LOS ANGELES COUNTY
COMMISSION ON HIV

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Public Policy Committee
Regular Meeting

Monday, September 11, 2023
1:00pm-3:00pm (PST)
510 S. Vermont Ave, Terrace Conference Room TK 08
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, LA 90020

Agenda and meeting materials will be posted on our website at https://hiv.lacounty.gov/public-policy-committee/

For those attending in person, as a building security protocol, attendees entering from the first-floor lobby must notify security personnel that they are attending the Commission on HIV meeting to access the Terrace Conference Room (9th floor) where our meetings are held.

NOTICE OF TELECONFERENCING SITES:
Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

MEMBERS OF THE PUBLIC WHO WISH TO JOIN VIRTUALLY, REGISTER HERE:
https://lacountyboardofsupervisors.webex.com/weblink/register/rc9bb43443b86381255656ec7b7855d13
To Join by Telephone: 1-213-306-3065
Password: POLICY Access Code: 2531 924 8351

Scan QR code to download an electronic copy of the meeting agenda and packet on your smart device. Please note that hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste. **If meeting packet is not yet available, check back 2-3 days prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.*

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LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
MAIN: 213.738.2816 EML: hivcomm@lachiv.org WEBSITE: https://hiv.lacounty.gov

AGENDA FOR THE REGULAR MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV

PUBLIC POLICY COMMITTEE

MONDAY, September 11, 2023 | 1:00 PM – 3:00 PM

510 S. Vermont Ave
Terrace Level Conference Room TK08
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles 90020

For those attending in person, as a building security protocol, attendees entering form the first-floor lobby must notify security personnel that they are attending the Commission on HIV meeting in order to access the Terrace Conference Room (9th floor) where our meetings are held.

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To Join by Telephone: 1-213-306-3065
Password: POLICY Access Code: 2531 924 8351

Public Policy Committee Members:			
Katja Nelson, MPP Co-Chair	Lee Kochems, MA Co-Chair	Alasdair Burton	Mary Cummings
Pearl Doan	Felipe Findley, PA-C, MPAS, AAHIVS	Leon Maultsby	Paul Nash, PhD, CPsychol, AFBPsS, FHEA
Ricky Rosales			
QUORUM: 5			

AGENDA POSTED: September 6, 2023.

SUPPORTING DOCUMENTATION: Supporting documentation can be obtained via the Commission on HIV Website at: http://hiv.lacounty.gov or in person. The Commission Offices are located at 510 S. Vermont Ave., 14th Floor Los Angeles, 90020. Validated parking is available at 523 Shatto Place, Los Angeles 90020. ***Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste.***

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically here. All Public Comments will be made part of the official record.

ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact the Commission Office at (213) 738-2816 or via email at HIVComm@lachiv.org.

Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico á HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

I. ADMINISTRATIVE MATTERS

1.	Call to Order & Meeting Guidelines/Reminders		1:00 PM – 1:03 PM
2.	Introductions, Roll Call, & Conflict of Interest Statements		1:03 PM – 1:05 PM
3.	Approval of Agenda	**MOTION #1**	1:05 PM – 1:07 PM
4.	Approval of Meeting Minutes	**MOTION #2**	1:07 PM – 1:10 PM

II. PUBLIC COMMENT

1:10 PM – 1:15 PM

5. Opportunity for members of the public to address the Committee of items of interest that are within the jurisdiction of the Committee. For those who wish to provide public comment may do so in person, electronically by clicking here, or by emailing hivcomm@lachiv.org.

III. COMMITTEE NEW BUSINESS ITEMS

6. Opportunity for Committee members to recommend new business items for the full body or a committee level discussion on non-agendized Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda.

IV. REPORTS

7. Executive Director/Staff Report — 1:15 PM – 1:30 PM
   a. By-Laws Review Task Force—Updates
   b. Commission Training Calendar-- Updates
   c. Commission Annual Meeting-- Updates

8. Co-Chair Report 1:30 PM – 2:25 PM
   a. 2023 Workplan and Meeting Calendar Review
   b. ANAM Platform-- Updates
   c. Ryan White Care Act (RWCA) Modernization Project-- Updates

V. DISCUSSION ITEMS

10. 2023-2024 Legislative Docket—Updates 2:25 PM – 2:30 PM
11. 2023-2024 Policies Priority 2:30 PM – 2:35 PM
12. State Policy & Budget-- Updates 2:35 PM – 2:40 PM
13. Federal Policy-- Updates 2:40 PM – 2:45 PM
14. County Policy-- Updates 2:45 PM – 2:50 PM
    a. DPH Memo in response to STD Board of Supervisors (BOS) motion
    b. 2023 Public Comment Schedule for Health Deputies Meetings and BOS Meetings

VI. NEXT STEPS 2:50 PM – 2:55 PM

13. Task/Assignments Recap
14. Agenda development for the next meeting

VII. ANNOUNCEMENTS 2:55 PM – 3:00 PM

15. Opportunity for members of the public and the committee to make announcements

VIII. ADJOURNMENT 3:00 PM

16. Adjournment for the meeting of September 11, 2023.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order as presented or revised.
MOTION #2	Approve the Public Policy Committee minutes, as presented or revised.

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave. 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov • *VIRTUAL WEBEX MEETING*

Presence at meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote. Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.

PUBLIC POLICY COMMITTEE MEETING MINUTES

Draft

August 7, 2023

COMMITTEE MEMBERS P = Present | A = Absent |EA = Excused Absence			
Katja Nelson, MPP, Co-Chair	P	Felipe Findley, PA-C, MPAS, AAHIVS	P
Lee Kochems, MA, Co-Chair	P	Leon Maultsby	P
Alasdair Burton (Alternate)	P	Paul Nash, PhD, CPsychol, AFBPsS, FHEA	EA
Mary Cummings	P	Ricky Rosales	P
Pearl Doan	A		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Lizette Martinez, and Jose Rangel-Garibay			

*Some participants may not have been captured. Attendance can be corrected by emailing the Commission.
*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.
*Meeting minutes may be corrected up to one year from the date of approval.

Meeting and agenda materials can be found on the Commission's website at
https://hiv.lacounty.gov/public-policy-committee/

I. ADMINISTRATIVE MATTERS

1. **CALL TO ORDER & MEETING GUIDELINES/REMINDERS**
   Katja Nelson, Public Policy Committee (PPC) Co-Chair, called the meeting to order at 1:15 PM.
2. **INTRODUCTIONS, ROLL CALL, & CONFLICTS OF INTEREST STATEMENTS**
   K. Nelson invited meeting attendees to introduce themselves and state conflicts of interest, if any.
3. **ASSEMBLY BILL 2449 ATTENDANCE NOTIFICATION FOR "EMERGENCY CIRCUMSTANCES"**
   MOTION #1: Approve remote attendance by members due to "emergency circumstances," per AB 2449. ***There was no vote.***
4. **APPROVAL OF AGENDA**
   MOTION #2: Approve the Agenda Order as presented or revised. ✓***Passed by Consensus***
5. **APPROVAL OF MEETING MINUTES**

MOTION #3: Approve the July Public Policy Committee minutes, as presented or revised.
✓Passed by Consensus

II. PUBLIC COMMENT

6. OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMITTEE ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMITTEE. FOR THOSE WHO WISH TO PROVIDE PUBLIC COMMENT MAY DO SO IN PERSON, ELECTRONICALLY BY CLICKING HERE, OR BY EMAILING HIVCOMM@LACHIV.ORG.

No public comment.

