

109TH CONGRESS  
1ST SESSION

# H. R. 2737

To amend the Public Health Service Act to establish an Office of Correctional  
Public Health.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 26, 2005

Mr. STRICKLAND (for himself, Mr. SERRANO, Mr. WAXMAN, Mr. HOLDEN, Mr. HASTINGS of Florida, Mr. BROWN of Ohio, Mrs. CHRISTENSEN, Mr. PAYNE, Mr. McDERMOTT, and Mr. GRIJALVA) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to establish an  
Office of Correctional Public Health.

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.**

4 This Act may be cited as the “Office of Correctional  
5 Public Health Act of 2005”.

6 **SEC. 2. FINDING.**

7 The Congress finds as follows:

8 (1) Approximately 2.1 million people are incar-  
9 cerned in the United States.

1           (2) The number of inmates held in Federal,  
2           State, and private correctional facilities rose 28 per-  
3           cent between midyear 1995 and 2000.

4           (3) The offender population in jails turns over  
5           between 20 and 25 times each year.

6           (4) At least 95 percent of those currently incar-  
7           cerated will be released from custody.

8           (5) Offender populations enter correctional fa-  
9           cilities with a higher rate of infection of chronic and  
10          communicable diseases, including asthma, diabetes,  
11          hepatitis, HIV/AIDS, and tuberculosis, than is  
12          present in the general population.

13          (6) The prevalence of mental illness in correc-  
14          tional facilities is rising. Estimates are that between  
15          14 and 20 percent of jail inmates in 1996 had some  
16          type of anxiety disorder. In State prison facilities, it  
17          is estimated that between 22 and 30 percent have an  
18          anxiety disorder.

19          (7) The prevalence of AIDS among inmates is  
20          3.5 times higher than among the general population.

21          (8) An estimated 98,500 to 145,500 HIV-posi-  
22          tive inmates were released from prisons and jails in  
23          1996.

24          (9) According to estimates, between 12 and 15  
25          percent of all individuals in the United States with

1 chronic or current hepatitis B infection in 1996  
2 spent time in a correctional facility that year.

3 (10) Between 1.3 and 1.4 million inmates re-  
4 leased from prison or jail in 1996 were infected with  
5 hepatitis C. The prevalence of hepatitis C among in-  
6 mates is between 9 and 10 times higher than the es-  
7 timated hepatitis C prevalence in the Nation's popu-  
8 lation as a whole. In the United States, about 30  
9 percent of the total population with hepatitis C virus  
10 are former prisoners or have a history of incarcer-  
11 ation.

12 (11) In 1996, an estimated 35 percent of all  
13 those in America who had tuberculosis had served  
14 time in a correctional facility.

15 (12) According to estimates, substance abuse is  
16 a major characteristic of incoming prisoners. Sev-  
17 enty-five percent of State prisoners, and 80 percent  
18 of Federal prisoners, may be characterized as alco-  
19 hol-involved or drug-involved offenders.

20 **SEC. 3. ESTABLISHMENT OF OFFICE OF CORRECTIONAL**  
21 **PUBLIC HEALTH.**

22 Title XVII of the Public Health Service Act (42  
23 U.S.C. 300u et seq.) is amended by adding at the end  
24 the following section:

1           “OFFICE OF CORRECTIONAL PUBLIC HEALTH

2           “SEC. 1711. (a) IN GENERAL.—There is established  
3 within the Office of Public Health and Science an office  
4 to be known as the Office of Correctional Public Health  
5 (in this section referred to as the ‘Office’), which shall be  
6 headed by a director appointed by the Secretary. The Sec-  
7 retary shall carry out this section acting through the Di-  
8 rector of the Office.

9           “(b) GENERAL DUTIES.—

10           “(1) IN GENERAL.—The Secretary shall carry  
11 out public health activities regarding individuals who  
12 are employees in Federal, State, or local penal or  
13 correctional institutions or who are incarcerated in  
14 such institutions (which activities regarding such in-  
15 dividuals are referred to in this section as ‘correc-  
16 tional health activities’, and which individuals are so  
17 referred to collectively as ‘correctional populations’).  
18 Correctional health activities that may be carried out  
19 under the preceding sentence include activities re-  
20 garding disease prevention, health promotion, service  
21 delivery, research, and health professions education.

