

The National Minority AIDS Council's Legislative Agenda for the 113th Congress

The November 2012 election yielded a decisive victory for Senate Democrats. House Democrats, while entering the 113th Congress with a handful more seats than the previous term, will not shore up control of the chamber from Republicans. The continued control of the House and the Senate by opposing parties presents considerable challenge. The potential for repeated gridlock comes at a time when the legislative priorities of the HIV/AIDS community include reauthorization of the Ryan White Program in 2013, the reemergence of comprehensive immigration reform as a Congressional priority after the historic participation of minority and immigrant communities in the 2012 election, and the Violence Against Women Act remains unacted upon since its 2012 reauthorization.

National Minority AIDS Council (NMAC) remains committed to a broad range of legislative issues that affect the quality of life for people living with HIV/AIDS (PLWHA) in America, as well as individuals at elevated risk for HIV infection due to race, ethnicity, sexual orientation, gender, geography, socioeconomic standing, age, and citizenship status. NMAC is similarly committed to advocating for robust funding to relevant government agencies with programs that serve the diverse prevention, care, treatment, research, and service related priorities of PLWHA and those at heightened vulnerability to new HIV infection. NMAC will work to ensure that the resilience of minority communities is acknowledged, protected, and supported in federal legislation.

NMAC is redoubling its commitment to addressing and mitigating structural contributors, and socioeconomic determinants, to health. To this end, NMAC is prioritizing the enactment of new legislation, as well as appropriations to existing federal programs, that remedy barriers to care disproportionately affecting minority individuals disadvantaged in their ability to access quality health care. NMAC's legislative strategy prioritizes federal efforts to improve the ability of minority PLWHA to access competent care, treatment, and support services, while encouraging research for HIV/AIDS and co-morbidities that disproportionately impact minority individuals.

During the 113th Congress, NMAC's Legislative and Public Affairs Division will focus its federal legislative advocacy and community engagement efforts in the areas of:

APPROPRIATIONS FOR HIV/AIDS PROGRAMS

NMAC's highest policy priority is to ensure robust funding for the wide array of discretionary HIV/AIDS prevention, care, treatment, and research programs authorized and funded by the federal government. NMAC will continue to advocate for adequate resources to support comprehensive community-based efforts focused on those most disproportionately burdened by HIV, as well as the organizations that serve them. NMAC will maintain leadership and

2013 Legislative Priorities

Appropriations

- Ryan White Comprehensive AIDS Resources Emergency (CARE) Act
- Housing for People Living with HIV/AIDS (HOPWA) Program
- Minority AIDS Initiative (MAI)
- Remove the Ban on the Use of Federal Funds for Syringe Services Programs (SSPs)

Legislation

- Repeal Existing Policies that Encourage and Allow Legal HIV Discrimination (REPEAL) Act
- The Comprehensive Immigration Reform (CIR) Act
- Employment Non-Disclosure Act (ENDA)
- Health Equity and Accountability Act (HEAA)
- Violence Against Women Act (VAWA)
- The Housing Opportunities Made Equal (HOME) Act
- Student Non-Discrimination Act (SNDA)
- Respect for Marriage Act (RMA)
- HIV-positive Organ Donation

sustained involvement with both regular coalition and individual advocacy work throughout the yearly budget and appropriations process, including constituent input and strategic participation. NMAC will leverage relationships with both federal agencies and members of Congress to ensure that resources are available to adequately address the community's needs. Key priority programs include:

Ryan White Comprehensive AIDS Resources Emergency (CARE) Act

The Ryan White CARE Act is subject to reauthorization on October 30, 2013. Ryan White programs provide last resort access to healthcare, treatment, and lifesaving completion services to more than half a million uninsured and underinsured PLWHA in America. Ryan White serves the disparate need of qualifying geographic regions, all U.S. states and territories, special populations, and primary or supportive care providers with expertise in meeting the needs of PLWHA.

While the Ryan White HIV/AIDS Treatment Extension Act of 2009 is set to expire this fall, the law did not include a sunset clause. In turn, the Ryan White program can continue without the accompaniment of a formal reauthorization process. Like many other discretionary programs, the current Ryan White program can receive ongoing resource allocation through the annual appropriations process. Whether through a formal reauthorization process, or simply through the annual appropriations process, NMAC will work with constituents, community, PLWHA, and all impacted stakeholders to achieve a robust continuation of the program as full implementation of the Affordable Care Act is enacted through 2014.

