



LOS ANGELES COUNTY
COMMISSION ON HIV



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PUBLIC POLICY COMMITTEE MEETING

Tuesday, September 16, 2024

1:00pm-3:00pm (PST)

510 S. Vermont Avenue, 9th Floor, LA 90020

Validated Parking @ 523 Shatto Place, LA 90020

**As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

Agenda and meeting materials will be posted on our website at <http://hiv.lacounty.gov/Meetings>

Register Here to Join Virtually

<https://lacountyboardofsupervisors.webex.com/weblink/register/rf347c21b08a0dedb2eb664d0516bcc3>

Notice of Teleconferencing Sites

Public Comments

You may provide public comment in person, or alternatively, you may provide written public comment by:

- Emailing hivcomm@lachiv.org
- Submitting electronically at https://www.surveymonkey.com/r/PUBLIC_COMMENTS

**Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting. All public comments will be made part of the official record.*

Accommodations

Requests for a translator, reasonable modification, or accommodation from individuals with disabilities, consistent with the Americans with Disabilities Act, are available free of charge with at least 72 hours' notice before the meeting date by contacting the Commission office at hivcomm@lachiv.org or 213.738.2816.



Scan QR code to download an electronic copy of the meeting packet. Hard copies of materials will not be available in alignment with the County's green initiative to recycle and reduce waste. If meeting packet is not yet available, check back prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at: <https://www.surveymonkey.com/r/COHMembershipApp>

For application assistance, call (213) 738-2816 or email hivcomm@lachiv.org



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 16, 2024 | 1:00 PM – 3:00 PM

510 S. Vermont Ave
Terrace Level Conference Room TK02
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles 90020

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 in order to access the Terrace Conference Room (9th floor) where our meetings are held.

NOTICE OF TELECONFERENCING SITE:

Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/weblink/register/rf347c21b08a0dedb2ebb664d0516bcc3>

To Join by Telephone: 1-213-306-3065 U.S. Toll

Password: POLICY Meeting ID/Access Code: 2534 849 4877

Public Policy Committee Members:			
Katja Nelson, MPP <i>Co-Chair</i>	Lee Kochems, MA <i>Co-Chair</i>	Alasdair Burton	Mary Cummings
Arburtha Franklin <i>(Alternate)</i>	Terrance Jones	Leonardo Martinez-Real	Paul Nash, PhD, CPsychol, AFBPsS, FHEA
Ronnie Osorio <i>(Alternate)</i>			
QUORUM: 5			

AGENDA POSTED: September 11, 2024.

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

1:15 PM – 1:20 PM

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 | 1:20 PM – 1:30 PM |
| a. Operational and Programmatic Updates | |
| 8. Co-Chair Report | 1:30 PM – 1:35 PM |
| a. 2024 Workplan and Meeting Calendar—Updates | |

V. DISCUSSION ITEMS

- | | |
|---|-------------------|
| 10. November Election Voter Registration Advocacy | 1:35 PM—2:15 PM |
| 11. 2024 Legislative Docket—Updates | 2:15 PM – 2:25 PM |

VI. DISCUSSION ITEMS CONT.

- | | |
|--|-------------------|
| 12. 2023-2024 Policy Priorities | 2:25 PM – 2:30 PM |
| 13. State Policy & Budget—Updates | 2:30 PM – 2:35 PM |
| 14. Federal Policy-- Updates | 2:40 PM – 2:45 PM |
| 15. County Policy-- Updates | 2:45 PM – 2:50 PM |
| a. DPH Memo in response to STD Board of Supervisors (BOS) motion | |

VII. NEXT STEPS

2:50 PM – 2:55 PM

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

VIII. ANNOUNCEMENTS

2:55 PM – 3:00 PM

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

IX. ADJOURNMENT

3:00 PM

- 16. Adjournment for the meeting of September 16, 2024.

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



Approved by COH
6/8/23

510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748

HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov>

CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

- 1) We approach all our interactions with compassion, respect, and transparency.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen with intent, avoid interrupting others, and elevate each other's voices.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) Be flexible, open-minded, and solution-focused.**
- 7) We give and accept respectful and constructive feedback.**
- 8) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 9) We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
- 10) We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting . . . Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)

APPROVED BY OPERATIONS COMMITTEE ON 05/25/23; COH 06/08/23

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); Revised (4/11/19; 3/3/22, 3/23/23; 5/30/23)

S:\Committee - Operations\Code of Conduct\2023\CodeofConduct_Updated 3.23.23_Aprvd COH060823.docx



HYBRID MEETING GUIDELINES, ETIQUETTE & REMINDERS

(Updated 7.15.24)

- ☐ This meeting is a **Brown-Act meeting** and is being recorded.
 - Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
 - Your voice is important and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.
- ☐ The **meeting packet** can be found on the Commission's website at <https://hiv.lacounty.gov/meetings/> or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.
- ☐ Please comply with the **Commission's Code of Conduct** located in the meeting packet.
- ☐ **Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.*
- ☐ For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**
- ☐ Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances"** must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on for the entire duration of the meeting and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.
- ☐ Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.

If you experience challenges in logging into the virtual meeting, please refer to the WebEx tutorial [HERE](#) or contact Commission staff at hivcomm@lachiv.org.



