

1 vided by the United States and nongovernmental or-  
2 ganizations, including community and faith-based  
3 organizations, private foundations, international or-  
4 ganizations, and other donors, and to coordinate or  
5 integrate such services with the health system to the  
6 maximum extent practicable;

7 (4) using, to the maximum extent practicable,  
8 local and regional entities for the provision of tech-  
9 nical assistance, and where the capacity of such enti-  
10 ties is insufficient, supporting capacity building to  
11 enable such entities to provide such assistance;

12 (5) strengthening procurement and supply  
13 chain logistics to help prevent drug and commodity  
14 stock outs, including male and female condom short-  
15 ages, and to help ensure the eventual provision of  
16 microbicides for HIV prevention; and

17 (6) providing technical assistance and support  
18 to national ministries of health, or their equivalents,  
19 and other relevant ministries in overseeing the  
20 health systems of their countries and monitoring and  
21 evaluating the effectiveness of such systems in re-  
22 ducing mortality and improving health outcomes, in-  
23 cluding preparing for the provision of HIV/AIDS,  
24 voluntary family planning, non-communicable dis-

1 eases, and reproductive health services in emergency  
2 situations.

3 (b) REPORT.—Not later than 180 days after the date  
4 of the enactment of this Act, the Secretary of State shall  
5 submit to the appropriate congressional committees a re-  
6 port identifying benchmarks that are directly relevant to  
7 significantly decreasing the burden of the epidemic in each  
8 country receiving HIV-related foreign assistance and pro-  
9 vide context for helping countries and civil society to build  
10 country ownership.

11 **TITLE III—ADDRESSING LEGAL**  
12 **AND POLICY BARRIERS TO**  
13 **ACCESSING HEALTH CARE**  
14 **Subtitle A—General Provisions**

15 **SEC. 301. SUPPORT FOR LAWS AND REGULATIONS THAT IM-**  
16 **PROVE HEALTH OUTCOMES AND PROMOTE**  
17 **HUMAN RIGHTS.**

18 It should be the policy of the United States to ensure  
19 that United States foreign assistance should encourage  
20 and assist national governments of developing countries  
21 to pursue policies and legal frameworks that improve  
22 health outcomes, including policies and legal frameworks  
23 that—

1           (1) are medically accurate and evidence-based  
2           and adhere to the latest global public health stand-  
3           ards for prevention, treatment, and care;

4           (2) promote and improve the status of women  
5           and youth, ensuring their ability to access and use  
6           health services without fear or risk of gender-based  
7           violence, reprisal, discrimination, stigmatization, ar-  
8           rest, or other mistreatment;

9           (3) work to remove criminalization of, stig-  
10          matization of, and discrimination against poor, vul-  
11          nerable, or marginalized populations and enact laws  
12          and policies to promote and protect the rights of  
13          such populations;

14          (4) avoid, to the maximum extent possible, reli-  
15          ance on criminal laws and sanctions to address  
16          health issues;

17          (5) incorporate relevant policy guidance that  
18          addresses structural barriers to accessing health  
19          care; and

20          (6) prioritize the creation of a legal, political,  
21          and social environment that enables access to health  
22          services by all members of the population.

1 **SEC. 302. INTENSIFYING EFFORTS TO ESTABLISH EFFEC-**  
2 **TIVE PROGRAMS FOR ENGAGING KEY AF-**  
3 **FECTED POPULATIONS.**

4 It should be the policy of the United States to ensure  
5 that efforts to combat HIV/AIDS globally should intensify  
6 efforts to establish effective programs for engaging men  
7 who have sex with men, transgender people, people who  
8 inject drugs, and sex workers in HIV prevention, care, and  
9 treatment initiatives, by means that include—

10 (1) ensuring those eligible for treatment receive  
11 antiretroviral treatment;

12 (2) providing sterile syringes, education, and  
13 outreach and treatment for drug dependence for in-  
14 jecting drug users through a comprehensive package  
15 of services;

16 (3) providing sexual health services, male and  
17 female condoms, and other HIV prevention services  
18 to sex workers, their clients, and partners; and

19 (4) defending human rights and inherent dig-  
20 nity by addressing laws and practices that prevent  
21 people from accessing services and providing legal  
22 and social services to individuals and communities to  
23 facilitate access to services and to reduce violence,  
24 stigma, and discrimination.

