

115TH CONGRESS
1ST SESSION

H. R. 164

To provide for an evidence-based strategy for voluntary screening for HIV/AIDS and other common sexually transmitted infections, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 3, 2017

Mr. HASTINGS introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce, Ways and Means, and Oversight and Government Reform, 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

A BILL

To provide for an evidence-based strategy for voluntary screening for HIV/AIDS and other common sexually transmitted infections, and for other purposes.

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 “Increasing Access to Voluntary Screening for HIV/AIDS
6 and STIs Act of 2017”.

1 (b) TABLE OF CONTENTS.—The table of contents for
 2 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Purpose.
- Sec. 4. Definitions.

TITLE I—COVERAGE OF HIV/AIDS AND STI SCREENING UNDER
 PUBLIC HEALTH CARE PROGRAMS AND GROUP HEALTH
 PLANS; COVERAGE OF CARE UNDER MEDICAID.

- Sec. 101. Coverage of routine HIV/AIDS and STI screening tests under Medicaid.
- Sec. 102. Coverage of HIV/AIDS and STI screening tests under Medicare.
- Sec. 103. Coverage for routine HIV/AIDS and STI screening under group health plans.
- Sec. 104. Optional Medicaid coverage of low-income HIV/AIDS infected individuals.

TITLE II—INCREASED DATA COLLECTION AND EDUCATION FOR
 HISTORICALLY UNDERREPRESENTED POPULATIONS

- Sec. 201. People living with disabilities.
- Sec. 202. Women who have sex with women.
- Sec. 203. Transgender community.
- Sec. 204. Report.

3 **SEC. 2. FINDINGS.**

4 Congress finds the following:

5 (1) The CDC estimates 20,000,000 new sexu-
 6 ally transmitted infections (STIs) occur each year in
 7 the United States, and 50 percent of sexually active
 8 Americans will contract a STI at some point in their
 9 lives, the majority of which may be asymptomatic for
 10 an extended amount of time.

11 (2) Over 1,200,000 people in the United States
 12 are living with HIV, and someone is infected with
 13 HIV in the United States every 9.5 minutes.

1 (3) HIV/AIDS and STIs are syndemics. HIV
2 infection can increase a person's risk for acquiring
3 certain STIs, as well as affect their frequency, sever-
4 ity, and healing time, while STIs increase the risk
5 of HIV transmission, impaired fertility, reproductive
6 tract cancer, and adverse pregnancy outcomes.

7 (4) Many common long-term and initially
8 asymptomatic STIs such as chlamydia, gonorrhea,
9 herpes, syphilis, inflammatory pelvic disease, viral
10 hepatitis, and HIV/AIDS remain undiagnosed, or di-
11 agnosed at later stages, leading to increased rates of
12 mortality, morbidity, disability, and transmission.

13 (5) In fact, the CDC estimates over 3.6 million
14 Americans are living with chronic hepatitis and most
15 do not know they are infected. Chronic hepatitis B
16 can remain asymptomatic for years and, left
17 undiagnosed and untreated, can lead to serious com-
18 plications. Additionally, individuals infected with
19 hepatitis C virus (HCV) are at risk for chronic liver
20 disease or other HCV-related chronic diseases dec-
21 ades after infection.

22 (6) Stigma, culture, language, lack of edu-
23 cation, lack of insurance, limited time, cost and re-
24 sources in medical settings, and an inaccurate per-
25 ception of risk among communities and providers all

1 contribute to insufficient rates of screening for HIV/
2 AIDS and STIs.

3 (7) The Centers for Disease Control and Pre-
4 vention and the United States Preventive Services
5 Task Force recognize screening as an effective pub-
6 lic health tool that allows providers to administer
7 treatment before symptoms develop and implement
8 interventions that will reduce the likelihood of HIV/
9 AIDS and STI transmission and reduce the develop-
10 ment of adverse outcomes.

11 (8) The CDC recommends that voluntary
12 screening for HIV/AIDS be integrated into routine
13 clinical care while preserving patient confidentiality
14 and the right of the patient to decline testing and
15 screening.

16 (9) The CDC also recommends that all
17 unvaccinated, uninfected persons being evaluated for
18 a STI should receive hepatitis B vaccination. Fur-
19 thermore, anti-HCV testing is recommended for rou-
20 tine screening of asymptomatic persons based on
21 their risk for infection or based on a recognized ex-
22 posure.

23 (10) Inaccurate perceptions of risk among
24 health care providers and patients, misdiagnosis,
25 ageism, generational mind-sets, and biological fac-

1 tors have contributed to increased rates in trans-
2 mission and late detection of HIV/AIDS and STIs
3 over the past decade.

4 (11) Health equity and disparities remain a sig-
5 nificant public health challenge, with the burden of
6 HIV/AIDS and STIs falling disproportionately on
7 different populations.