2024 MEMBERSHIP ROSTER | UPDATED 9.10.24

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2024	June 30, 2026	
3	City of Long Beach representative			Vacant	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	SBP	Dahlia Ale-Ferlito	AIDS Coordinator's Office, City of Los Angeles	July 1, 2024	June 30, 2026	
5	City of West Hollywood representative	1	PP&A	Dee Saunders	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP <i>*Non Voting</i>	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2024	June 30, 2026	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2024	June 30, 2026	
8	Part C representative	1	OPS	Leon Maultsby, MHA	Charles R. Drew University	July 1, 2024	June 30, 2026	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	SBP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2024	June 30, 2026	
11	Provider representative #1			Vacant		July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2024	June 30, 2026	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2024	June 30, 2026	
15	Provider representative #5	1	SBP	Byron Patel, RN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6	1	EXC OPS	Dechelle Richardson	AMAAD Institute	July 1, 2024	June 30, 2026	
17	Provider representative #7			Vacant		July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2024	June 30, 2026	
19	Unaffiliated representative, SPA 1			Vacant		July 1, 2023	June 30, 2025	Kerry Ferguson (SBP)
20	Unaffiliated representative, SPA 2	1	SBP	Russell Ybarra	<i>Unaffiliated representative</i>	July 1, 2024	June 30, 2026	
21	Unaffiliated representative, SPA 3	1	OPS	Ish Herrera	<i>Unaffiliated representative</i>	July 1, 2023	June 30, 2025	
22	Unaffiliated representative, SPA 4			Vacant		July 1, 2024	June 30, 2026	Lambert Talley (PP&A)
23	Unaffiliated representative, SPA 5	1	EXC SBP	Kevin Stalter	<i>Unaffiliated representative</i>	July 1, 2023	June 30, 2025	
24	Unaffiliated representative, SPA 6	1	OPS	Jayda Arrington	<i>Unaffiliated representative</i>	July 1, 2024	June 30, 2026	
25	Unaffiliated representative, SPA 7	1	OPS	Vilma Mendoza	<i>Unaffiliated representative</i>	July 1, 2023	June 30, 2025	
26	Unaffiliated representative, SPA 8	1	EXC PP&A	Kevin Donnelly	<i>Unaffiliated representative</i>	July 1, 2024	June 30, 2026	
27	Unaffiliated representative, Supervisorial District 1	1	PP	Leonardo Martinez-Real	<i>Unaffiliated representative</i>	July 1, 2023	June 30, 2025	Arburtha Franklin (PPC)
28	Unaffiliated representative, Supervisorial District 2	1	EXC OPS	Bridget Gordon	<i>Unaffiliated representative</i>	July 1, 2024	June 30, 2026	
29	Unaffiliated representative, Supervisorial District 3	1	SBP	Arlene Frames	<i>Unaffiliated representative</i>	July 1, 2023	June 30, 2025	
30	Unaffiliated representative, Supervisorial District 4			Vacant		July 1, 2024	June 30, 2026	
31	Unaffiliated representative, Supervisorial District 5	1	PP&A	Felipe Gonzalez	<i>Unaffiliated representative</i>	July 1, 2023	June 30, 2025	Rita Garcia (PP&A)
32	Unaffiliated representative, at-large #1	1	PP&A	Lilieth Conolly	<i>Unaffiliated representative</i>	July 1, 2024	June 30, 2026	
33	Unaffiliated representative, at-large #2	1	OPS	Terrance Jones	<i>Unaffiliated representative</i>	July 1, 2023	June 30, 2025	
34	Unaffiliated representative, at-large #3	1	PP&A	Daryl Russell, M.Ed	<i>Unaffiliated representative</i>	July 1, 2024	June 30, 2026	David Hardy (SBP)
35	Unaffiliated representative, at-large #4	1	EXC	Joseph Green	<i>Unaffiliated representative</i>	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2024	June 30, 2026	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, PhD, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2024	June 30, 2026	
39	Representative, Board Office 4	1	EXC OPS	Justin Valero, MA	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman (LOA)	ViaCare Community Health	July 1, 2024	June 30, 2026	
41	Representative, HOPWA	1	PP&A	Matthew Muhonen (LOA)	City of Los Angeles, HOPWA	July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems, MA	<i>Unaffiliated representative</i>	July 1, 2024	June 30, 2026	
43	Local health/hospital planning agency representative			Vacant		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	EXC OPS PP	Alasdair Burton	No affiliation	July 1, 2024	June 30, 2026	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3	1	OPS	Erica Robinson	Health Matters Clinic	July 1, 2024	June 30, 2026	
47	HIV stakeholder representative #4	1	PP	Ronnie Osorio	Center for Health Justice (CHJ)	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2024	June 30, 2026	
49	HIV stakeholder representative #6	1	SBP	Felipe Findley, PA-C, MPAS, AAHIVS (LOA)	Watts Healthcare Corp	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2024	June 30, 2026	
51	HIV stakeholder representative #8	1	EXC OPS	Miguel Alvarez	No affiliation	July 1, 2024	June 30, 2026	
TOTAL:		42						

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: 47



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 (COH) are accorded voting privileges and must verbally acknowledge their attendance in order to vote.
Approved meeting minutes are available on the COH's website; meeting recordings are available upon request.*

**PUBLIC POLICY COMMITTEE
MEETING MINUTES**

June 3, 2024

Draft

COMMITTEE MEMBERS			
P = Present A = Absent EA = Excused Absence			
Katja Nelson, MPP, Co-Chair	P	Ricky Rosales	A
Lee Kochems, MA, Co-Chair	P	Ronnie Osorio	A
Mary Cummings	A		
Leonardo Martinez-Real	P		
Paul Nash, PhD, CPsychol, AFBPsS, FHEA	P		
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

The meeting was called to order at 1:05pm.