III. COMMITTEE NEW BUSINESS ITEMS

7. OPPORTUNITY FOR COMMISSION MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR THE FULL BODY OR A COMMITTEE LEVEL DISCUSSION ON NON-AGENDIZED MATTERS NOT POSTED ON THE AGENDA, TO BE DISCUSSED AND (IF REQUESTED) PLACED ON THE AGENDA FOR ACTION AT A FUTURE MEETING, OR MATTERS REQUIRING IMMEDIATE ACTION BECAUSE OF AN EMERGENCY SITUATION, OR WHERE THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA.

There were no committee new business items.

IV. REPORTS

8. EXECUTIVE DIRECTOR/STAFF REPORT

- Cheryl Barrit, Executive Director, shared that the By-Law Review Taskforce (BRT) met on July 10, 2023. Commission staff provided an overview of the Bylaw Tracker which includes the Bylaws and corresponding ordinance language the BRT identified in their initial review. The next meeting of the BRT will be on August 16, 2023 in which Commission staff will report on County Counsel guidance on the Bylaws review process and recommendations, and staff will work with the BRT co-chairs to identify specific sections of the Bylaws that require updates and recommend language. Alasdair Burton, BRT co-chair, made an appeal encouraging PPC members to join the BRT as a means to achieving quorum. See meeting packet for a summary for the July 10, 2023 meeting.
- C. Barrit provided an overview of the Health Resources and Services Administration (HRSA) site visit report. She noted that there five findings and shared a brief description of the corrective action(s) the Commission has taken. A copy of the summary letter from HRSA about the site visit findings and a copy of the corrective action plan that Commission staff submitted to the Division on HIV and STD Programs (DHSP) is included in the meeting packet.
- C. Barrit shared that the Commission's Annual Meeting will take place on November 9th, 2023 at the Vermont Corridor. Commission staff is considering other venues to host the event and will keep a reservation at the St. Anne's Conference Center as a back-up. She

added that the Commission's Executive Committee has begun reviewing meeting topics and drafting the agenda for the event. The topics include, mental health, barriers to accessing housing services, community panels of people with lived experience. The confirmed presenters include the annual updates from DHSP and Dr. Sid Puri from the Substance Abuse Prevention and Control (SAPC) program. The Annual Meeting is open to the public.

- C. Barrit shared that the Substance Abuse and Mental Health Services Administration (SAMHSA) drafted a Harm Reduction Framework and is inviting members of the public to provide comments on the document. This is the first document to comprehensively outline harm reduction and its role within the Department of Health and Human Services (HHS). The public comment period is open through August 14, 2023.
- J. Rangel-Garibay noted that the next Commission virtual training topic is "Public Health 101" which will introduce public health and key terms used in the field. The session will cover historical developments in public health, the roles of different stakeholders, the core functions of public health and the essential services, as well as the determinants of health. The training will take place on August 16, 2023 from 3pm-4pm via WebEx. A copy of the Commission training calendar is included in the meeting packet.

9. CO-CHAIR REPORT

a. 2023 Workplan Development and Meeting Calendar Review

- The committee decided to reschedule the September PPC meeting from 9/4/23 to 9/11/23. Commission staff will send a meeting notice as the date approaches.

b. Act Now Against Meth (ANAM) Platform Update

There was no update. Commission staff has been working on having a SAPC representative at the November PPC meeting to get an update on the ANAM platform.

c. Ryan White Care Act (RWCA) Modernization Project

J. Rangel-Garibay provided an overview of the "RWCA Modernization Project Issues Summaries" document included in the meeting packet. The document provides guidance to the PPC for developing a policy brief summarizing key issues to address and include in a modernized Ryan White HIV/AIDS Program legislation. The document includes key issues identified at the 2022 Commission Annual Meeting, issues identified during past PPC meetings in 2023, issues noted on the Comprehensive HIV Plan (CHP), and issues identified in resource documents from past RWCA reauthorization efforts.

K. Nelson suggested having a RWCA refresher session at an upcoming PPC meeting to allow newer members time to familiarize themselves with the legislation. The PPC discussed the intent of the RWCA Modernization Project and posed questions regarding the timing of sharing the document beyond the PPC/Commission. K. Nelson recommended to develop a 2–3-page document that includes a brief summary of the

RWCA, describes the justification for the project, and outlines 4-5 recommendations from the PPC.

Lee Kochems, co-chair, recommended that the PPC take time to reflect and think about the areas that the current RWCA has not addressed, identify any gaps in services, and draft a document that includes a justification for addressing the practical concerns that initiate the modernization conversation. He added that the document can guide the process of updating the RWCA to better meet the needs of people living with HIV. Once the document is complete, he suggested to share it with other jurisdictions and planning bodies/councils to garner support for elevating the conversation of modernizing the RWCA to the national level.

V. DISCUSSION ITEMS

10. 2023-2024 LEGISLATIVE DOCKET – DEVELOPMENT

There were no updates.

11. 2023-2024 POLICIES PRIORITY

There were no updates.

12. STATE POLICY & BUDGET UPDATE

There were no updates. The meeting packet includes informational items for PPC members to consider reviewing.

13. FEDERAL POLICY UPDATE

Commission staff will draft a letter of endorsement on behalf of the PPC and Commission for the SAMHSA draft Harm Reduction Framework. The letter will include key pieces from the PPC's Policy Priorities document as well as highlight the need for addressing inequities and stigma.

14. COUNTY POLICY UPDATE

- **DPH Memo in Response to STD Board of Supervisors (BOS) Motions**
  There were no updates. Next update is expected in September.
- **2023 Public Comment Schedule for Health Deputies Meetings and BOS Meetings**
  - C. Barrit sent reminders to the PPC members that signed up to provide public comment. In the reminder, she includes the agenda for the BOS and Health Deputies meetings and a confirmation that the meeting is taking place.

VI. NEXT STEPS

15. TASK/ASSIGNMENTS RECAP

➲ Commission staff will draft a RWCA modernization document for review at the September PPC meeting

➲ Cheryl will draft a letter of endorsement on behalf of the Commission for the SAMHSA draft Harm Reduction Framework

➲ Cheryl will send reminders regarding the public comment schedule

➲ Commission staff will send updates to the general body regarding the meeting date changes from 9/4/11 to 9/11/23

16. AGENDA DEVELOPMENT FOR THE NEXT MEETING

- The committee will continue discussions on Ryan White Act Modernization and share updates on the public comment schedule for health deputy and BOS meetings.

VII. ANNOUNCEMENTS

17. OPPORTUNITY FOR MEMBERS OF THE PUBLIC AND THE COMMITTEE TO MAKE ANNOUNCEMENTS

Kevin Donnelley shared that the Aging Caucus is hosting an in-person event on "Health Sexual Aging" on September 22, 2023 at the Vermont Corridor.

VIII. ADJOURNMENT

18. ADJOURNMENT FOR THE MEETING OF AUGUST 7, 2023.

The meeting was adjourned at 2:18 PM.