1 **SEC. 303. ENSURING UNITED STATES TRADE POLICY DOES**  
2 **NOT RESTRICT ACCESS TO AFFORDABLE**  
3 **MEDICINES.**

4 In administering title III of the Trade Act of 1974  
5 (19 U.S.C. 2411 et seq.), the United States Government  
6 shall not seek, through negotiation or otherwise, the rev-  
7 ocation or revision of any intellectual property law or pol-  
8 icy of a low- or middle-income country that regulates HIV  
9 and opportunistic infection pharmaceuticals or medical  
10 technologies if the law or policy of the country—

11 (1) promotes access to affordable HIV and op-  
12 portunistic infection pharmaceuticals or medical  
13 technologies for affected populations in that country;  
14 and

15 (2) provides intellectual property protection  
16 consistent with the Agreement on Trade-Related As-  
17 pects of Intellectual Property Rights referred to in  
18 section 101(d)(15) of the Uruguay Round Agree-  
19 ments Act (19 U.S.C. 3511(d)(15)).

20 **Subtitle B—Repeal of Certain**  
21 **Provisions of Public Law 108–25**

22 **SEC. 311. REPEAL OF “CONSCIENCE CLAUSE” REQUIRE-**  
23 **MENT FOR ELIGIBILITY FOR ASSISTANCE.**

24 Section 301 of the United States Leadership Against  
25 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22  
26 U.S.C. 7631) is amended by striking subsection (d).

1 **SEC. 312. REPEAL OF LIMITATION ON USE OF FUNDS FOR**  
2 **ASSISTANCE FOR SEX WORKERS.**

3 Section 301 of the United States Leadership Against  
4 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22  
5 U.S.C. 7631), as amended by section 311 of this Act, is  
6 further amended by striking subsections (e) and (f).

7 **SEC. 313. REPEAL OF REPORTING REQUIREMENT ON AC-**  
8 **TIVITIES PROMOTING ABSTINENCE AND RE-**  
9 **LATED ACTIVITIES.**

10 Section 403(a)(2) of the United States Leadership  
11 Against HIV/AIDS, Tuberculosis, and Malaria Act of  
12 2003 (22 U.S.C. 7673(a)(2)) is amended—

13 (1) by striking “(2) PREVENTION STRATEGY.—  
14 ” and all that follows through “In carrying out para-  
15 graph (1)” and inserting “(2) PREVENTION STRAT-  
16 EGY.—In carrying out paragraph (1)”;

17 (2) by striking subparagraph (B).

18 **SEC. 314. EFFECTIVE DATE.**

19 This subtitle and the amendments made by this sub-  
20 title—

21 (1) take effect on the date of the enactment of  
22 this Act; and

23 (2) apply with respect to funds made available  
24 to carry out the United States Leadership Against  
25 HIV/AIDS, Tuberculosis, and Malaria Act of 2003

1 or any amendment made by that Act on or after  
2 such date of enactment.

### 3 **TITLE IV—DEFINITIONS**

#### 4 **SEC. 401. DEFINITIONS.**

5 In this Act:

6 (1) **APPROPRIATE CONGRESSIONAL COMMIT-**  
7 **TEES.**—The term “appropriate congressional com-  
8 mittees” means—

9 (A) the Committee on Foreign Affairs and  
10 the Committee on Appropriations of the House  
11 of Representatives; and

12 (B) the Committee on Foreign Relations  
13 and the Committee on Appropriations of the  
14 Senate.

15 (2) **AIDS.**—The term “AIDS” means the ac-  
16 quired immune deficiency syndrome.

17 (3) **HIV.**—The term “HIV” means the human  
18 immunodeficiency virus, the pathogen that causes  
19 AIDS.

20 (4) **HIV/AIDS.**—The term “HIV/AIDS”  
21 means, with respect to an individual, an individual  
22 who is infected with HIV or living with AIDS.

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