2. INTRODUCTIONS, ROLL CALL, & CONFLICTS OF INTEREST STATEMENTS

Katja Nelson, Public Policy Committee (PPC) co-chair, led introductions.

APPROVAL OF AGENDA

MOTION #1: Approve the Agenda Order as presented or revised. *(No quorum; no vote held).*

3. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the April 1, 2024 Public Policy Committee minutes, as presented or revised. *(No quorum; no vote held).*

II. PUBLIC COMMENT

4. 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.

There were no public comments.

III. COMMITTEE NEW BUSINESS ITEMS

5. 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

6. EXECUTIVE DIRECTOR/STAFF REPORT

- C. Barrit, Executive Director, reported that on May 21, 2024 thru May 23, 2024, Senior Program Officer staff from the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Department of Metropolitan HIV/AIDS Programs (DMHAP) conducted a technical assistance visit. C. Barrit noted that this site visit differs from the compliance visits HRSA conducts every 4-5 years. She added that overall, the site visit was helpful and yielded a variety of helpful recommendations for improving Commission operations and core functions. Some of the recommendations include changes to the Commission bylaws, suggestions for the priority setting and resource allocation process, tips around membership recruitment, and emphasis on effective succession planning. Another overarching theme of the site visit was a deeper understanding of the responsibilities of planning councils and maintaining boundaries between planning council support staff, commissioners, and the recipient. She also mentioned an analogy the HRSA staff shared with participants which aims at recentring discussions that may be veering off topic or outside the scope of the planning council. Commission staff are waiting for a formal write up of recommendations for improvements and will follow-up with requests for sample documents showcasing some of the suggestions presented during the sessions.

C. Barrit also reported that for the June Commission meeting, she prepared a high-level overview of a timeline of the key tasks that Commission co-chairs and staff need to complete as a follow-up. She added that this site visit is part of an ongoing technical assistance program and Commissioners can submit ideas for future technical assistance session topics.

- C. Barrit shared that she will provide a high-level overview of the Older Americans Act at the Aging Caucus meeting on Tuesday June 4, 2024. The presentation will include suggestions for how the Commission can participate in helping inform the development of state and local plans. The Aging Caucus meeting will be held virtually and is open to members of the public.
- C. Barrit reminded PPC members that the next COH meeting will take place on June 13, 2024 at the Vermont Corridor.

7. CO-CHAIR REPORT

a. Draft 2024 Workplan and Meeting Calendar

Katja Nelson, PPC co-chair, provided an overview of the workplan and recommended to add an item related to tracking and monitoring legislation and policies related to aging. See the meeting packet for a copy of the workplan. She reminded the Committee that the July PPC meeting is cancelled; the next PPC meeting will be in August.

b. Committee-Only Application Review

Jose Rangel-Garibay, Commission staff, reported that the Commission staff received a committee-only application from a member of the public in March 2024. Commission staff advised the individual to attend the April PPC meeting to learn more about the Committee before moving forward with the application. The individual attended the April PPC meeting virtually. C. Barrit added that whenever Commission staff receive a committee-only application, the application is forwarded to the Committee for a round of discussion and vetting review of the application to make a determinate of whether to move the application through the Commission chain of approval or not. J. Rangel-Garibay provided an overview of the information listed on the application and resume. See the meeting packet for a copy of the documents.

C. Barrit explained the difference between the review process for a Commission application and a committee-only application and the steps the Operations Committee takes to decide how to proceed with an applicant. She will send the PPC members a copy of the questions the Operations Committee utilizes when reviewing Commissioner applications. She noted that the Commission bylaws indicate that committee-only members should be subject matter experts and should fill a gap in expertise that is not represented in the current Committee composition. Lee Kochems, PPC co-chair, shared that in the past PPC would encourage someone to submit a committee-only application once they have worked with the PPC and/or can provide the Committee expertise that would progress the work of the Committee and Commission. Having a member of the community submit a committee-only application independently does not have precedent for the PPC.

C. Barrit suggested to invite the applicant to a future PPC meeting and give them the opportunity to further introduce themselves and express their interest in joining the PPC as a committee-only member. If the PPC decides not to move forward with the application at this time, Commission keep applications on file for 12 months which would allow the PPC opportunities to reconsider their decision. The PPC decided to invite the applicant to the June Commission meeting, and the August PPC meeting. C. Barrit will reach out to the application and share the meeting information and provide an update on the application process.

c. Act Now Against Meth (ANAM) | Updates

There are no updates. Commission staff will follow-up with staff at The Wall Las Memorias to help identify someone that can offers updates related to the ANAM project including opportunities to collaborate.

- d. J. Rangel-Garibay added that item 18 on the Board of Supervisors agenda for the June 4, 2024 meeting is a motion from Supervisors Horvath and Solis requesting a meth mortality impact report that looks at trends over the last five years and aims to understand what services and resources are available to prevent and fight meth and addiction as well as any recommendations on what else can be done to help.