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/24/23

In accordance with the Ryan White Program (RWP), conflict of interest is defined as any financial interest in, board membership, current or past employment, or contractual agreement with an organization, partnership, or any other entity, whether public or private, that receives funds from the Ryan White Part A program. These provisions also extend to direct ascendants and descendants, siblings, spouses, and domestic partners of Commission members and non-Commission Committee-only members. Based on the RWP legislation, HRSA guidance, and Commission policy, it is mandatory for Commission members to state all conflicts of interest regarding their RWP Part A/B and/or CDC HIV prevention-funded service contracts prior to discussions involving priority-setting, allocation, and other fiscal matters related to the local HIV continuum. Furthermore, Commission members must recuse themselves from voting on any specific RWP Part A service category(ies) for which their organization hold contracts.***An asterisk next to member's name denotes affiliation with a County subcontracted agency listed on the addendum.***

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ALVIZO	**Everardo**	Long Beach Health & Human Services	Benefits Specialty
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
ARRINGTON	**Jayda**	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL *	**Danielle**	T.H.E. Clinic, Inc.	See attached subcontractor's list
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
CONNOLLY	**Lilieth**	Unaffiliated consumer	No Ryan White or prevention contracts
CUMMINGS	**Mary**	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DANIELS	**Shonte**	Unaffiliated consumer	No Ryan White or prevention contracts
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DOAN	**Pearl**	No Affiliation	No Ryan White or prevention contracts
DONNELLY	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	**Arlene**	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	**Luckie**	No Affiliation	No Ryan White or prevention contracts
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	**Joseph**	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
MAGANA	**Jose**	The Wall Las Memorias, Inc.	HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MAULTSBY	**Leon**	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MILLS	**Anthony**	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLLETTE	**Andre**	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	**Katja**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
OROZCO	**Jesus ("Chuy")**	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
PATEL	**Byron**	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	**Dechelle**	AMAAD Institute	Community Engagement/EHE
ROBINSON	**Mallery**	No Affiliation	No Ryan White or prevention contracts
ROBINSON	**Redeem**	All Souls Movement (No Affiliation)	No Ryan White or prevention contracts
ROSALES	**Ricky**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
SAN AGUSTIN	**Harold**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SOLIS *	**Juan**	UCLA Labor Center	See attached subcontractor's list
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	**Justin**	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	**Jonathan**	ViaCare Community Health	Biomedical HIV Prevention

LOS ANGELES COUNTY COMMISSION ON HIV

2023 MEMBERSHIP ROSTER| UPDATED 8.31.23

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			***Vacant***		July 1, 2021	June 30, 2023	
2	City of Pasadena representative	1	EXC|SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2022	June 30, 2024	
3	City of Long Beach representative	1	EXC|OPS	Everardo Alvizo, LCSW	Long Beach Health & Human Services	July 1, 2021	June 30, 2023	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2022	June 30, 2024	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2021	June 30, 2023	
6	Director, DHSP	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2022	June 30, 2024	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2022	June 30, 2024	
8	Part C representative	1	PP	Leon Maultsby	Charles R. Drew University	July 1, 2022	June 30, 2024	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2021	June 30, 2023	
10	Part F representative			***Vacant***		July 1, 2022	June 30, 2024	
11	Provider representative #1	1	OPS	Jose Magana	The Wall Las Memorias	July 1, 2021	June 30, 2023	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2021	June 30, 2023	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2022	June 30, 2024	
15	Provider representative #5	1	SBP	Byron Patel	Los Angeles LGBT Center	July 1, 2021	June 30, 2023	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2022	June 30, 2024	
17	Provider representative #7	1	EXC	Alexander Luckie Fuller ***(LOA)***	**TBD**	July 1, 2021	June 30, 2023	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2022	June 30, 2024	
19	Unaffiliated consumer, SPA 1			***Vacant***		July 1, 2021	June 30, 2023	
20	Unaffiliated consumer, SPA 2			***Vacant***		July 1, 2022	June 30, 2024	
21	Unaffiliated consumer, SPA 3			***Vacant***		July 1, 2021	June 30, 2023	
22	Unaffiliated consumer, SPA 4			***Vacant***		July 1, 2022	June 30, 2024	
23	Unaffiliated consumer, SPA 5	1	EXC|SBP	Kevin Stalter	*Unaffiliated Consumer*	July 1, 2021	June 30, 2023	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7			***Vacant***		July 1, 2021	June 30, 2023	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	EXC|PP&A	Kevin Donnelly	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
27	Unaffiliated consumer, Supervisorial District 1			***Vacant***		July 1, 2021	June 30, 2023	Dechelle Richardson (PP&A)
28	Unaffiliated consumer, Supervisorial District 2	1	EXC	Bridget Gordon	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Arlene Frames	*Unaffiliated Consumer*	July 1, 2021	June 30, 2023	
30	Unaffiliated consumer, Supervisorial District 4			***Vacant***		July 1, 2022	June 30, 2024	Juan Solis (SBP)
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Felipe Gonzalez	*Unaffiliated Consumer*	July 1, 2021	June 30, 2023	
32	Unaffiliated consumer, at-large #1	1	PP&A	Lilieth Conolly	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
33	Unaffiliated consumer, at-large #2	1	OPS	Shonte Daniels	*Unaffiliated Consumer*	July 1, 2021	June 30, 2023	
34	Unaffiliated consumer, at-large #3			***Vacant***		July 1, 2022	June 30, 2024	
35	Unaffiliated consumer, at-large #4	1	EXC|OPS |PP&A	Joseph Green	*Unaffiliated Consumer*	July 1, 2021	June 30, 2023	
36	Representative, Board Office 1	1	EXC|PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2022	June 30, 2024	
37	Representative, Board Office 2	1	EXC|OPS	Danielle Campbell, MPH	Charles Drew University	July 1, 2021	June 30, 2023	
38	Representative, Board Office 3	1	EXC|PP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
39	Representative, Board Office 4	1	EXC|OPS	Justin Valero, MA	No affiliation	July 1, 2021	June 30, 2023	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman	ViaCare Community Health	July 1, 2022	June 30, 2024	
41	Representative, HOPWA	1	PP&A	Jesus Orozco	City of Los Angeles, HOPWA	July 1, 2021	June 30, 2023	
42	Behavioral/social scientist	1	EXC|PP	Lee Kochems	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 2021	June 30, 2023	
44	HIV stakeholder representative #1	1	PP	Alasdair Burton	No affiliation	July 1, 2022	June 30, 2024	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2021	June 30, 2023	
46	HIV stakeholder representative #3	1	PP	Pearl Doan	No affiliation	July 1, 2022	June 30, 2024	
47	HIV stakeholder representative #4	1	PP&A	Redeem Robinson ***(LOA)***	No affiliation	July 1, 2021	June 30, 2023	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2022	June 30, 2024	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2021	June 30, 2023	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2022	June 30, 2024	
51	HIV stakeholder representative #8	1	EXC|OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
	TOTAL:	40						

LEGEND: EXC=EXECUTIVE COMM | OPS=OPERATIONS COMM | PP&A=PLANNING, PRIORITIES & ALLOCATIONS COMM | PPC=PUBLIC POLICY COMM | SBP=STANDARDS & BEST PRACTICES COMM

LOA: Leave of Absence

Overall total: 43

LOS ANGELES COUNTY
COMMISSION ON HIV

BYLAWS REVIEW TASKFORCE

(REVISED) MEETING RECAP

WEDNESDAY, AUGUST 16, 2023
12PM-1:30PM

Meeting Packet Available HERE

MEMBERS:

Everardo Alvizo (Co-Chair), Alasdair Burton (Co-Chair), Pearl Doan, Kevin Donnelly, Arlene Frames, Luckie Fuller, Bridget Gordon, Joe Green, Dr. William King, Lee Kochems, Mario J. Peréz, Ricky Rosales, & Justin Valero

ATTENDANCE

Members: Everardo Alvizo (Co-Chair), Alasdair Burton (Co-Chair), Kevin Donnelly, Joe Green, Lee Kochems, and Ricky Rosales. **Public:** Jayda Arrington, Ish Herrera, Jacqueline Ramirez, and Philip. **Staff:** Cheryl Barrit and Dawn Mc Clendon

ED/STAFF REPORT

- County Counsel Guidance. Staff is actively engaged in ongoing communication with County Counsel (CoCo) and HRSA regarding items that were brought to the attention of the BRT via the HRSA site visit findings and as reflected in the Bylaws Tracker. Currently, items regarding stipends, DHSP membership, and conflict of interest are pending clarification and guidance by CoCo and/or HRSA. Staff will provide updates as they are received.
    - J. Arrington voiced concerns about potential resistance to increasing stipends, citing a reluctance to compensate consumers for their expertise and time. Staff assured that no stipend decisions have been finalized and that we are in the early stages of gathering data on the County's process. Notably, some commissions offer up to $5000 yearly. Staff reminded the group that stipends are not an allowable expense under the Ryan White Program and although HRSA supports consumer incentives, stipends aren't permissible. Rather,

stipends are funded via the County's Net County Costs to which DHSP oversees. Staff to provide updates as received.