8 (12) Although African-Americans account for
9 about 13 percent of the United States population,
10 they account for nearly half of all HIV/AIDS cases
11 and infections and have higher instances of mor-
12 tality and morbidity for most STIs and HIV/AIDS.
13 Also, African-American women who have sex with
14 men account for the majority of HIV/AIDS infec-
15 tions among all women in the United States.

16 (13) HIV/AIDS continues to be most prevalent
17 among men who have sex with men (MSM). Contin-
18 ued support and increased funding for community-
19 based programs and behavioral interventions that
20 are culturally competent are key to reaching MSM,
21 especially young MSM of color.

22 (14) Transgender persons are particularly vul-
23 nerable to contracting HIV/AIDS and STIs due to
24 high rates of survival sex among trans-females, dis-
25 crimination in education, employment, and housing,

1 and the absence of education and prevention meth-
2 ods culturally relevant to the transgender commu-
3 nity.

4 (15) Health care providers must be properly
5 educated to treat groups, such as MSM, transgender
6 persons, African-Americans, and Latinos who are
7 disproportionately affected by HIV/AIDS and other
8 STIs, and also improve interventions for groups that
9 have been historically underrepresented in health
10 interventions for STIs, such as women who have sex
11 with women, individuals over the age of 50, Asian
12 and Pacific Islander Americans, Native Americans,
13 and persons living with disabilities.

14 (16) Women living with mobility impairments
15 often lack access to screening for STIs and other
16 women's health services such as pelvic examinations
17 and mammograms due to, among other factors, the
18 lack of provider awareness, experience, and access to
19 equipment.

20 (17) All individuals engaging in oral, anal, or
21 genital sexual contact must have access to voluntary
22 screening for HIV/AIDS and other STIs. Screening
23 must be confidential, rapid, accurate, and medically
24 appropriate. Screening must be offered regardless of

1 age, race, class, sexual behavior, sexual orientation,
2 gender identity, or disability.

3 (18) The Congress supports the goals of the
4 National HIV/AIDS Strategy and, in particular, the
5 goal of 90 percent of individuals knowing their HIV/
6 AIDS status.

7 **SEC. 3. PURPOSE.**

8 The purposes of this Act are as follows:

9 (1) Increase access, quality, and affordability
10 for voluntary and medically appropriate screening
11 for HIV/AIDS and other STIs, including chlamydia,
12 gonorrhea, syphilis, viral hepatitis, and human
13 papillomavirus, for all persons engaging in various
14 forms of sexual activity, including oral, genital, or
15 anal sex.

16 (2) Reduce the spread, morbidity, and mortality
17 of HIV/AIDS and other STIs.

18 (3) Reduce the disproportionate incidence of
19 HIV/AIDS and other STIs in certain groups
20 through early detection and treatment and com-
21 prehensive education for health care providers, cen-
22 ters, and communities.

23 (4) Support the execution of other scientifically
24 based interventions that are culturally competent

1 and age appropriate and are proven to reduce the in-
2 cidence of HIV/AIDS and other STIs.

3 **SEC. 4. DEFINITIONS.**

4 In this Act:

5 (1) CDC.—The term “CDC” means the Cen-
6 ters for Disease Control and Prevention.

7 (2) CMS.—The term “CMS” means the Cen-
8 ters for Medicare & Medicaid Services.

9 (3) DIRECTOR.—The term “Director” means
10 the Director of the Centers for Disease Control and
11 Prevention.

12 (4) HIV/AIDS.—The term “HIV/AIDS” means
13 infection with the human immunodeficiency virus
14 and includes acquired immune deficiency syndrome
15 and any condition arising from such syndrome.

16 (5) MSM.—The term “MSM” means men who
17 have sex with men.

18 (6) SECRETARY.—The term “Secretary” means
19 the Secretary of Health and Human Services.

20 (7) STATE.—The term “State” means each of
21 the 50 States, the District of Columbia, the United
22 States Virgin Islands, Guam, the Commonwealth of
23 Puerto Rico, the Commonwealth of the Northern
24 Mariana Islands, and American Samoa.

1 (8) STI.—The term “STI” means a sexually
 2 transmitted infection that is recognized by the CDC,
 3 including chlamydia, gonorrhea, syphilis, viral hepa-
 4 titis, and human papillomavirus.

5 (9) WSW.—The term “WSW” means women
 6 who have sex with women.

7 **TITLE I—COVERAGE OF HIV/**
 8 **AIDS AND STI SCREENING**
 9 **UNDER PUBLIC HEALTH**
 10 **CARE PROGRAMS AND GROUP**
 11 **HEALTH PLANS; COVERAGE**
 12 **OF CARE UNDER MEDICAID.**

13 **SEC. 101. COVERAGE OF ROUTINE HIV/AIDS AND STI**
 14 **SCREENING TESTS UNDER MEDICAID.**

15 (a) INCLUSION IN STATE PLAN.—Section 1902(a) of
 16 the Social Security Act (42 U.S.C. 1396a(a)) is amended
 17 in paragraph (10)(A), in the matter before clause (i), by
 18 striking “and (28)” and inserting “(28), and (29)”.