V. DISCUSSION ITEMS

8. **2023-2024 LEGISLATIVE DOCKET – UPDATES**

K. Nelson noted that the Executive Committee approved the docket and forwarded it to the Commission for review and approval at the June 13, 2024 meeting. She added that the motion to approve the document at the Executive Committee included one change which was switching the PPC's position on AB 2523 from "WATCH" to "OPPOSE". The change took place in response to additional feedback and concern expressed from both county and city partners urging the PPC leadership to consider opposing the bill. J. Rangel-Garibay briefly mentioned the bills that did not make it out of their house of origin. See the meeting packet for a copy of the document.

9. **2024 POLICY PRIORITY**

The COH approved the 2024 Policy Priorities document at the 5/9/24 COH meeting and will transmit the document along with the 2023-24 Legislative Docket to the Commissions liaisons at the County Office of Legislative Affairs and Intergovernmental Relations (LAIR) after the June 13, 2024 Commission meeting.

10. **STATE POLICY & BUDGET UPDATE**

K. Nelson shared that the Governor's budget May revise includes many cuts to key public health funds. Barbara Ferrer, Director of the Los Angeles County Department of Public Health, wrote a letter to the Governor's office advocating titled "Elimination of the General Fund Future Public Health Investment," which lays out the different programs within in Los Angeles County that utilize those funds and how eliminating those funds would severely impact health outcomes. Other local jurisdictions, including the City of Long Beach, have also submitted advocacy letters urging the Governor to consider other avenues for reconciling the budget deficit. K. Nelson noted that California Legislature is currently reviewing the Governor's May revise and have rejected the majority of the cuts. The Legislature and the Governor's office will go back and forth to figure out what the final budget will be by the June 15, 2024 deadline.

11. **FEDERAL POLICY UPDATE**

There were no updates.

12. **COUNTY POLICY UPDATE**

▪ **DPH Memo in Response to STD Board of Supervisors (BOS) Motions**

The next STD report will be submitted to the BOS in the coming months. Commission staff will track the BOS agenda's and share the document with the PPC when available.

▪ **2023 Public Comment Schedule for Health Deputies Meetings and BOS Meetings**

C. Barrit has 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

13. TASK/ASSIGNMENTS RECAP

- ➔ COH staff will add an item to the PPC workplan that aims to track and monitor legislation and policies related to Aging.
- ➔ COH staff will invite the committee-only applicant to the June Commission meeting and the August PPC meeting.
- ➔ COH staff will follow-up with The Wall Las Memories to identify a staff member that can share updates on the ANAM platform activities.
- ➔ COH staff will track any updates to the 2025 CA budget.

14. AGENDA DEVELOPMENT FOR THE NEXT MEETING

- July meeting is cancelled.
- Next meeting will be in August.

VII. ANNOUNCEMENTS

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

There were no announcements.

VIII. ADJOURNMENT

16. ADJOURNMENT FOR THE MEETING OF JUNE 3, 2024.

The meeting was adjourned at 2:00pm.



2024 WORK PLAN – PUBLIC POLICY COMMITTEE—ADOPTED

Committee Name: PUBLIC POLICY COMMITTEE (PPC)				
Co-Chairs: Katja Nelson, Lee Kochems			Committee Adoption Date: 3/4/24	
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2024				
#	TASK/ACTIVITY	DESCRIPTION	TARGET DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review and refine 2024 workplan	COH staff to review and update 2024 workplan monthly	Ongoing, as needed	Workplan revised/updated on: 12/04/23, 01/04/24, 1/31, 2/29, 3/28, 4/30, 5/24, 9/11
2	Develop 2023-2024 Legislative Docket and update as needed.	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.	COMPLETE	The COH staff will monitor bill status and update docket as needed.
3	Develop 2023-2024 Policy Priorities document and update as needed.	The Committee will revise the Policy Priorities document to include the alignment of priorities from Commission stakeholder groups	COMPLETE	The Committee will review and update their policy priorities document as needed.
4	Continue to advocate for an effective County-wide response to the STI 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, STIs, Viral Hepatitis and other sexual health issues.	Ongoing	Track and monitor BOS correspondence website and BOS agenda items related to the County-wide response to the STI crisis in Los Angeles County. Commissioners are encouraged to provide public comments at BOS meetings.
5	Continue to advocate for an effective County-wide response to the Act Now Against Meth (ANAM) platform.	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 activities under the ANAM platform.	Ongoing	Track and monitor BOS correspondence website and BOS agenda items related to the County-wide response to the ANAM platform. Commissioners are encouraged to provide public comments at BOS meetings.
6	Monitor and support Harm Reduction efforts in LA County and LA City	The Committee will review government actions that impact funding and implementation of harm reduction efforts in Los Angeles and Los Angeles County.	Ongoing	Track and monitor legislation related to the investment of Opioid settlement funds. The Wall Las Memorias will provide an update at the October PPC meeting.
7	Efforts to Modernize the Ryan White Care Act (RWCA)	The Committee developed a policy brief outline. The policy brief will summarize key issues to address and include in a modernized RWCA legislation.	Postponed to 2025	Committee co-chairs met with COH staff and determined to postpone the development of a white paper on RWCA modernization to 2025.