CO-CHAIRS REPORT

- July 13, 2023, Meeting Recap. Please refer to meeting packet available HERE.
- Misc Items/Non-Agendized
    - A. Burton requested that BRT members be reminded to attend regularly to ensure quorum, representation, and transparency.
    - J. Arrington requested to be an official member of the BRT and indicated that prior commitments rendered her unable to participate in prior meetings but that she is now available to commit to the process. A. Burton called for a vote, however, cited lack of quorum, postponing the vote to the next meeting.

DISCUSSION

- Review Proposed Updated (ongoing)
    - Responding to the BRT's request from our prior meeting, C. Barrit and D. McClendon performed a thorough bylaws review, offering tracked changes and comments for suggested edits. The BRT Co-Chairs reviewed these proposed updates in advance of today's meeting. Key points shared by staff include:
        - The proposed updates focused on aspects not requiring immediate CoCo or HRSA guidance, such as format, inclusive language, minor grammar tweaks, and alignment with current policies.
        - A policy cross-check will follow in partnership with the Operations Committee.
        - CoCo confirmed that the Ordinance precedes Bylaws in updating sequence. However, recognizing the nearly identical language of both (as R. Rosales recalled), the decision was made to prioritize reviewing the Bylaws first.
    - Staff reminded the group of the following, with addl details provided here:
        1. *Ordinance*. An ordinance is an authoritative and legislative act by the County; it established the Commission and governs its activities and operations. Local ordinances carry the state's authority and have the same effect within the County's limits as a state statute. Once adopted according to statutory process, ordinances become legally enforceable local laws.

2. *Bylaws*. While policies pertain to the details, the bylaws are high-level. Bylaws take precedence over policies, and policies must be in harmony (not conflict) with the bylaws. Bylaws are essentially an expansion of the Ordinance. They describe in detail the procedures and steps the organization must follow to conduct business effectively and efficiently.
3. *Policy*. A policy is a course of action, guiding principle, procedure, or strategy that is adopted by a body. Policies are executive in nature and are oriented inwards to guide internal decision-making processes. Generally, policies apply to employees, town facilities or the public body itself. A policy is designed to influence and determine decisions while conducting certain municipal affairs.

Staff led the group through proposed updates located on pp 1-5; key highlights and comments were provided as follows:

KEY HIGHLIGHTS & COMMENTS	
General Comments	Codify an Annual Review of the Bylaws Ensure flexibility so as not to "box in"
I. NAME AND LEGAL AUTHORITY: Section 1. Name.	Revisit change of Commission name in the next review phase where the form and function of the Commission will be addressed
I. NAME AND LEGAL AUTHORITY: Section 4. Duties and Responsibilities (H)	Remove June 30th date to submit Annual Report to BOS; Annual Report traditionally submitted at end of FY.
II. MEMBERS: Section 1. Definition.	Update "Committee Members" to reflect "Committee-Only Members" and make consistent throughout
II. MEMBERS: Section 2. Composition.	Update membership to 50 and corresponding language to reflect DHSP as a non-voting member. While pending CoCo/HRSA guidance, if it is determined that DHSP cannot hold a membership seat on the Commission, it is recommended that a section be created in the Bylaws devoted to prescribing DHSP's scope, role, and responsibilities as a Commission key/essential partner.

II. MEMBERS: Section 2. Composition.	Staff to review existing stipend policy to determine whether there is provision for Committee-only members who are unaffiliated consumers to receive stipends.
II. MEMBERS: Section 2. Composition.	BRT to review composition to determine which seats, if any, should be declared as non-voting seats, considering level of stakeholder engagement and participation necessary and difficulties in filling. I.e., health or hospital planning agency representative and behavioral or social scientist.

NEXT STEPS

- ✓ Staff to send Doodle Poll and encourage all members to attend meetings for quorum purposes.
- ✓ Next meeting will determine whether to open membership to add'l members, i.e. JArrington
- ✓ Staff to follow up on whether Committee-only members are eligible to receive stipends.
- ✓ Next meeting will continue review of staff's proposed updates, starting from the end of page 5.
- ✓ Staff to provide updated guidance from CoCo/HRSA once received

Current Bylaws Can Be Accessed Here

LOS ANGELES COUNTY
COMMISSION ON HIV

REVISED 2023 Training Schedule

- All trainings are open to the public.
- Click on the training topic to register.
- Recordings will be available on our website for those unable to join live trainings.
- Certifications of Completion will be provided.
- All trainings are virtual.

Topic	Date
General Orientation and Commission on HIV Overview *	March 29 3:00 - 4:30 PM
Priority Setting and Resource Allocation Process & Service Standards Development *	April 12 3:00 - 4:30 PM
Tips for Making Effective Written and Oral Public Comments	May 24 3:00 - 4:00 PM
Ryan White Care Act Legislative Overview Membership Structure and Responsibilities *	July 19 3:00 - 4:30 PM
Public Health 101	August 16 3:00 - 4:30 PM
Sexual Health and Wellness	September 20 3:00 - 5:00 PM
Health Literacy and Self-Advocacy **Changed from Oct. 18 to 24th**	October ~~18~~ 24 3:00 - 4:30 PM
Policy Priorities and Legislative Docket Development Process *	November 15 3:00 - 4:30 PM
Co-Chair Roles and Responsibilities	December 6 4:00 - 5:00 PM

Mandatory core trainings for all commissioners.