19 (b) INCLUSION IN MEDICAL ASSISTANCE.—

20 (1) IN GENERAL.—Section 1905(a) of the So-
 21 cial Security Act (42 U.S.C. 1396d(a)) is amend-
 22 ed—

23 (A) in paragraph (28), by striking “and”
 24 at the end;

1 (B) by redesignating paragraph (29) as
2 paragraph (30); and

3 (C) by inserting after paragraph (28) the
4 following:

5 “(29) routine HIV/AIDS and STI screening
6 services (as defined in subsection (ee)).”.

7 (2) DEFINITION OF SERVICES.—Section 1905
8 of such Act is amended by adding at the end the fol-
9 lowing:

10 “(ee)(1) For purposes of this section, the term ‘rou-
11 tine HIV/AIDS and STI screening services’ means all of
12 the following:

13 “(A) A screening test for HIV/AIDS or any
14 other STI, if such test is provided to an individual
15 who—

16 “(i) is eligible for medical assistance under
17 the State plan; and

18 “(ii) is described in clauses (ii) through (v)
19 of section 1861(jjj)(1)(A).

20 “(B) Each of the services described in subpara-
21 graphs (B) through (F) of section 1861(jjj)(1).

22 “(2) DEFINITIONS.—For purposes of this subsection,
23 the terms ‘HIV/AIDS’ and ‘STI’ have the same meaning
24 given such terms in section 1861(jjj)(2).”.

25 (c) NO COST SHARING FOR HIV/AIDS TESTING.—

1 (1) IN GENERAL.—Section 1916(a)(2) of the
2 Social Security Act (42 U.S.C. 1396o(a)(2)) is
3 amended—

4 (A) in subparagraph (D), by striking “or”
5 at the end;

6 (B) in subparagraph (E), by striking “;
7 and” at the end and inserting “, or”; and

8 (C) by adding at the end the following:

9 “(F) routine HIV/AIDS and STI screening
10 services (as such term is defined in section
11 1905(ee)); and”.

12 (2) LIMITATION ON STATE OPTION FOR ALTER-
13 NATIVE COST SHARING.—Section 1916A(b)(3)(B) of
14 the Social Security Act (42 U.S.C. 1396o–
15 1(b)(3)(B)) is amended by adding at the end the fol-
16 lowing:

17 “(xi) Routine HIV/AIDS and STI
18 screening services (as such term is defined
19 in section 1905(ee)).”.

20 (d) EFFECTIVE DATE.—

21 (1) IN GENERAL.—Except as provided by para-
22 graph (2), the amendments made by this section
23 shall take effect on the date of the enactment of this
24 section and shall apply to services furnished on or
25 after such date.

1 (2) RULES FOR CHANGES REQUIRING STATE
2 LEGISLATION.—In the case of a State plan for med-
3 ical assistance under title XIX of the Social Security
4 Act which the Secretary of Health and Human Serv-
5 ices determines requires State legislation (other than
6 legislation appropriating funds) in order for the plan
7 to meet the additional requirement imposed by the
8 amendments made by this section, the State plan
9 shall not be regarded as failing to comply with the
10 requirements of such title solely on the basis of its
11 failure to meet this additional requirement before
12 the first day of the first calendar quarter beginning
13 after the close of the first regular session of the
14 State legislature that begins after the date of the en-
15 actment of this Act. For purposes of the previous
16 sentence, in the case of a State that has a 2-year
17 legislative session, each year of such session shall be
18 deemed to be a separate regular session of the State
19 legislature.

20 **SEC. 102. COVERAGE OF HIV/AIDS AND STI SCREENING**
21 **TESTS UNDER MEDICARE.**

22 Section 1861 of the Social Security Act is amended—
23 (1) in subsection (s)—
24 (A) by striking “and” at the end of para-
25 graph (14);

1 (B) by striking the period at the end of
2 paragraph (15) and inserting “; and”;

3 (C) by redesignating paragraphs (16) and
4 (17) as paragraphs (17) and (18), respectively;
5 and

6 (D) by inserting after paragraph (15) the
7 following:

8 “(16) routine HIV/AIDS and STI screening
9 services (as such term is defined in subsection
10 (jjj)).”; and

11 (2) by adding at the end the following:

12 “(jjj) ROUTINE HIV/AIDS AND STI SCREENING
13 SERVICES.—(1) For purposes of this section, the term
14 ‘routine HIV/AIDS and STI screening services’ means all
15 of the following:

16 “(A) A screening test for HIV/AIDS or any
17 other STI, if such test is provided in any health care
18 setting (other than an inpatient hospital setting) and
19 is provided to an individual who—

20 “(i) is enrolled in part B;

21 “(ii) is at least 13 years of age;

22 “(iii) with respect to a test for HIV/AIDS,
23 is not known to the health care provider (di-
24 rectly, through information provided by the in-
25 dividual, or through access to an electronic

1 medical record) to have had a previous positive
2 test for HIV/AIDS;

3 “(iv) subject to subparagraph (B), with re-
4 spect to a test for HIV/AIDS or a STI, is not
5 known to the health care provider (directly,
6 through information provided by the individual,
7 or through access to an electronic medical
8 record) to have had a test for the same condi-
9 tion within the previous 6 months; and

10 “(v) has been informed that such a test
11 will be administered and has not objected to
12 such a test.