LOS ANGELES COUNTY
COMMISSION ON HIV



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PUBLIC POLICY COMMITTEE 2024 MEETING CALENDAR

(updated 09.11.24)

DATE	KEY AGENDA ITEMS/TOPICS (subject to change; for planning purposes)
Jan. 9, 2024 1pm to 3pm <i>Pending</i>	Elect Co-Chairs for 2024 Review and adopt 2024 Workplan and Meeting Calendar
Feb. 5, 2024 1pm to 3pm <i>Room TK05</i>	Update Legislative Docket 2024 Policy Priorities Action Plan Development
Mar. 4, 2024 1pm to 3pm <i>Room TK05</i>	Meeting Cancelled
Apr. 1, 2024 1pm to 4pm <i>Room TK11</i>	Review and approve Public Policy Priorities Document
May 6, 2024 1pm to 3:30pm <i>Room TK11</i>	Review and update Legislative Docket
Jun. 3, 2024 1pm to 3pm <i>TK05</i>	
Jul. 1, 2024	Meeting Cancelled
Aug. 5, 2024	Meeting Cancelled
Sep. 16, 2024 1pm to 3pm <i>TK02</i>	Discuss voter advocacy materials for the 2024 Election
Oct. 7, 2024 1pm to 3pm <i>Pending</i>	Presentation on ANAM from The Wall Las Memorias
Nov. 4, 2024 1pm to 3pm <i>Pending</i>	COH Annual Conference 11/14/2024
Dec. 2, 2024 1:30pm to 3:30pm <i>Pending</i>	Co-chair nominations Reflect on 2024 accomplishments Draft 2025 Committee Workplan and Meeting Calendar



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2024 PUBLIC POLICY PRIORITIES

For over 40 years, HIV has raged in communities across the world disproportionately impacting marginalized populations, including youth, with higher rates of disease and death. The Public Policy Committee (PPC) and Commission on HIV are committed in supporting and encouraging innovative efforts to reduce bureaucracy and barriers to accessing services, increase funding, and enhance HIV and Sexually Transmitted Infection (STI) care and prevention service delivery including a status neutral approach and strategies.

The COVID-19 Global pandemic severely impacted the delivery of HIV/STI care and prevention services. The rising rates of STIs the past few years is alarming and necessitates urgent action by local, state, and federal policy makers and service delivery agencies to help mitigate the spread of HIV/STIs. Early diagnosis and treatment of STIs is vital to interrupting transmission of HIV/STIs. Nevertheless, the COVID-19 Global pandemic demonstrated that with political will, funding, and most important of all urgency, the development of rapid and safe vaccines is possible. The time to find a cure to HIV is now. With a renewed sense of optimism and urgency, the PPC remains steadfast in its commitment to universal health care, eradication of racism in all forms, and unfettered access to trauma informed care and supportive services-- including comprehensive harm reduction services-- to ensure that all people living with HIV and communities most impacted by HIV and STIs, live full and productive lives.

The PPC recommends the Commission on HIV endorse the prioritization of the following issues. The PPC will identify and support legislation, local policies, procedures, and regulations that address the following priorities in 2024 (listed in no particular order):

Funding

- a. Preserve federal funding for Medicaid, Medicare, and HIV/AIDS programs such as the Ryan White HIV/AIDS Program (RWHAP) and the Ending the HIV Epidemic (EHE) initiative.
- b. Maintain and preserve the RWHAP at current or increased funding levels and, where appropriate and strategically viable, support stronger compatibility and greater effectiveness between the RWHAP, Medicaid, and other health systems of care.

Systemic and Structural Racism

- a. Establish health equity through the elimination of barriers and addressing of social determinants of health such as: implicit bias; access to care; education; social stigma, (i.e., homophobia, transphobia, and misogyny); housing; mental health; substance abuse; income/wealth gaps; and criminalization.
- b. Reduce and eliminate the disproportionate impact of HIV/AIDS and STIs in the Black/African American community. To include the identification of and rooting out of systemic and systematic racism as it affects Black/African American communities.
- c. Address the impact of humanitarian crises on the HIV continuum of care and service delivery including HIV/STI prevention services.

Racist Criminalization and Mass Incarceration

- a. Eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS including those who exchange sex for money (e.g., Commercial Sex Work).
- b. Support the efforts of Measure J, the Alternatives to Incarceration and closure of Men's Central Jail and seek increased funding for services and programming through Measure J as well as through redistribution of funding for policing and incarceration.

Housing

- a. Focus items b, c, and d below especially in service to LGBTQIA+ populations.
- b. Improve systems, strategies and proposals that expand affordable housing, as well as prioritize housing opportunities for people living with, affected by, or at risk of transmission of HIV/AIDS.
- c. Improve systems, strategies, and proposals that prevent homelessness for people living with, affected by, or at risk of contracting HIV/AIDS.
- d. Promote Family housing and emergency financial assistance as a strategy to maintain housing.

Mental Health

- a. Expand and enhance mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.
- b. Support the building of community-based mental health services.
- c. Support the placement in mental health facilities of the estimated 4,000+ individuals currently incarcerated and in need of mental health services and support closing of Men's Central Jail.

Sexual Health and Wellness

- a. Increase access to care and treatment for People Living with HIV/AIDS (PLWHA).
- b. Increase access to prevention services such as Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), for the prevention of HIV, and Doxycycline PEP (Doxy PEP) for the prevention of STIs. Prevention services include HIV/STI screening, biomedical interventions, non-biomedical/behavioral interventions, social services, and harm reduction.
- c. Increase comprehensive HIV/STI counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.
- d. Maximize HIV prevention to reduce and eliminate syphilis and gonorrhea cases; especially among young Men who have Sex with Men (MSM), African American MSM, Latino MSM, transgender persons and women of color.
- e. Advance and enhance routine HIV testing and expanded linkage to care.
- f. Maintain and expand funding for access and availability of HIV, STI, and viral hepatitis services.
- g. Promote women-centered prevention services including domestic violence and family planning services for women living with and at high-risk of acquiring HIV/AIDS.
- h. Preserve full funding and accessibility to Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

Substance Use and Harm Reduction

- a. Advocate for substance abuse services to PLWHA.
- b. Advocate for services and programs associated with methamphetamine use and HIV transmission.