LOS ANGELES COUNTY COMMISSION ON HIV

2023 WORK PLAN – PUBLIC POLICY—ONGOING

Committee Name: **PUBLIC POLICY COMMITTEE (PPC)**				
Co-Chairs: Katja Nelson, Lee Kochems			Committee Adoption Date: TBD	
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2023				
#	**TASK/ACTIVITY**	**DESCRIPTION**	**TARGET DATE**	**STATUS/NOTES/OTHER COMMITTEES INVOLVED**
1	Review and refine 2023 workplan	COH staff to review and update 2023 workplan monthly	Ongoing, as needed	Workplan revised/updated on: 12/23/23, 2/23/23, 3/29/23, 8/3/23, 9/6/23
2	Provide feedback on and monitor implementation of the Comprehensive HIV Plan (CHP)	Collaborate with the PP&A Committee to support the implementation of the CHP	Ongoing, as needed	
3	Develop 2023-2024 Legislative Docket	Review legislation aligned with information gathered from public hearing(s) as well as recommendations from Commission taskforces, caucuses, and workgroups to develop the Commission docket, and discuss legislative position for each bill.	May 2023 COMPLETED	The Committee will begin legislative bill review in 4/2023. Commission approved the legislative docket on 06/08/23. The document was forwarded to the Commission's County partners at the Office of Legislative Affairs and Intergovernmental Relations.
4	Continue to advocate for an effective County-wide response to the STD crisis in Los Angeles County.	The Committee will review government actions that impact funding and implementation of sexual health and HIV services. Assess and monitor federal, state, and local government policies and budgets that impact HIV, STD, STIs, Hep C and other sexual health issues.	Ongoing	Track and monitor BOS correspondence website and BOS agenda items related to the County-wide response to the STD crisis in Los Angeles County. On 2/7/23, the Department of Public Health (DPH) submitted a response to the Board motions made on 8/2/22 and 11/1/2022. The report includes a chart listing funding needs to response to the County's STD crisis by tiers. DPH submitted a quarterly memo on 05/03/23.
5	Continue to advocate for an effective County-wide response to the meth crisis in Los Angeles County.	The Committee will review government actions that impact funding and implementation of items on the ANAM platform.	Ongoing	Track and monitor BOS correspondence website and BOS agenda items related to the County-wide response to the ANAM platform. Commission staff will coordinate a meeting with staff at the substance Abuse Prevention and Control (SAPC) Program to discuss policy and service coordination efforts at an upcoming full Commission meeting.

LOS ANGELES COUNTY COMMISSION ON HIV

2023 WORK PLAN – PUBLIC POLICY—UNDER REVIEW

6	Update the 2022-2023 Policy Priorities document and Action Plan document.	The Committee will revise the Policy Priorities document to include the alignment of priorities from Commission stakeholder groups	April 2023 COMPLETED	The Committee and will finalize and approve changes for the 2023 Policy Priorities document. Commission approved the Policy Priorities document on 06/08/23. The document was forwarded to the Commission's County partners at the Office of Legislative Affairs and Intergovernmental Relations.
7	Efforts to Modernize the Ryan White Care Act (RWCA)	The Committee facilitated a discussion for the interest in modernizing the RWCA at the Commission's 2022 Annual meeting in November. "Dreaming Big: Community Wish List for a Better and Modernized Ryan White Care System & Ryan White CARE Act Legislation Overview"	Late 2023	Determine strategy for developing white paper on RWCA modernization to set foundation for future discourse around reauthorization. Issues discussed at Nov 2022 Commission Annual meeting: • Status neutral approach • Opportunity to expand service categories and allow more flexibility • Reduce administrative burden on the client and agencies to prove the Payor of Last Resort provision Committee members will review the issues document and identify their top 3. Commission staff will use the recommendations and draft the first version of the policy brief for review at the November Committee meeting.
8	Monitor and support the City of Los Angeles safe consumption site project.	Coordinate with the City of LA AIDS Coordinator's Office	TBD	The Committee is scheduling a presentation with the City of Los Angeles Safe Consumption site providers.

LOS ANGELES COUNTY
COMMISSION ON HIV

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PUBLIC POLICY COMMITTEE 2023 MEETING SCHEDULE

(updated 09.06.23)

DATE	KEY AGENDA ITEMS/TOPICS (subject to change; for planning purposes)
January 24 1pm to 3pm *(Virtual)*	Elect Co-Chairs for 2023
February 6 1pm to 3pm *(Virtual)*	PACHA Resolution on MSM Blood Donation Deferral Policy 2023 Legislative Docket Development 2023 Policy Priorities Action Plan Development
March 6 1pm to 3pm *(In-Person)*	**MEETING CANCELLED**
April 3 1pm to 3pm *(In-Person)*	Adopt 2023 PPC Workplan Finalize and approve changes to 2023 Policy Priorities Document Discuss state bills for 2023-2024 Legislative Docket Approve Legislative Docket—PPC and Executive
May 1 1pm to 3pm *(In-Person)*	Approve Legislative Docket – COH Submit Legislative Docket to BOS Discuss federal bills for 2023-2024 Legislative Docket Discuss DPH Memo on STD crisis to Board of Supervisors (BOS)
June 5 1pm to 3pm *(In-Person)*	Discuss public comment schedule for Health Deputy/BOS meetings
July 10 1pm to 3pm *(In-Person)*	Determine strategy for Ryan White Care Act (RWCA) Modernization Outline presentation schedule for RWCA modernization
August 7 1pm to 3pm *(In-Person)*	Discuss the RWCA Modernization Project and determine next steps
September 11 1pm to 3pm *(In-Person)*	Meeting rescheduled from 9/4/23 due to Labor Day Holiday Identify top issues/recommendations to include in the "RWCA modernization" policy brief
October 2 1pm to 3pm *(In-Person)*	Outline the framework for "RWCA Modernization" policy brief
November 6 1pm to 3pm *(In-Person)*	Review the draft "RWCA modernization" policy brief Prepare for Commission Annual Meeting
December 4 1pm to 3pm *(In-Person)*	Consider cancelling; poll committee members

LOS ANGELES COUNTY COMMISSION ON HIV

POLICY BRIEF:
MODERNIZING THE 2009 RYAN WHITE HIV/AIDS PROGRAM LEGISLATION

I. INTRODUCTION

a. Describe the purpose of the policy brief:
    i. Provide guidance to the Public Policy Committee for developing a policy brief summarizing key issues to address and include in a modernized Ryan White HIV/AIDS Program Legislation.
b. Describe the PPC, COH, and establish credibility

II. BACKGROUND AND JUSTIFICATION

a. Describe the RWCA and history of reauthorization:
    i. Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Legislation first enacted in 1990. Amended and reauthorized four times in 1996, 2000, 2006, and 2009. The 2009 Ryan White HIV/AIDS Program legislation continues the Ryan White HIV/AIDS Program through fiscal year 2013 and beyond, so long as Congress appropriates funds.
b. Explain the justification for engaging in the modernization discourse
    i. Reflect and think about the areas that the current RWCA has not addressed and identify/describe any gaps in services
    ii. Describe how the document can guide the process of updating the RWCA to better meet the needs of people living with HIV

III. RECOMMENDATIONS

a. Recommendation I
b. Recommendation II
c. Recommendation III
d. Recommendation IV
e. Recommendation V

IV. CONCLUSION

a. Describe next steps and dissemination plan
    i. Share the document with other jurisdictions and planning bodies/councils to garner support for elevating the conversation of modernizing the RWCA to the national level.

LOS ANGELES COUNTY COMMISSION ON HIV

ISSUES SUMMARY:
MODERNIZING THE 2009 RYAN WHITE HIV/AIDS PROGRAM LEGISLATION

1. **ISSUES IDENTIFIED DURING PPC MEETINGS AND COH STAFF NOTES:**
    a. Implement a status neutral approach to care and prevention efforts
    b. Expanding RWP to individuals and populations that carry the burden of new HIV infections
    c. Preserving MAI funds and ensuring these funds address not just HIV health needs but also systemic racial barriers
    d. Adding service categories that allow for local customization and flexibility

2. **ISSUES/NEEDS NOTED ON LOS ANGELES COUNTY COMMISION ON HIV--COMPREHENSIVE HIV PLAN[1]:**
    a. Increase Health literacy among PLWH
    b. Increase workforce capacity
    c. Meet the needs of PLWH age 50 years old and older
    d. Provide holistic services for cisgender and transgender women
    e. Develop models of care for meeting the health care needs of people with HIV who use drugs