22           “(2) CERTAIN TYPES OF INSTITUTIONS.—The  
23 types of penal or correctional institutions with re-  
24 spect to which this section is authorized to be car-  
25 ried out include facilities in which individuals are

1 held pending judicial proceedings (including individ-  
2 uals who are minors), facilities in which individuals  
3 are held pending administrative proceedings of the  
4 Secretary of Homeland Security with respect to citi-  
5 zenship and immigration services, and facilities in  
6 which individuals who are minors are held pursuant  
7 to judicial proceedings in which such individuals are  
8 found, as minors, to have engaged in violations of  
9 law.

10 “(c) CERTAIN ACTIVITIES.—In carrying out correc-  
11 tional health activities under subsection (b), the Secretary  
12 shall—

13 “(1) coordinate all correctional health programs  
14 within the Department of Health and Human Serv-  
15 ices;

16 “(2) provide technical support to State and  
17 local correctional agencies on correctional health  
18 issues;

19 “(3) cooperate with other Federal agencies car-  
20 rying out correctional health programs to ensure co-  
21 ordination of such programs;

22 “(4) consult with, and provide outreach to,  
23 State directors of correctional health and providers  
24 of correctional health care;

1           “(5) facilitate the exchange of information re-  
2           garding correctional health activities; and

3           “(6) facilitate collaboration between correctional  
4           facilities and State and local health departments.

5           “(d) GRANTS REGARDING HEPATITIS.—

6           “(1) IN GENERAL.—The Secretary, in consulta-  
7           tion with the Director of the Centers for Disease  
8           Control and Prevention, may make grants to States  
9           for the purpose of providing for correctional popu-  
10          lations screenings, immunizations, and treatment for  
11          hepatitis A, B, and C.

12          “(2) DISCRETION OF GRANTEE REGARDING  
13          SCOPE OF PROGRAM.—A State receiving a grant  
14          under paragraph (1) may expend the grant for any  
15          or all of the activities authorized in such paragraph.

16          “(3) REQUIREMENT OF MATCHING FUNDS.—

17          “(A) IN GENERAL.—With respect to the  
18          costs of the program to be carried out under  
19          paragraph (1) by a State, the Secretary may  
20          make a grant under such paragraph only if the  
21          State agrees to make available (directly or  
22          through donations from public or private enti-  
23          ties) non-Federal contributions toward such  
24          costs in an amount not less than 20 percent of

1 such costs (\$1 for each \$4 of Federal funds  
2 provided in the grant).

3 “(B) DETERMINATION OF AMOUNT CON-  
4 TRIBUTED.—Non-Federal contributions re-  
5 quired in subparagraph (A) may be in cash or  
6 in kind, fairly evaluated, including plant, equip-  
7 ment, or services. Amounts provided by the  
8 Federal Government, or services assisted or  
9 subsidized to any significant extent by the Fed-  
10 eral Government, may not be included in deter-  
11 mining the amount of such non-Federal con-  
12 tributions.

13 “(4) CERTAIN EXPENDITURES OF GRANT.—The  
14 Secretary may make a grant under paragraph (1)  
15 only if, with respect to the activities to be carried  
16 out with the grant pursuant to paragraph (2), the  
17 State agrees that a portion of the grant will be ex-  
18 pended to carry out such activities at penal or cor-  
19 rectional institutions that are not facilities in which  
20 individuals serve terms of imprisonment, including  
21 facilities in which individuals are held pending judi-  
22 cial proceedings.

23 “(e) ANNUAL REPORT.—The Secretary shall annu-  
24 ally submit to the Congress a report describing the correc-  
25 tional health activities carried out under this section. The

1 report shall include a description of the status of correc-  
2 tional health activities in the United States.

3 “(f) RULE OF CONSTRUCTION REGARDING AGENCY  
4 JURISDICTION.—With respect to correctional health pro-  
5 grams that are carried out by agencies of the Public  
6 Health Service and were in operation as of the day before  
7 the date of the enactment of the Office of Correctional  
8 Public Health Act of 2005, this section may not be con-  
9 strued as requiring the Secretary to transfer jurisdiction  
10 for the programs from such agencies to the office estab-  
11 lished in subsection (a).

12 “(g) AUTHORIZATION OF APPROPRIATIONS.—

13 “(1) IN GENERAL.—For the purpose of car-  
14 rying out this section, other than subsection (d),  
15 there are authorized to be appropriated such sums  
16 as may be necessary for each of the fiscal years  
17 2006 through 2010.

18 “(2) GRANTS REGARDING HEPATITIS.—For the  
19 purpose of carrying out subsection (d), there are au-  
20 thorized to be appropriated \$15,000,000 for each of  
21 the fiscal years 2006 through 2008, and \$5,000,000  
22 for each of the fiscal years 2009 and 2010.”.

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