- c. Expand alternatives to incarceration/diversion programs to provide a “care first” strategy and move those who need services away from incarceration to substance use programs.
- d. Expand harm reduction services (including and not limited to syringe exchange, safe administration sites, over-dose prevention strategies) across all of Los Angeles County.
- e. Support trauma informed services for substance users.

Consumers

- a. Advocate and encourage the empowerment and engagement of People Living with HIV/AIDS (PLWH/A) and those at risk of acquiring HIV. Focusing on young MSM (YMSM), African American MSM, Latino MSM, transgender persons (especially of color), women of color, and the aging.
- b. Incentivize participation by affected populations in planning bodies and decision-making bodies.

Aging (Older Adults 50+)

- a. Create and expand medical and supportive services for PLWHA ages 50 and over.

Women’s Health and Wellness

- a. Create and expand medical and supportive services for women living with HIV/AIDS. This includes services such as family housing, transportation, mental health, childcare, and substance abuse.
- b. Advocate for women’s bodily autonomy in all areas of health care services including and not limited to full access to abortions, contraception, fertility/infertility services and family planning.

Transgender Health and Wellness

- a. Create and expand medical and supportive services for transgender PLWHA.
- b. Promote and maintain funding for the Transgender Wellness Fund.

General Health Care

- a. Provide access to and continuity of care for PLWHA focusing on communities at highest risk for the acquisition and transmission of HIV disease.
- b. Fund and expand eligibility for Medicaid, Medicare, and HIV/AIDS programs and health insurance coverage for individuals with pre-existing conditions.
- c. Increase and enhance compatibility and effectiveness between RWP, Medicaid, Medicare, and other health systems. This includes restructuring funding criteria to not disincentivize contractors from referring clients to other contractors.
- d. Expand access to and reduction of barriers (including costs) for HIV/AIDS, STD, and viral hepatitis prevention and treatment medications.
- e. Preserve full funding and accessibility to the AIDS Drug Assistance Program (ADAP), Office of AIDS Health Insurance Premium Payment (OA-HIPP) Assistance, Employer Based Health Insurance Premium Payment (EB-HIPP), and Medigap.
- f. Provide trauma informed care and harm reduction strategies in all HIV health care settings.

Service Delivery

- a. Enhance the accountability of healthcare service deliverables.

- b. Incorporate COVID strategies to reduce administrative barriers, increase access to health services and encourage the development of an HIV vaccine.

Data

- a. Use data, without risking personal privacy and health, with the intention of improving health outcomes and eliminating health disparities among PLWHA.
- b. Promote distribution of resources in accordance with the HIV burden within Los Angeles County.

Workforce

- a. Support legislation and policies that combat workforce shortage crisis and protect and increase workforce capacity.
- b. Support legislation and policies that incentivize people to join/stay in the HIV workforce.

The Public Policy Committee (PPC) acts in accordance with the role of the Commission on HIV, as dictated by [Los Angeles County Code 3.29.090](#). Consistent with [Commission Bylaws Article VI, Section 2](#), no Ryan White resources are used to support PPC activities.



LOS ANGELES COUNTY
COMMISSION ON HIV



2023-2024 Legislative Docket | Approval Date: Last approved by COH on 6/8/23. **Last approved by PPC on 05/06/24.**