13 “(B) If a test described under subparagraph
14 (A) is reactive and is for—

15 “(i) HIV/AIDS, a confirmatory test; or

16 “(ii) a STI other than HIV/AIDS, if rea-
17 sonable and necessary, a confirmatory test.

18 “(C) The interpretation of any tests provided
19 under subparagraph (A) and subparagraph (B).

20 “(D) Informing an individual who receives a
21 test under subparagraph (A) or subparagraph (B) of
22 the results of such tests as close in time as possible
23 to the determination of such results.

24 “(E) If an individual tests positive for HIV/
25 AIDS on a screening test under subparagraph (A)

1 and any confirmatory test under subparagraph
2 (B)—

3 “(i) post-test counseling concerning HIV/
4 AIDS and STIs at the time the individual is in-
5 formed of the results of the test; and

6 “(ii) if appropriate, a referral to medical or
7 mental health services.

8 “(F) If an individual tests positive for a STI on
9 a screening test under subparagraph (A) and any
10 confirmatory test under subparagraph (B), the pro-
11 vision of information to such individual on the risk
12 of STIs and HIV/AIDS and behaviors that reduce
13 the risk of exposure to such conditions.

14 “(2) DEFINITIONS.—For purposes of this subsection:

15 “(A) HIV/AIDS.—The term ‘HIV/AIDS’
16 means infection with the human immunodeficiency
17 virus and includes acquired immune deficiency syn-
18 drome and any condition arising from such syn-
19 drome.

20 “(B) STI.—The term ‘STI’ means a sexually
21 transmitted infection or sexually transmitted disease
22 that is recognized by the Centers for Disease Con-
23 trol and Prevention, including chlamydia, gonorrhea,
24 syphilis, hepatitis B, hepatitis C, and human
25 papillomavirus.”.

1 **SEC. 103. COVERAGE FOR ROUTINE HIV/AIDS AND STI**
2 **SCREENING UNDER GROUP HEALTH PLANS.**

3 (a) GROUP HEALTH PLANS.—

4 (1) PUBLIC HEALTH SERVICE ACT AMEND-
5 MENT.—Title XXVII of the Public Health Service
6 Act is amended by inserting after section 2728 of
7 such Act (42 U.S.C. 300gg–28), as redesignated by
8 section 1001(2) of the Patient Protection and Af-
9 fordable Care Act (Public Law 111–148), the fol-
10 lowing:

11 **“SEC. 2729. COVERAGE FOR ROUTINE HIV/AIDS AND STI**
12 **SCREENING.**

13 “(a) COVERAGE.—A group health plan, and a health
14 insurance issuer providing group or individual health in-
15 surance coverage, shall provide coverage for routine HIV/
16 AIDS and STI screening under terms and conditions that
17 are no less favorable than the terms and conditions appli-
18 cable to other routine health screenings.

19 “(b) PROHIBITIONS.—A group health plan, and a
20 health insurance issuer providing group or individual
21 health insurance coverage, shall not—

22 “(1) deny to an individual eligibility, or contin-
23 ued eligibility, to enroll or to renew coverage under
24 the terms of the plan, solely for the purpose of
25 avoiding the requirements of this section;

1 “(2) deny coverage for routine HIV/AIDS or
2 STI screening on the basis that there are no known
3 risk factors present, or the screening is not clinically
4 indicated, medically necessary, or pursuant to a re-
5 ferral, consent, or recommendation by any health
6 care provider;

7 “(3) provide monetary payments, rebates, or
8 other benefits to individuals to encourage such indi-
9 viduals to accept less than the minimum protections
10 available under this section;

11 “(4) penalize or otherwise reduce or limit the
12 reimbursement of a provider because such provider
13 provided care to an individual participant or bene-
14 ficiary in accordance with this section;

15 “(5) provide incentives (monetary or otherwise)
16 to a provider to induce such provider to provide care
17 to an individual participant or beneficiary in a man-
18 ner inconsistent with this section; or

19 “(6) deny to an individual participant or bene-
20 ficiary continued eligibility to enroll or to renew cov-
21 erage under the terms of the plan, solely because of
22 the results of an HIV/AIDS or STI test, or other
23 HIV/AIDS and STI screening procedure, for the in-
24 dividual or any other individual.

1 “(c) RULES OF CONSTRUCTION.—Nothing in this
2 section shall be construed—

3 “(1) to require an individual who is a partici-
4 pant or beneficiary to undergo HIV/AIDS or STI
5 screening; or

6 “(2) as preventing a group health plan or issuer
7 from imposing deductibles, coinsurance, or other
8 cost-sharing in relation to HIV/AIDS or STI screen-
9 ing, except that such deductibles, coinsurance or
10 other cost-sharing may not be greater than the
11 deductibles, coinsurance, or other cost-sharing im-
12 posed on other routine health screenings.

