

HOUSE No. 02908

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 passage of the accompanying 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>Middlesex and Worcester</i>
<i>Denise Andrews</i>	<i>2nd Franklin</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>

HOUSE No. 02908

By Mr. Sciortino of Medford, a petition (accompanied by resolve, House, No. 2908) of Khan and others for legislation to establish a commission to

- modernize HIV/AIDS prevention and treatment
- Joint Committee on 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**
-

Resolved,

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

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

11 Whereas the National HIV/AIDS Strategy calls on state governments to partner in implementing
12 these goals and encourages them to “establish a lead entity to coordinate the development and

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

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

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

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

30 Whereas the Commonwealth has an ethical, societal, and fiscal responsibility to determine and
31 implement the best strategies for implementing the latest research and available tools for the
32 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 on 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 of
48 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 Commonwealth
54 involved with prevention and treatment of HIV/AIDS

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

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

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

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

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

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

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

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

84

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