POSITIONS: SUPPORT | OPPOSE | SUPPORT w/AMENDMENTS | OPPOSE unless AMENDED | WATCH

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 2007 (Boerner)	Establish Unicorn Homes Pilot Program	Establishes a 3-year pilot program—the Unicorn Homes Transitional Housing for Homeless LGBTQ+ Youth Program—to place unhoused LGBTQ+ youth with affirming volunteer host families and provide trauma-informed crisis intervention care, with the ultimate goal of reunification with the youth’s family when possible. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2007	SUPPORT	16-MAY-24 In APPR. Committee: Held under submission.
AB 2034 (Rodriguez)	Crimes: loitering for the purpose of engaging in a prostitution offense	This bill would make it a misdemeanor to loiter in a public place with the intent to commit prostitution, as defined, and make other conforming changes. By creating a new crime, this bill would impose a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2034	OPPOSE	07-MAR-24 In Committee Hearing postponed.
AB 2523 (Patterson)	Needle and syringe exchange services	This bill would require the department to send a written and an email notice to the affected city, county, or city and county. The bill would require the department to provide the biennial report to the city, county, or city and county. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2523	OPPOSE	01-APR-24 Re-referred to Com. on HEALTH.
AB 2229 (Wilson)	California Healthy Youth Act: menstrual health education	This bill would include in the definition of “comprehensive sexual health education” the topic of menstrual health, defined to mean a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle. The bill would that instruction and materials also teach pupils about the menstrual cycle, premenstrual syndrome and pain management, menstrual hygiene, menstrual disorders, menstrual irregularities, menopause, menstrual stigma, and any other relevant topics related to the menstrual cycle. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2229	SUPPORT	10-SEP-24 <i>Enrolled and presented to the Governor at 4:30pm.</i>
AB 2258 (Zbur)	Health care coverage: cost sharing	This bill would prohibit a group or individual non-grandfathered health care service plan contract or health insurance policy issued, amended, or renewed on or after 1/1/2025, from imposing a cost-sharing requirement for items or services that are integral to the provision of preventive care services and screenings. The bill would require those contracts and policies to cover items and services for preventive care services and screenings, including home test kits for sexually transmitted disease and specified cancer screenings. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2258	SUPPORT	13-SEP-24 <i>Enrolled and presented to the Governor at 4 pm.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 2442 (Zbur)	Expedite Licensure for Gender-Affirming Care Providers	Expands the network of gender-affirming care providers in the state to improve accessibility of care by expediting licensure applications for health care providers who intend to provide gender-affirming health care or gender-affirming mental health care in California. This bill's provisions will be sunset on January 1, 2029. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2442	SUPPORT	27-AUG-24 <i>Enrolled and presented to the Governor at 12pm.</i>
AB 2498 (Zbur and Quirk-Silva)	Housing: the California Housing Security Act	This bill would establish the California Housing Security Program to provide a housing subsidy to eligible persons to reduce housing insecurity and help Californians meet their basic housing needs. The bill would require the Department of Housing and Community Development to establish a 2-year pilot program and to establish guidelines that include the amount of the subsidy necessary to cover the portion of a person's rent to prevent homelessness. Under the bill, the subsidy would not be considered income for purposes of determining eligibility or benefits for any other public assistance program, nor would participation in other benefits exclude a person from eligibility for the subsidy. Under the bill, an undocumented person, as specified, who otherwise qualifies for the subsidy would be eligible for the subsidy. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2498	SUPPORT	15-AUG-24 <i>In Senate: In APPR. Committee. Held under submission.</i>
AB 3031 (Lee and Low)	LGBTQ+ Commission	<i>This bill established the LGBTQ+ Commission in state government with goals to, among other things, act in an advisory capacity to the Legislature and Governor on policy matters affecting the state's LGBTQ+ community and its members, as specified. The Commission will be composed of nine members: five members appointed by the Governor; two members appointed by the Speaker of the Assembly; two members appointed by the Senate Committee on Rules. Requires that the appointments to the Commission be considered among individuals who represent the geographical, racial, gender, diverse identities, ethnic, socioeconomic, cultural, age, and educational diversity of California's LGBTQ+ community. Requires the Commission, starting April 1, 2026, to convene quarterly meetings to identify statewide needs of the LGBTQ+ community and to assist in implementing supportive policies and initiatives to address the needs of the LGBTQ+ community. Requires the Commission to submit a report to the Legislature and the Governor by January 1, 2028, and annually thereafter, summarizing the information gathered and making policy recommendations to address the needs of the LGBTQ+ community.</i> https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB3031	SUPPORT	05-SEP-24 <i>Enrolled and presented to the Governor at 4pm.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
SB 953 (Menjivar)	Medi-Cal: Menstrual products	This bill would add menstrual products as a covered benefit to the Medi-Cal schedule of benefits, subject to federal approval and federal financial participation. Requires DHCS to seek any federal approval necessary to implement this benefit. Defines “menstrual products” as a device for use in connection with a person’s menstrual cycle. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB953	SUPPORT	16-MAY-24 May 16 hearing: Held in committee and under submission.
SB 954 (Menjivar)	Sexual health: contraceptives	<i>This bill would require the State Department of Education to monitor compliance with the requirements of the California Healthy Youth Act as part of its annual compliance monitoring of state and federal programs.</i> This bill requires all public high schools to make condoms available to students by the start of the 2025-26 school year and requires schools to provide information to students on the availability of condoms, as well as other sexual health information. Prohibits public schools from preventing distribution of condoms or preventing a school-based health center from making condoms available and easily accessible to students at the school-based health center site. Prohibits from restricting sales of nonprescription contraception on the basis of age. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB954	SUPPORT	11-SEP-24 <i>Enrolled and presented to the Governor at 3pm.</i>
SB 957 (Wiener)	Data collection: sexual orientation and gender identity	Requires the California Departments of Public Health (CDPH) to collect demographic data, including sexual orientation, gender orientation (SOGI), and intersexuality data, from third parties on any forms of electronic data systems, unless prohibited by federal or state law. Adds SOGI to the information reported for the purpose of statewide or local immunization information systems. Requires CDPH to prepare an annual report concerning SOGI data. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB957	SUPPORT	09-SEP-24 <i>Enrolled and presented to the Governor at 3pm.</i>
SB 959 (Menjivar)	Trans-inclusive care: resources and support services	Creates an online resource for transgender, gender non-conforming, and intersex (TGI) Californians and their families to combat misinformation and provide accurate information about access to trans-inclusive health care, existing legal protections for patients and providers, and other available support services. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB959	SUPPORT	27-AUG-24 <i>Ordered to inactive file on request of Assembly Member Zbur.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
SB 990 (Padilla)	Office of Emergency Services: State Emergency Plan: LGBTQ+ individuals	Requires California to update the State Emergency Plan to include LGBTQ+ inclusive policies and best practices to ensure that LGBTQ+ people can access affirming services and resources before, during, and after an emergency or natural disaster. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB990	SUPPORT	<i>22-AUG-24</i> <i>Enrolled and presented to the Governor at 2pm.</i>
SB 996 (Wilk)	Comprehensive Sexual health Education and HIV Prevention Education	This bill would require the governing board of a school district to adopt a policy at a publicly noticed meeting specifying how parents and guardians of pupils may inspect the written and audiovisual educational materials used in comprehensive sexual health education and HIV prevention education are made available at each school site and publicly posted on the school district's internet website or on a school district's parent or guardian portal. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB996	OPPOSE	<i>16-MAY-24</i> <i>May 16 hearing: held in committed and under submission.</i>
SB 1022 (Skinner)	Enforcement of Civil Rights	Enables the Civil Rights Department to investigate and prosecute long-running civil rights violations affecting groups or classes of people by making technical changes to the Fair Employment and Housing Act more effectively. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1022	SUPPORT	<i>03-SEP-24</i> <i>Enrolled and presented to the Governor at 3pm.</i>
SB 1278 (Laird)	World AIDS Day	This bill would require the Governor to annually proclaim December 1 as World AIDS day. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1278	SUPPORT	<i>26-JUN-24</i> <i>Approved by Governor.</i>
SB 1290 (Roth)	Health care coverage: essential health benefits	This bill would sunset the Kaiser Foundation Health Plan Small Group HM 30 plan as CA's Essential Health Benefit benchmark for individual and small group health plan contracts and health insurance policies after the 2026 plan year. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1290	WATCH	<i>28-AUG-24</i> <i>Ordered to inactive file on request of Assembly Member Bonta.</i>
SB 1333 (Eggman and Roth)	Communicable diseases: HIV reporting	Revises and recasts existing law to permit the California Department of Public Health (CDPH) and local health departments (LHDs) to disclose personally identifying information in public health records for the coordination of, linkage to, or reengagement in care, as determined by CDPH or a LHD. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1333	SUPPORT	<i>04-SEP-24</i> <i>Enrolled and presented to the Governor at 4pm.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
SB 1346 (Durazo)	Worker's compensation: aggregate disability payments	This bill allows the Worker's Compensation Appeals Board the discretion to extend the potential duration of temporary disability payments for up to 90 days if an injured employee prevails at a worker's compensation independent medical review. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1346	SUPPORT	16-MAY-24 May 16 hearing: Held in committee and under submission.
AB 1487 (Santiago)	Public health: Transgender, Gender Variant, and Intersex Wellness Reentry Fund	Establishes the Transgender, Gender Variant, and Intersex (TGI) Wellness Reentry Fund in the State Treasury to fund grant programs focused on reentry programs to support TGI people who have experiences carceral systems. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1487	SUPPORT	13-OCT-23 Approved by Governor.
ACA 8 (Wilson)	Slavery	This would prohibit slavery in any form, including forced labor compelled by the use or threat of physical or legal coercion. Follow-up questions regarding the phrasing: The ACA removed "Involuntary servitude is prohibited except to punish a crime" from phrasing and added "Slavery in any form." https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA8	Support with follow-up questions	13-SEP-23 In Senate. Referred to Coms. on PUB S. and E. & C.A.
AB 4 (Arambula)	Covered California: Expansion	Requires Covered California to develop options for expanding access to affordable health care coverage to Californians regardless of immigration status and report these options to the Governor and Legislature. Follow-up questions regarding the phrasing: Starting Jan. 2024, undocumented Californians 26-49 years of age will be eligible for full scope Medi-Cal coverage; however, undocumented Californians who earn too much money to qualify for Medi-Cal are excluded from being able to purchase coverage through Covered California since the federal Affordable Care Act did not extend eligibility to undocumented individuals. The Centers for Medicare and Medicaid Services would need to approve a 1332 waiver which would allow Covered California to offer coverage to undocumented immigrants. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB4	Support with follow-up questions	13-JUL-23 In Senate. Read second time and amended. Re-referred to Com. on APPR.