13 “(d) NOTICE.—A group health plan under this part
14 shall comply with the notice requirement under section
15 716(d) of the Employee Retirement Income Security Act
16 of 1974 with respect to the requirements of this section
17 as if such section applied to such plan.

18 “(e) PREEMPTION.—Nothing in this section shall be
19 construed to preempt any State law in effect on the date
20 of enactment of this section with respect to health insur-
21 ance coverage that requires coverage of at least the cov-
22 erage of HIV/AIDS or STI screening otherwise required
23 under this section.”.

1 (2) ERISA AMENDMENTS.—The Employee Re-
2 tirement Income Security Act of 1974 is amended as
3 follows:

4 (A) In subpart B of part 7 of subtitle B
5 of title I, by adding at the end the following
6 new section:

7 **“SEC. 716. COVERAGE FOR ROUTINE HIV/AIDS AND STI**
8 **SCREENING.**

9 “(a) COVERAGE.—A group health plan, and a health
10 insurance issuer offering group health insurance coverage,
11 shall provide coverage for routine HIV screening under
12 terms and conditions that are no less favorable than the
13 terms and conditions applicable to other routine health
14 screenings.

15 “(b) PROHIBITIONS.—A group health plan, and a
16 health insurance issuer offering group health insurance
17 coverage, shall not—

18 “(1) deny to an individual eligibility, or contin-
19 ued eligibility, to enroll or to renew coverage under
20 the terms of the plan, solely for the purpose of
21 avoiding the requirements of this section;

22 “(2) deny coverage for routine HIV screening
23 on the basis that there are no known risk factors
24 present, or the screening is not clinically indicated,
25 medically necessary, or pursuant to a referral, con-

1 sent, or recommendation by any health care pro-
2 vider;

3 “(3) provide monetary payments, rebates, or
4 other benefits to individuals to encourage such indi-
5 viduals to accept less than the minimum protections
6 available under this section;

7 “(4) penalize or otherwise reduce or limit the
8 reimbursement of a provider because such provider
9 provided care to an individual participant or bene-
10 ficiary in accordance with this section;

11 “(5) provide incentives (monetary or otherwise)
12 to a provider to induce such provider to provide care
13 to an individual participant or beneficiary in a man-
14 ner inconsistent with this section; or

15 “(6) deny to an individual participant or bene-
16 ficiary continued eligibility to enroll or to renew cov-
17 erage under the terms of the plan, solely because of
18 the results of an HIV test or other HIV screening
19 procedure for the individual or any other individual.

20 “(c) RULES OF CONSTRUCTION.—Nothing in this
21 section shall be construed—

22 “(1) to require an individual who is a partici-
23 pant or beneficiary to undergo HIV/AIDS or STI
24 screening; or

1 “(2) as preventing a group health plan or issuer
2 from imposing deductibles, coinsurance, or other
3 cost-sharing in relation to HIV/AIDS or STI screen-
4 ing, except that such deductibles, coinsurance or
5 other cost-sharing may not be greater than the
6 deductibles, coinsurance, or other cost-sharing im-
7 posed on other routine health screenings.

8 “(d) NOTICE UNDER GROUP HEALTH PLAN.—A
9 group health plan, and a health insurance issuer providing
10 health insurance coverage in connection with a group
11 health plan, shall provide notice to each participant and
12 beneficiary under such plan regarding the coverage re-
13 quired by this section in accordance with regulations pro-
14 mulgated by the Secretary. Such notice shall be in writing
15 and prominently positioned in any literature or cor-
16 respondence made available or distributed by the plan or
17 issuer and shall be transmitted, by whichever is earliest
18 of the following:

19 “(1) In the next mailing made by the plan or
20 issuer to the participant or beneficiary.

21 “(2) As part of any yearly informational packet
22 sent to the participant or beneficiary.

23 “(3) Not later than July 1, 2017.

24 “(e) PREEMPTION; RELATION TO STATE LAWS.—

1 “(1) IN GENERAL.—Nothing in this section
 2 shall be construed to preempt any State law in effect
 3 on the date of enactment of this section with respect
 4 to health insurance coverage that requires coverage
 5 of at least the coverage of HIV/AIDS or STI screen-
 6 ing otherwise required under this section.

7 “(2) ERISA.—Nothing in this section shall be
 8 construed to affect or modify the provisions of sec-
 9 tion 514 with respect to group health plans.”.

10 (B) In section 732(a) of the Employee Re-
 11 tirement Income Security Act of 1974 (29
 12 U.S.C. 1191a(a)), by striking “section 711”
 13 and inserting “sections 711 and 716”.

14 (C) In the table of contents in section 1 of
 15 such Act, by inserting after the item relating to
 16 section 714 the following new item:

“Sec. 715. Additional market reforms.