3. **ISSUES/NEEDS IDENTIFIED IN RESOURCE DOCUMENTS**
    a. Reauthorization Principle #4: Ryan White's "Last Resort" response is not practical[2].
        i. Recipients must first demonstrate that they have exhausted all other sources of funding before tapping into Ryan White resources.
        ii. Re-engineer Ryan White as a critical wrap-around and supplementary component resource intended to enhance and expand other HIV prevention, care, and treatment services-- or supply those services where there are none.
    b. Reauthorization Principle #5: "Emergency" and "Urgency" are not synonymous[3].
        i. Urgency is needed more, indicating a purposeful response, guided by expedited but thorough planning and implementation. Refocus efforts to facilitate health care access and early interventions (Rapid linkage to care). Review program administration and reduce outdated procedures that slow down service delivery. Devote expenditures to integrated prevention and care (Status neutral approach).
    c. Reauthorization Principle #9: Financially support quality and efficiency[4]
        i. Electronic Medical Record (EMR) systems can lead to more efficient administrative processes.
        ii. Disease management models that rely on high quality care, incorporate inter-disciplinary, team-oriented service delivery, medical and primary health care accountability, and patient-centered focus.
    d. Despite the expected benefits of the ACA to PLWH, access and linkage to care, reducing inequity in HIV risk and access to care, and coping with comorbidities remain pressing challenges.[5]

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[1] Microsoft Word - LA County Integrated HIV Prevention and Care Plan, 2022-2026.docx (kc-usercontent.com)
[2] "Ryan White Reauthorization Principles" Policy Brief No. 4, Los Angeles County Commission on HIV
[3] "Ryan White Reauthorization Principles" Policy Brief No. 4, Los Angeles County Commission on HIV
[4] "Ryan White Reauthorization Principles" Policy Brief No. 4, Los Angeles County Commission on HIV
[5] The Ryan White HIV/AIDS Program after the Patient Protection and Affordable Care Act full implementation: a critical review of predictions, evidence, and future directions - PubMed (nih.gov)

e. Increase Ryan White program investments to build health department data management systems and capacity to better partner with Medicaid, Medicare, health plans, and HIV prevention programs to monitor engagement in care and intervene when care is interrupted[6]
f. Making rapid start of ART the expectation for HIV health care systems is an urgent priority.[7]
    i. The Ryan White HIV/AIDS Program is uniquely poised to lead the way, both in changing how its recipients operate and in demonstrating to Medicaid, Medicare, and private insurers how to make rapid start of ART (within 7 days of diagnosis) a reality
    ii. Ryan White Program solutions for rapid start:
        1. Make rapid start of ART a priority
        2. Develop models for rapid start of ART in tandem with retention in care
        3. Measure "time to ART" and "time to viral suppression"
    iii. Prioritize competitive funding for rapid start of ART
        1. Prioritize funding through the ADAP supplemental grant programs
        2. Revise guidance for the Part C program to promote the development of rapid start initiatives
    iv. Expediate ADAP eligibility and procure starter courses of drugs
        1. Show states how to streamline ADAP eligibility
        2. Facilitate purchase of ART starter packs
    v. Support practice transformation
        1. Special Projects of National Significance
        2. AIDS Education and Training Centers
g. When Congress next enacts a reauthorization to the Ryan White HIV/AIDS Program, they may consider a range of changes to improve outcomes and better support retention in care and adherence to treatment, including giving HRSA new tools to promote presumptive eligibility for ADAP and ensure that Medicaid, Medicare, and the marketplaces have the pharmacy benefits structures and staff capacity to operationalize rapid start of ART.

[6] AligningwithInsurance1.pdf (georgetown.edu)
[7] Big-Ideas_Leveraging-the-Ryan-White-Program-to-Make-Rapid-Start-of-HIV-Therapy-Standard-Practice.pdf (georgetown.edu)

Is the USA on track to end the HIV epidemic?

Vincent Guilamo-Ramos, Marco Thimm-Kaiser, Adam Benzekri

Lancet HIV 2023; 10: e552–56

Center for Latino Adolescent and Family Health and School of Nursing, Duke University, Durham, NC, USA (Prof V Guilamo-Ramos PhD, M Thimm-Kaiser MPH, A Benzekri MPH); **Department of Family Medicine and Community Health and Department of Infectious Diseases, School of Medicine, Duke University, Durham, NC, USA** (Prof V Guilamo-Ramos); **Presidential Advisory Council on HIV/AIDS, US Department of Health and Human Services, Washington, DC, USA** (Prof V Guilamo-Ramos); **CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment, US Department of Health and Human Services, Atlanta, GA, USA** (Prof V Guilamo-Ramos); **Panel on Antiretroviral Guidelines for Adults and Adolescents, Office of AIDS Research Advisory Council, National Institutes of Health, US Department of Health and Human Services, Bethesda, MD, USA** (Prof V Guilamo-Ramos)

Correspondence to: Prof Vincent Guilamo-Ramos, Center for Latino Adolescent and Family Health and School of Nursing, Duke University, Durham, NC 27710, USA
vincent.ramos@duke.edu

Despite progress in reducing new HIV infections in the USA, publicly available data suggest that new HIV infections continue to occur at an alarming rate. In this Viewpoint, we highlight the regularity with which the existing systems for HIV prevention and treatment delivery in the USA fail and the clearly inequitable effect of the systems' failure among several priority populations of the Ending the HIV Epidemic (EHE) initiative. Existing data cast doubt on whether the current EHE efforts will suffice to achieve its 2030 goal of reducing annual new HIV infections to fewer than 3000. We outline future directions in four priority areas to regain lost ground in pursuit of the 2030 EHE goals: reducing the stigma affecting people living with and most at risk of HIV; broadening the HIV workforce; mitigating harmful social determinants of health; and recommitting and reinvesting in health in the USA more broadly.

Introduction

40 years into the HIV and AIDS epidemic, the federal US Government has launched a decade-long, multiagency initiative designed to accelerate progress in HIV prevention and treatment by formulating an ambitious goal: the reduction of annual new HIV infections in the USA by 90% or more by 2030.[1] Ending the HIV Epidemic (EHE), an initiative launched in 2019, seeks to ensure that the billions of federal dollars invested each year in the HIV response[2] translate into tangible benefits for both the 1·2 million people living with HIV in the USA and the more than 1 million additional Americans at elevated risk of HIV infection.[3]

In 2030, EHE's success will be measured primarily against the declared target of fewer than 3000 new HIV infections a year.[1] To achieve meaningful progress towards this goal, annual new HIV infections must be reduced at a substantially accelerated pace compared with the preceding decade. Given the newly released estimate for the number of new HIV infections in 2021 (estimated at 32 100 new infections; 95% CI 29 900–34 300), an average annual reduction of more than 3000 infections in the years from 2022 to 2030 would be needed to meet the 2030 goal.[3] Such a reduction would be more than 5 times the average annual reduction achieved before the EHE initiative between 2010 and 2019 and approximately 2·5 times the average annual reduction achieved in EHE's first 2 years from 2019 to 2021 (figure).[3] Although this might seem a daunting challenge, the EHE target can be met if highly effective existing prevention and treatment modalities, such as universal HIV testing; HIV pre-exposure prophylaxis (PrEP); and antiretroviral HIV treatment that prevents HIV-related mortality, morbidity, and forward transmission (ie, undetectable equals untransmissible), are equitably deployed for all people living with or at risk of HIV. However, available data suggest that new HIV infections continue to occur at an alarming rate and that the reach of available prevention and treatment tools remains inequitable, casting doubt on whether current EHE efforts will suffice to achieve the 2030 goal.[3,4]

Inequitable progress

To assess progress in reducing incident HIV infections, phylogenetic analyses of HIV-1 nucleotide sequence data captured by the US Centers for Disease Control and Prevention's (CDC's) National HIV Surveillance System provide valuable insights into ongoing transmission dynamics in the USA. Concerningly, the CDC's analyses reveal rapid HIV transmission events continued between 2018 and 2021 in 38 large clusters (>25 cluster members) across all US census regions.[4] Persistence of clustered rapid HIV transmission indicates that existing systems for HIV prevention and treatment fail or are absent with alarming regularity.