Housing for People Living with HIV/AIDS (HOPWA) Program

Since 1992, the Housing Opportunities for Persons with AIDS program (HOPWA) has been a critical source of housing assistance and related supportive services to acquire,



rehabilitate, and construct housing units; support facility operations; provide rental assistance; and offer short-term payments to prevent homelessness. HOPWA funds also may be used for health care and mental health services, chemical dependency treatment, nutritional services, case management, and assistance with daily living. The need

for housing support for PLWHA continues to grow as the economy remains weak and other available federal housing programs have consequently become strained.

NMAC is redoubling its commitment to addressing and mitigating the structural contributors, and socioeconomic determinants, to health. Access to stable housing is an essential element to reducing vulnerability to HIV, as well as successfully managing the disease to achieve improved health outcomes such as a suppressed viral load. NMAC will work with the 113th Congress to urge the continued support of HOPWA, including efforts to modernize the legislation to employ a formula that accounts for HIV/AIDS case reporting as a basis for grants, add a housing cost factor through Fair Market Rents, add a Poverty factor based on area, and offer a new Medium Term housing program to provide rental assistance, relocation, and stabilization services to homeless or at-risk individuals or families.

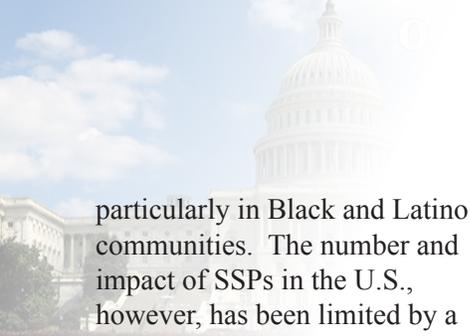
Minority AIDS Initiative (MAI)

The Minority AIDS Initiative was created in response to growing concern about the impact of HIV/AIDS on racial and ethnic minorities in the United States. It provides new funding designed to strengthen organizational capacity and expand HIV-related services in minority communities. The MAI's principal goals are to improve HIV-related health outcomes for racial and ethnic minority communities disproportionately affected by HIV/AIDS and reduce HIV-related health disparities. Central to these goals is the MAI's focus on efforts to strengthen the organizational capacity of community-based providers, in particular minority providers; improve the quality of HIV services; expand the pool of HIV service providers; and enhance the ability of minority service providers to compete for other HIV/AIDS funding in the future. The MAI takes a multi-pronged approach that focuses on prevention, care, treatment and research.

NMAC will work with the 113th Congress to ensure adequate funding is allocated to the MAI's distinct programs targeting racial and ethnic minorities, including the highest risk and hardest to serve populations.

Remove the Ban on the Use of Federal Funds for Syringe Services Programs (SSPs)

Syringe Services Programs (SSPs) have been proven effective and cost-efficient interventions that prevent the spread of HIV and hepatitis infections among drug users,



particularly in Black and Latino communities. The number and impact of SSPs in the U.S., however, has been limited by a Congressional ban on the use of federal funds to support SSPs. In December 2009, the Consolidated Appropriation Act lifted a two-decade ban, formalizing the federal government's recognition of the role of SSPs in community-based disease prevention. Historically, SSPs have consistently reported limited government funding as a barrier to operation. Despite this fact, the federal funding ban was reinstated by Congress in December 2011.



NMAC is committed to working with the 113th Congress to once again lift restrictions on the use of federal funds for SSPs in state and local governments permitting such operations.

LEGISLATIVE PRIORITIES

NMAC will also focus on a number of specific bills that address many of the social determinants and inequities that drive the HIV/AIDS epidemic among minority populations as well as perpetuate poorer health outcomes for those living with HIV and AIDS.

Highest Priority

Repeal Existing Policies that Encourage and Allow Legal HIV Discrimination (REPEAL) Act

The Repeal Existing Policies that Encourage and Allow Legal HIV Discrimination (REPEAL) Act introduced by Representative Barbara Lee (D-CA) in 2011 represents the first federal legislative attempt to remedy state and federal statutes criminalizing the exposure or transmission of HIV. The bill contends that HIV-specific laws and policies demonstrate a public health-oriented, evidence-based, medically accurate, and contemporary understanding of HIV transmission with consideration given to health implications, treatment, and the punitive impact on affected people, families, and communities.

NMAC will work with Representative Lee's office to reintroduce the REPEAL Act and garner renewed Congressional support for the bill in the 113th Congress. NMAC will work with Congressional offices, constituents, and coalition partners for passage of the REPEAL Act while supporting federal legislation that ensures the repeal or reform of laws that unfairly target PLWHA for

consensual conduct that presents little to no risk of HIV transmission. NMAC will strategize additional vehicles to amend HIV-specific laws such as the appropriations process or reauthorization of the Ryan White program.