“Sec. 716. Coverage for routine HIV/AIDS and STI screening.”.

17 (3) INTERNAL REVENUE CODE AMEND-
 18 MENTS.—

19 (A) IN GENERAL.—The Internal Revenue
 20 Code of 1986 is amended by inserting after sec-
 21 tion 9815 the following new section:

1 **“SEC. 9816. COVERAGE FOR ROUTINE HIV/AIDS AND STI**
2 **SCREENING.**

3 “(a) COVERAGE.—A group health plan shall provide
4 coverage for routine HIV/AIDS and STI screening under
5 terms and conditions that are no less favorable than the
6 terms and conditions applicable to other routine health
7 screenings.

8 “(b) PROHIBITIONS.—A group health plan shall
9 not—

10 “(1) deny to an individual eligibility, or contin-
11 ued eligibility, to enroll or to renew coverage under
12 the terms of the plan, solely for the purpose of
13 avoiding the requirements of this section;

14 “(2) deny coverage for routine HIV/AIDS or
15 STI screening on the basis that there are no known
16 risk factors present, or the screening is not clinically
17 indicated, medically necessary, or pursuant to a re-
18 ferral, consent, or recommendation by any health
19 care provider;

20 “(3) provide monetary payments, rebates, or
21 other benefits to individuals to encourage such indi-
22 viduals to accept less than the minimum protections
23 available under this section;

24 “(4) penalize or otherwise reduce or limit the
25 reimbursement of a provider because such provider

1 provided care to an individual participant or bene-
2 ficiary in accordance with this section;

3 “(5) provide incentives (monetary or otherwise)
4 to a provider to induce such provider to provide care
5 to an individual participant or beneficiary in a man-
6 ner inconsistent with this section; or

7 “(6) deny to an individual participant or bene-
8 ficiary continued eligibility to enroll or to renew cov-
9 erage under the terms of the plan, solely because of
10 the results of an HIV/AIDS or STI test, or other
11 HIV/AIDS and STI screening procedure, for the in-
12 dividual or any other individual.

13 “(c) RULES OF CONSTRUCTION.—Nothing in this
14 section shall be construed—

15 “(1) to require an individual who is a partici-
16 pant or beneficiary to undergo HIV/AIDS or STI
17 screening; or

18 “(2) as preventing a group health plan or issuer
19 from imposing deductibles, coinsurance, or other
20 cost-sharing in relation to HIV/AIDS or STI screen-
21 ing, except that such deductibles, coinsurance or
22 other cost-sharing may not be greater than the
23 deductibles, coinsurance, or other cost-sharing im-
24 posed on other routine health screenings.”.

1 (B) CONFORMING AMENDMENT.—Section
2 4980D(d)(1) of such Code is amended by strik-
3 ing “section 9811” and inserting “sections
4 9811 and 9816”.

5 (C) CLERICAL AMENDMENT.—The table of
6 contents for subchapter B of chapter 1 of such
7 Code is amended by inserting after the item re-
8 lating to section 9815 the following new item:

“Sec. 9816. Coverage for routine HIV/AIDS and STI screening.”.

9 (b) APPLICATION UNDER FEDERAL EMPLOYEES
10 HEALTH BENEFITS PROGRAM.—Section 8902 of title 5,
11 United States Code, is amended by adding at the end the
12 following new subsection:

13 “(p) A contract may not be made or a plan approved
14 which does not comply with the requirements of section
15 2729 of the Public Health Service Act.”.

16 (c) EFFECTIVE DATES.—Notwithstanding any other
17 provision of law, the amendments made by subsections (a)
18 and (b) shall apply with respect to plan years beginning
19 on or after July 1, 2017, and with respect to health insur-
20 ance coverage issued on or after such date.

21 (d) COORDINATION OF ADMINISTRATION.—The Sec-
22 retary of Labor, the Secretary of Health and Human Serv-
23 ices, and the Secretary of the Treasury shall ensure,
24 through the execution of an interagency memorandum of
25 understanding among such Secretaries, that—

1 (1) regulations, rulings, and interpretations
 2 issued by such Secretaries relating to the same mat-
 3 ter over which two or more such Secretaries have re-
 4 sponsibility under the provisions of this section (and
 5 the amendments made thereby) are administered so
 6 as to have the same effect at all times; and

7 (2) coordination of policies relating to enforcing
 8 the same requirements through such Secretaries in
 9 order to have a coordinated enforcement strategy
 10 that avoids duplication of enforcement efforts and
 11 assigns priorities in enforcement.