The effect of failures in HIV prevention and treatment systems has been visibly inequitable among several priority populations that are experiencing broader health-care and social inequities. For example, in 2021–22, five clusters of rapid HIV transmission (primarily involving Latino gay, bisexual, and other men who have sex with men [MSM]) were detected in the Atlanta metropolitan area (GA, USA) alone,[5] and numerous similar clusters of rapid HIV transmission concentrated among Latinos and other EHE priority populations have been reported in the past decade. Alarmingly, only 5% of the people linked to the five Atlanta clusters (33% of whom were born outside the USA) had ever used PrEP,[5] which highlights the failure of existing standard-of-care HIV service delivery systems to equitably reach Latino MSM. However, in the context of a targeted, culturally tailored, and community-engaged public health cluster response, 92% of people linked to the five clusters had HIV viral suppression within a year of diagnosis and 85% maintained an undetectable viral load (<200 HIV RNA copies per mL) at their last viral load test.[5] These data provide evidence that effective engagement of Latino MSM in care is possible and that previous failures to achieve adequate PrEP coverage are principally attributable to the misalignment of available services and underprioritisation of the needs of communities most affected by the epidemic.

Nationally, PrEP coverage and rates of HIV viral suppression—two primary EHE strategies—remain lower among Latinx than the national average.[3] Furthermore, structural barriers to HIV testing among Latinx at greatest risk of HIV infection persist[6] and a CDC study reported that experiences of HIV-related discrimination and stigma (including within health-care

settings) impede the quality of care for Latinx living with HIV.[7] In the most up-to-date data (for 2021), the total number of estimated new HIV infections among Latinx in the USA (the country's youngest and largest minority ethnic group) is about the same as in 2010, whereas there has been a 19% reduction in estimated annual HIV incidence in the USA overall during the same timeframe (2010–21).[3] Inequities are also widening among young MSM aged 25–34 years, who account for more than a quarter of all incident HIV infections in the USA. In 2010, young Latino, Black, and White MSM aged 25–34 years accounted for approximately equal numbers of estimated new HIV infections (2000, 2100, and 2000, respectively).[3] By 2021, however, the estimated annual HIV incidence had increased by 65% among young Latino MSM and by 67% among young Black MSM as compared with a 5% decrease among young White MSM.[3] There are also pronounced HIV inequities among transgender individuals, particularly Black and Latina transgender women, more than one in four of whom are estimated to be living with HIV.[8]

In addition, approximately one in ten incident HIV infections in the USA in 2021 were estimated to be among people who inject drugs. Estimated annual HIV incidence in this group had declined between 2010 and 2014, but it then reaccelerated from 2014 to 2021, eliminating the previous progress.[3] These data highlight the unmet HIV prevention and harm reduction needs of people who inject drugs and people using other drugs associated with increased risk of HIV seroconversion (eg, methamphetamine).

In line with these trends, data from CDC's 2018–21 molecular surveillance also show little progress in the national response towards reducing inequities. Of 38 large clusters of rapid HIV transmission identified, six (16%) primarily involved people who inject drugs, and 29 (76%) primarily involved MSM; in these clusters, 64% were Black or Latinx individuals, 87% were younger than 40 years, and 48% resided in the southern USA.[4] Taken together, these data point to four priority areas for action to achieve equitable progress in pursuit of the 2030 EHE goals.

Reducing stigma

Legal, health-care, and interpersonal discrimination remain major challenges for people living with or at risk of HIV, especially people whose identities are subject to intersectional marginalisation based on race, ethnicity, sexual orientation, gender identity, substance use history, or socioeconomic status. To extend the reach of HIV prevention and treatment tools in an equitable way, it will be necessary to overcome stigma, implicit biases, structural racism, and HIV criminalisation that adversely affect service accessibility, acceptability, and quality for people living with HIV and those most at risk of HIV infection.

To achieve this goal, the adoption of a whole-person sexual health framework in research, policy, and practice

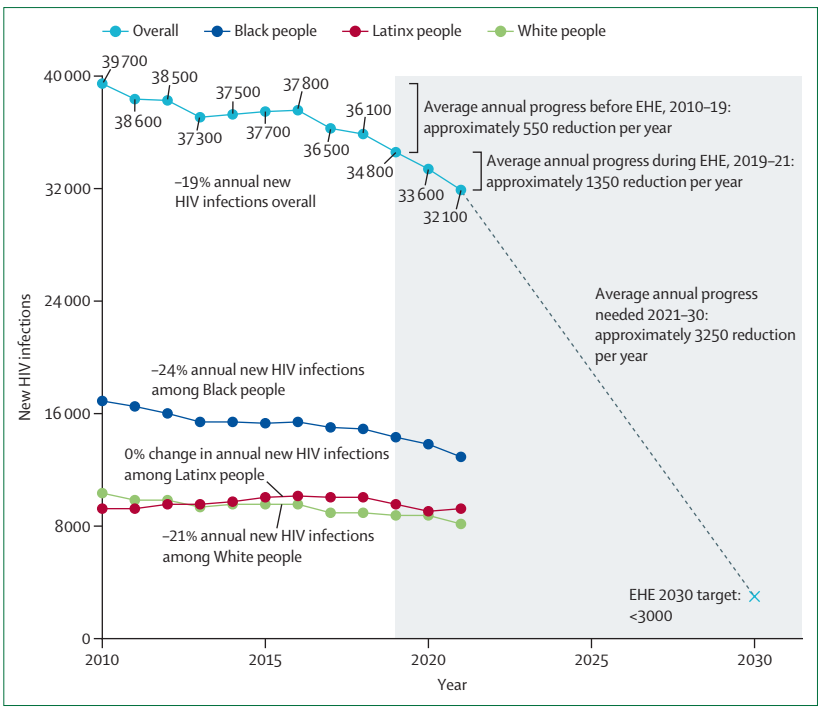

Figure: **Annual new HIV infections in the USA over 2010–21 relative to the EHE 2030 target**
EHE=Ending the HIV Epidemic.

that opposes risk-centred notions of HIV prevention and treatment will be essential.[9] As part of this effort, the CDC is advocating integrated status-neutral HIV prevention and care service delivery.[10] Status-neutral HIV care is designed to provide HIV testing, prevention, and treatment alongside comprehensive health-care, mental health, addiction, and social services for all people affected by HIV regardless of their serostatus, thereby reducing the stigma associated with seeking services specific to HIV or sexually transmitted infections.[10] In addition, low trust in the health-care system—rooted in communities' and individuals' historical and lived experiences of discrimination, bias, and harm—has been identified as contributing to suboptimal engagement across the status-neutral HIV care continuum.[11,12] Proactive efforts by health-care systems, institutions, and providers to build trustworthiness (ie, focusing on how they can be more trustworthy to the communities they serve rather than on the communities' mistrust) will be needed to address the root causes of persistent HIV inequities, which includes efforts that go beyond implicit bias training of providers.