The Comprehensive Immigration Reform (CIR) Act

The Comprehensive Immigration Reform Act was introduced in 2011 to create a Lawful Prospective Immigrant (LPI) status for non-criminal undocumented immigrants living in the U.S. Following applicants' submission of extensive biographical data, security and law enforcement checks, and payment of a fine and application fees, LPI status would be granted for four years, and include work authorization and permission to travel abroad. Additionally, LPI status would be available to immediate family members of those eligible for status under the program. It remains to be seen the extent to which LPI status will influence eligibility for public benefit programs such as Medicaid; NMAC will advocate for the greatest access to Medicaid for LPI designees.

NMAC recognizes that citizenship and residency status play a critical role in access to healthcare in this country. Immigrants, including those living with HIV/AIDS must have access to high quality care and treatment services both for individual health, as well as broader public health. NMAC believes immigration reform must promote a vision of integration and equal rights and will prioritize work with Congressional offices, coalition partners, and constituents to reintroduce legislation targeting comprehensive immigration reform that includes robust provisions supporting access to health care.

Employment Non-Disclosure Act (ENDA)

Current federal law provides basic legal protection against employment discrimination only on the basis of race, gender, religion, national origin or disability—not sexual orientation or gender identity and gender expression. NMAC strongly believes that protections safeguarding the employment rights of LGBT Americans are essential to reduce vulnerability to HIV by ensuring the stability associated with safe employment. Furthermore, considering 64 percent of Americans had private health insurance in 2011, access to private healthcare through employer-based insurance is critical to achieving improved health outcomes such as a suppressed viral load and decreased morbidity. Other challenges stemming from employment interruption include housing instability, food insecurity, and transportation challenges.



NMAC is committed to working with constituents and coalition partners to urge the 113th Congress to extend federal employment discrimination protections currently provided based on race, religion, sex, national origin, age and disability to sexual orientation and gender identity, as well as prohibit public and private employers from using an individual's sexual orientation or gender identity as the basis for employment decisions, such as hiring, firing, promotion or compensation.

High Priority

Health Equity and Accountability Act (HEAA)

The Health Equity and Accountability Act of 2012 is a comprehensive bill to reduce ethnic and racial disparities by focusing on barriers to care that disproportionately affect minority individuals and takes into account the strong advances made by the Affordable Care Act by focusing on the areas in which minority individuals continue to be disadvantaged in their ability to access quality health care. Because the causes of healthcare disparities are wide-ranging, the scope of this bill is also broad. There are two general priorities of this legislation: The first is improving the ability of minority individuals to access appropriate and competent care, while the second is encouraging research for diseases and conditions that disproportionately impact minority individuals.

NMAC will support the reintroduction, and advocate for enactment, of health equity legislation in the 113th Congress that promotes competent care, addresses issues in data gathering, increases funding for research into HIV/AIDS, explores the feasibility of expanding rural health services and care options, and ensures accountability through the use of data gathering and reporting.

Violence Against Women Act (VAWA)

In its near two decades of existence, the Violence Against Women Act has improved the criminal justice response to violence against women. VAWA has strengthened federal penalties for repeat sex offenders and created a federal "rape shield law," which is intended to prevent offenders from using victims' past sexual conduct against them during a rape trial. VAWA mandates that victims, no matter income level, must not be forced to bear the expense of their own rape exams or for service of a protection order. Importantly, VAWA provides additional tools for protecting women in Indian country by creating

a new federal habitual offender crime and authorizing warrantless arrest authority for federal law enforcement officers who determine there is probable cause when responding to domestic violence cases.

NMAC values the abundant scholarship and research corroborating the fact that domestic violence is a social determinant to health that increases vulnerability to new HIV infection, particularly among minority females. NMAC is encouraged by efforts in the Senate of the 112th Congress to pass a bipartisan bill reauthorizing VAWA, including protections for highly vulnerable groups such as undocumented immigrants, LGBT Americans, and Native American women. NMAC is committed to addressing structural contributors to health and HIV vulnerability, including domestic violence, marital rape, and a woman's ability to negotiate condom usage. NMAC will strategize with constituents to enact a reauthorized iteration of VAWA in the 113th Congress that includes comprehensive protections for Native women, LGBT individuals, and all immigrants.