12 **SEC. 104. OPTIONAL MEDICAID COVERAGE OF LOW-INCOME**
 13 **HIV/AIDS INFECTED INDIVIDUALS.**

14 (a) IN GENERAL.—Section 1902 of the Social Secu-
 15 rity Act (42 U.S.C. 1396a) is amended—

16 (1) in subsection (a)(10)(A)(ii)—

17 (A) by striking “or” at the end of sub-
 18 clause (XXI);

19 (B) by adding “or” at the end of subclause
 20 (XXII); and

21 (C) by adding at the end the following:

22 “(XXIII) on or before December
 23 31, 2017, who are described in sub-
 24 section (II) (relating to HIV/AIDS in-
 25 fected individuals);”; and

1 (2) by adding at the end the following:

2 “(ll) individuals described in this subsection are indi-
3 viduals—

4 “(1) who are not described in subsection
5 (a)(10)(A)(i);

6 “(2) who have HIV/AIDS, as defined under
7 section 1905(ee);

8 “(3) whose income (as determined under the
9 State plan under this title with respect to disabled
10 individuals) does not exceed the maximum amount
11 of income a disabled individual described in sub-
12 section (a)(10)(A)(i) may have to obtain medical as-
13 sistance under the plan; and

14 “(4) whose resources (as determined under the
15 State plan under this title with respect to disabled
16 individuals) do not exceed the maximum amount of
17 resources a disabled individual described in sub-
18 section (a)(10)(A)(i) may have to obtain medical as-
19 sistance under the plan.”.

20 (b) ENHANCED MATCH.—

21 (1) IN GENERAL.—The first sentence of section
22 1905(b) of the Social Security Act (42 U.S.C.
23 1396d(b)) is amended by striking “section
24 1902(a)(10)(A)(ii)(XVIII)” and inserting “subclause

1 (XVIII) and subclause (XXIII) of section
2 1902(a)(10)(A)(ii)’’.

3 (2) CONFORMING AMENDMENTS.—Section
4 1905(a) of the Social Security Act (42 U.S.C.
5 1396d(a)) is amended in the matter preceding para-
6 graph (1)—

7 (A) by striking ‘‘or’’ at the end of clause
8 (xv);

9 (B) by striking ‘‘or’’ at the end of clause
10 (xvi);

11 (C) by adding ‘‘or’’ at the end of clause
12 (xvii); and

13 (D) by inserting after clause (xvii) the fol-
14 lowing:

15 ‘‘(xviii) individuals described in sec-
16 tion 1902(a)(10)(A)(ii)(XXIII);’’.

17 (c) EXEMPTION FROM FUNDING LIMITATION FOR
18 TERRITORIES.—Section 1108(g) of the Social Security
19 Act (42 U.S.C. 1308(g)) is amended by adding at the end
20 the following:

21 ‘‘(6) DISREGARDING MEDICAL ASSISTANCE FOR
22 OPTIONAL LOW-INCOME HIV/AIDS INFECTED INDIVIDUALS.—The limitations under subsection (f) and
23 the previous provisions of this subsection shall not
24 apply to amounts expended for medical assistance
25

1 for individuals described in section 1902(l) who are
2 only eligible for such assistance on the basis of sec-
3 tion 1902(a)(10)(A)(ii)(XXIII).”.

4 (d) EFFECTIVE DATE.—

5 (1) IN GENERAL.—Except as provided by para-
6 graph (2), the amendments made by this section
7 shall take effect on the date of the enactment of this
8 section and shall apply to services furnished on or
9 after such date.

10 (2) RULES FOR CHANGES REQUIRING STATE
11 LEGISLATION.—In the case of a State plan for med-
12 ical assistance under title XIX of the Social Security
13 Act which the Secretary of Health and Human Serv-
14 ices determines requires State legislation (other than
15 legislation appropriating funds) in order for the plan
16 to meet the additional requirement imposed by the
17 amendments made by this section, the State plan
18 shall not be regarded as failing to comply with the
19 requirements of such title solely on the basis of its
20 failure to meet this additional requirement before
21 the first day of the first calendar quarter beginning
22 after the close of the first regular session of the
23 State legislature that begins after the date of the en-
24 actment of this Act. For purposes of the previous
25 sentence, in the case of a State that has a 2-year

1 legislative session, each year of such session shall be
2 deemed to be a separate regular session of the State
3 legislature.

4 **TITLE II—INCREASED DATA COL-**
5 **LECTION AND EDUCATION**
6 **FOR HISTORICALLY UNDER-**
7 **REPRESENTED POPULATIONS**

8 **SEC. 201. PEOPLE LIVING WITH DISABILITIES.**

9 (a) TRACKING OF INFORMATION.—The Director
10 shall—

11 (1) track national HIV/AIDS and STI screen-
12 ing trends and the burdens of HIV/AIDS and STIs
13 among people with disabilities, including such per-
14 sons with mental, physical, cognitive, intellectual, or
15 developmental disabilities; and

16 (2) identify and assess the barriers that prevent
17 such persons from accessing HIV/AIDS and STI
18 screening.

19 (b) TRACKING METHODOLOGY.—

20 (1) IN GENERAL.—The tracking methods used
21 by the Secretary under subsection (a) shall—

22 (A) focus upon historically underrep-
23 resented communities, including the deaf and
24 hearing loss-related community and the cog-

1 nitive, intellectual, developmental, mobility, or
2 mental health disability communities; and

3 (B) consider other factors that may con-
4 tribute to increased burdens of HIV/AIDS and
5 STIs, including race, socio-economic status, re-
6 gion, gender identity, and sexual behavior.