Broadening the HIV workforce

To achieve the necessary scale and reach of prevention and treatment tools, such as HIV testing, PrEP, post-exposure prophylaxis (PEP), and treatment, the workforce delivering these services must be adequately supported and resourced. Given that the number of people living with HIV who require comprehensive and

ongoing treatment services is growing[3] and that EHE targets call for roughly doubling current PrEP coverage among people at risk of HIV,[1] the available cadre of HIV specialty providers alone will not suffice to meet demand,[13] and a substantially larger workforce will be needed to deliver HIV services. For example, it has been estimated that there are no infectious disease physicians in approximately 80% of all US counties and that nearly two-thirds of Americans (208 million people) live in counties with no or below average coverage by infectious disease physicians.[14]

Despite this misalignment, qualified members of the HIV care team (eg, nurse practitioners, physician assistants, and pharmacists) too often face regulatory restrictions that prevent them from practising at the highest level of their education and licence, restricting the full deployment of their expertise and qualifications.[9,15,16] In addition, there is a wide range of clinical and non-clinical professionals who deliver services that are crucial for comprehensive HIV prevention and management but who are too often underused or not formally considered members of the HIV workforce: these include non-prescribing nurses; mental, behavioural, and addiction health-care practitioners; and community-based health service providers (eg, community health workers, health educators, and people with lived experience of HIV). Broadening the HIV workforce by enabling non-physician HIV clinicians to practise to the full scope of their education and licence and by formally recognising the contributions of all clinical and non-clinical HIV service providers is particularly important to enable greater proliferation of novel, demedicalised, decentralised, and community-led models of HIV service delivery. Adoption of models such as HIV self-testing programmes,[17] pharmacy and community-based PrEP or PEP,[18] and same-day treatment and linkage to care[19] has shown promise for increasing the equitable reach of HIV prevention and treatment. Notably, expanding the HIV workforce is consistent with federal investment priorities outlined in several pieces of legislation, including the American Rescue Plan Act (passed in 2021) and the Future Advancement of Academic Nursing Act (introduced in 2021), among others.[20,21] In summary, there is a need to expand definitions of the HIV workforce; to reduce barriers preventing all providers from fully deploying their expertise and qualifications; and to recruit, to retain, and to adequately support the HIV service providers of the future.

For more on the **Center for Latino Adolescent and Family Health's mitigation of the social determinants of health** see https://dusontrailblazer.com/

Mitigating harmful social determinants of health

Inequitable social structures and harmful social determinants of health are increasingly recognised as the underlying drivers of persistent HIV inequities. However, effective programmes and policies to reduce harmful social determinants of health and mitigate their effects where they persist remain underdeveloped despite a large, extant body of conceptual and empirical literature on the mechanisms of social determinants of health.[22] Investments in narrowing this research-to-practice translation gap for mitigation represent a key priority for the EHE initiative. Three areas for action stand out as particularly important. First, the research agenda advanced by the National Institutes of Health, CDC, and other federal funders will need to prioritise applied studies that move beyond documenting the harmful effects of social determinants of health and towards the development and evaluation of scalable biopsychosocial interventions that address specific operating mechanisms of harmful social determinants of health and bolster multilevel resilience.[22] Second, federal, state, and local agencies will need to provide funding mechanisms and regulatory infrastructure for demonstration projects that incentivise and accelerate the adoption and scale-up of evidence-based interventions to reduce lag times between scientific health innovations and real-world impact. Examples of support mechanisms for demonstration pilot projects focused on social determinants of health include the CDC's funding opportunities with the Closing the Gap with Social Determinants of Health Accelerator Plans and the Centers for Medicare & Medicaid Services' 1115 Demonstrations.[23] Third, the HIV workforce will need increased preparation during education, training, and professional development for comprehensive management of harmful social determinants of health as part of routine prevention and treatment services (beyond solely screening for individual social needs and referral to psychosocial services). For example, there are ongoing efforts in the nursing profession to prioritise mitigation of social determinants of health in education, clinical practice, and nursing science. Action in these three areas would expand the available tools, support infrastructure, and workforce capacity needed by stakeholders across multiple levels, including federal, state, and local (eg, county and city) health departments and agencies, health-care networks and organisations, and individual health-care-based and community-based service providers, to effectively mitigate the impact of harmful social determinants of health on HIV inequities.

Recommitting to and reinvesting in health in the USA

Four decades into the epidemic, despite the availability of effective prevention and treatment, the persistently high and inequitable incidence of new HIV infections is evidence of chronic underprioritisation and under-investment in US public health. It is not a coincidence that life expectancy in the USA has begun to decline in the past 10 years—including before the COVID-19 pandemic—after having increased for most of the previous 50 years preceding the decline.[24] If the EHE 2030 goals are to be achieved, there is a need for broad reprioritisation of health in the USA, including regulatory

action and financial investment to ensure equitable access, quality, and outcomes in HIV prevention and care. However, the investment needs go beyond additional allocation of money to the HIV response and to the (by international comparison) inefficient US health-care system. There are population-level benefits of a broader transformation of the existing US health system that prioritises enduring commitments to reducing health inequities versus reactive and short-term prioritisations of immediate health concerns.[25] Additional priority areas for action include improving Medicare infrastructure for the ageing cohort of people living with HIV,[26] advancement of universal health insurance coverage (including Medicaid expansion),[27] and integration of comprehensive mental and behavioural health and addiction services with HIV care.[28] In addition, an urgent need exists for national unity in rejecting political and judicial decisions that are in conflict with the scientific evidence and harmful to populations most affected by the HIV epidemic, such as efforts over the past year by the Governor of Tennessee to reject federal funding for HIV prevention programmes in the state[29] or a Texas court ruling to allow payment options for PrEP to be restricted.[30]

Conclusion

Taken together, sizeable investments as part of the EHE initiative have contributed to accelerated progress in reducing annual new HIV infections during 2019–21, even despite substantial disruptions to HIV services during the height of the COVID-19 pandemic. However, progress has been inequitable, and the available data suggest the USA is still not on track to achieve the EHE's declared 2030 goal—and time is running out. For each additional year in which the target decrease in annual new HIV infections is missed, the path to attaining fewer than 3000 new HIV infections by 2030 becomes narrower. With the tools needed to eliminate HIV transmission in the USA already available, sufficiently accelerating progress in the remaining 7 years of EHE will depend on removing the persistent barriers to equitable reach of comprehensive prevention and treatment in all US communities and populations at risk of acquiring or living with HIV.

Contributors

VG-R and MT-K conceptualised and drafted the initial manuscript, interpreted the data reported in the manuscript, and reviewed and revised the manuscript. AB assisted with the interpretation of the data reported in the manuscript and reviewed and revised the manuscript. All authors approve the final manuscript as submitted and agree to be accountable for all aspects of the work.

Declaration of interests

VG-R reports grants and personal fees from ViiV Healthcare, outside the submitted work; personal fees from Gilead Sciences, outside the submitted work; and research funding from National Institutes of Health and other federal and philanthropic funders. VG-R serves as a member of the US Presidential Advisory Council on HIV/AIDS; the Centers for Disease Control and Prevention/Health Resources and Services Administration Advisory committee on HIV, viral hepatitis, and sexually trasmitted disease prevention and treatment; the US Department of Health and Human Services panel on antiretroviral guidelines for adults and adolescents; the National Academies of Sciences, Engineering, and Medicine committee on unequal treatment revisited: the current state of racial and ethnic disparities in healthcare; and the committee on the prevention and control of sexually transmitted infections in the USA. VG-R serves on the board of directors of the HIV Medicine Association, the Latino Commission on AIDS, and numerous other health organisations. All other authors declare no competing interests.

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