The Housing Opportunities Made Equal (HOME) Act

The Housing Opportunities Made Equal (HOME) Act would amend the Fair Housing Act to prohibit housing discrimination on the basis of sexual orientation, gender identity, marital status, or source of income. It would also amend the Equal Opportunity Credit Act to prohibit LGBT discrimination in credit decisions. The HOME Act would amend the Fair Housing Act to prohibit housing discrimination and intimidation on the basis of sexual orientation, gender identity, marital status, or source of income. The bill also sets to amend the Equal Credit Opportunity Act to prohibit discrimination on the basis of sexual orientation or gender identity in access to credit. Additionally, the HOME Act would outlaw housing discrimination both before and after a housing unit is acquired, as well as provide the Attorney General with appropriate pre-litigation investigative power to enforce the law.

NMAC recognizes that access to stable housing is a critical structural determinant to health. Housing is a form of care that enables and encourages adherence to treatment regimens and improves health outcomes for PLWHA, while reducing vulnerability to HIV. NMAC will work with the 113th Congress to reintroduce the HOME Act and collaborate with housing coalition partners and constituents to enact this critical legislation.

Important Priority

Student Non-Discrimination Act (SNDA)

NMAC is committed to advocating for enactment of federal legislation in the 113th Congress that effectively contributes to the mitigation of health disparities, including the socioeconomic and structural contributors to health that often leave racial and sexual minority groups vulnerable to HIV infection. NMAC will work with Congressional offices and constituents to encourage the opportunity to meaningfully strengthen the law's provisions regulating school safety environments. The Student Non-Discrimination Act (SNDA) would establish a comprehensive Federal prohibition of discrimination in public schools based on actual or perceived sexual orientation or gender identity. SNDA would provide protections for LGBT students and ensure that all students have access to public education in a safe environment free from discrimination, including harassment, bullying, intimidation and violence. SNDA would also provide meaningful and effective remedies (loss of federal funding and legal cause of action for victims) for discrimination in public schools based on actual or perceived sexual orientation or gender identity, modeled after Title IX.

Access to safe and stable educational opportunities for the nation's youth, including vulnerable youth harassed based on their sexual orientation or gender identity, significantly reduces vulnerability to HIV infection. At a time when the CDC reports GLBT-identified youth aged 13-24 shoulder almost 20 percent of yearly new infections, yet account for less than one percent of the American population, access to safe school environments must be prioritized to ensure the health and wellbeing of a demographic especially at-risk for newly acquired HIV infection.

Respect for Marriage Act (RMA)



The Defense of Marriage Act (DOMA) singles out lawfully married same-sex couples for exclusion from federal provisions benefiting other lawfully married couples.

DOMA allows states the ability to refuse to recognize valid marriages of same-sex couples. DOMA also excludes all same-sex couples, regardless of legal marital status, from 1,100 federal statutes, regulations, and rulings benefiting other legally married people, including the ability to file taxes jointly,

take unpaid leave to care for a sick spouse, and receive surviving spouse benefits under Social Security. The Respect for Marriage Act repeals DOMA and restores the rights of all lawfully married couples—including same-sex couples—to receive the benefits of marriage under federal law. The bill also provides same-sex couples with certainty that federal benefits and protections would accompany a valid marriage celebrated in a state where such marriages are legal, even if a couple moves or travels to another state.

NMAC values the abundant scholarship and research corroborating the fact that stable, committed, legally recognized marriages contribute to improved health outcomes, including viral suppression for PLWHA. Additionally, research indicates that residents of jurisdictions permitting marriage equality experience decreased vulnerability to HIV infection and that community viral load similarly decreases with the ability to enter legally recognized same-sex relationships. As a significant structural contributor to health and reducer of health disparities, recognition of same-sex marriage is a priority for NMAC. To that end, NMAC will work in coalition and with constituents to urge the 113th Congress to reintroduce and enact legislation that constructively repeals DOMA and provides equal federal marriage recognition to legally married same-sex couples.

HIV-positive Organ Donation

Current federal law bans the donation of all organs from HIV-positive individuals, even if those organs could be given to other persons living with HIV in need of a transplant. Enacted in 1988, this statute fails to reflect current scientific and medical realities. The advent of highly active anti-retroviral therapy has, for many, transformed HIV from a death sentence, to a manageable, chronic condition. As a result, many individuals living with HIV now face greater health risk from their inability to receive a transplant, than from HIV itself. Estimates suggest that, each year, as many as 500 individuals living with HIV could receive a much needed transplant from an HIV-positive donor. Proposed legislation, which would allow individuals living with HIV to receive organs from HIV-positive donors would save thousands of lives.

NMAC will work with coalition partners, constituents, and the 113th Congress, in concert with both Republican and Democrat supporters of this legislation, to advocate for lawful donation of HIV-positive organ donations.