7 (2) SEXUAL ASSAULT DATA.—Tracking under
8 subsection (a) shall include data collection on the in-
9 cidence of sexual assault on people with mental,
10 physical, cognitive, intellectual, or developmental dis-
11 abilities for the purposes of understanding the prev-
12 alence of HIV/AIDS and STIs that result from such
13 assaults.

14 (c) DEAF AND HEARING LOSS COMMUNITY.—

15 (1) IN GENERAL.—The Secretary, acting
16 through the Director, shall work with appropriate
17 organizations and institutions to make comprehen-
18 sive sex education materials that promote voluntary
19 screening for HIV/AIDS and STIs accessible to the
20 deaf and hearing loss community through language
21 (including American Sign Language), modalities (in-
22 cluding highly graphic formats with minimal text),
23 and culturally appropriate information delivery.

24 (2) HEALTH CAREERS AND EDUCATION.—The
25 Secretary shall—

1 (A) work with appropriate individuals, or-
2 ganizations, and institutions to increase the
3 number of people who are deaf or living with
4 hearing loss in public health careers for the
5 purposes of—

6 (i) building the public health infra-
7 structure to improve data collection; and

8 (ii) health information dissemination
9 to people who are deaf or who live with
10 hearing loss; and

11 (B) engage students in elementary school,
12 high school, college, and graduate school for the
13 purposes of carrying out this paragraph.

14 (d) COGNITIVE AND INTELLECTUAL DISABILITY
15 COMMUNITY.—The Secretary, acting through the Direc-
16 tor, shall work with appropriate national and local organi-
17 zations to make comprehensive sex education materials ac-
18 cessible to people with intellectual disabilities by—

19 (1) using plain language;

20 (2) educating service providers about the signs
21 and symptoms of sexual assault among people with
22 cognitive and intellectual disabilities; and

23 (3) using other appropriate information delivery
24 strategies.

1 (e) WOMEN LIVING WITH SEVERE PHYSICAL DIS-
 2 ABILITIES.—The Secretary, acting through the Director,
 3 shall work with Federal, State, and local entities to track
 4 access to pelvic examinations, mammograms, and other
 5 women’s health services for women with severe mobility
 6 impairments with the goal of improving access to such
 7 services.

8 **SEC. 202. WOMEN WHO HAVE SEX WITH WOMEN.**

9 (a) NATIONAL SCREENING GUIDELINES.—The Sec-
 10 retary, acting through the Director, shall work with Fed-
 11 eral, State, and local health entities to ensure that na-
 12 tional screening guidelines for cervical cancer state that
 13 WSW should be subject to the same screening guidelines
 14 for cervical cancer as women who have sex only with men.

15 (b) INFORMATION COLLECTION.—The Secretary, act-
 16 ing through the Director, shall, with respect to the WSW
 17 community—

18 (1) track national trends in screening for HIV/
 19 AIDS and other STIs; and

20 (2) collect information on—

21 (A) the burdens and behavior of HIV/
 22 AIDS and STIs; and

23 (B) other reproductive health concerns.

1 **SEC. 203. TRANSGENDER COMMUNITY.**

2 (a) DATA COLLECTION.—The Secretary, acting
3 through the Director, shall work with Federal, State, and
4 local health entities and transgender communities to im-
5 prove information collection concerning the transmission,
6 morbidity, and screening for HIV/AIDS and other STIs
7 in transgender communities.

8 (b) INFORMATION CLASSIFICATION.—For purposes
9 of acquiring a comprehensive understanding of the unique
10 health trends among, and aspects of, the transgender com-
11 munity, the Secretary shall promulgate regulations requir-
12 ing that, for purposes of public health studies requiring
13 data collection, the fact that an individual is transgender
14 shall be a distinct category and data point.

15 **SEC. 204. REPORT.**

16 (a) IN GENERAL.—Not later than 3 years after the
17 date of the enactment of this Act, the Secretary shall sub-
18 mit a report to Congress on the activities required under
19 this Act.

20 (b) CONTENTS.—The report issued to Congress
21 under subsection (a) shall include—

22 (1) information on the success of voluntary
23 screening for HIV/AIDS and STIs, as well as other
24 methods for preventing the transmission of HIV/
25 AIDS and STIs among Medicaid and Medicare
26 beneficiaries, patients at federally qualified health

1 centers, individuals with health insurance, MSM,
2 WSW, persons living with disabilities, the
3 transgender community, and other groups that have
4 been historically underrepresented in public health
5 interventions for HIV/AIDS and STIs; and

6 (2) recommendations on how to improve exist-
7 ing measures with respect to race, socioeconomic
8 status, region, gender identity, disability, age, and
9 sexual behavior—

10 (A) to increase access to screening; and

11 (B) to decrease the disparities in mortality
12 and morbidity from HIV/AIDS and other STIs.

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