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 598 (Wicks)	Sexual health education and HIV prevention education: school climate and safety: CA Health Kids Survey	<p>This bill requires local educational agencies and charter schools to provide students participating in comprehensive sexual health education to receive physical or digital resources and administer the California Healthy Kids Survey in specified grades, related to sexual and reproductive health.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB598</p>	Support	<p>05-JUL-23</p> <p>In Senate. Hearing canceled at the request of author.</p>
AB 793 (Bonta)	Privacy: reverse demands	<p>The bill bans reverse-location searches, which allow law enforcement agencies to obtain cell phone data about unspecified individuals near a certain location, and reverse-keyword searches, which allow law enforcement agencies to obtain data about unspecified individuals who used certain search terms on an internet website.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB793</p>	Support with Amendment	<p>30-JUN-23</p> <p>In Senate. Hearing canceled at the request of author.</p>
SB 427 (Portantino)	Health care coverage: antiretroviral drugs, devices, and products	<p>Prohibits a non-grandfathered or grandfathered health plan contract or health insurance policy from imposing any cost-sharing or utilization review requirements for antiretroviral drugs, drug devices, or drug products that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of HIV/AIDS. Prohibits a health plan or health insurer from subjecting ARVs that are either approved by the FDA or recommended by the CDC for the prevention HIV/AIDS, to prior authorization or step therapy, but authorizes prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the insurer provides coverage for a noncovered therapeutic equivalent antiretroviral drug, device, or product without cost sharing pursuant to an exception request. Does not require coverage by an out-of-network pharmacy, unless in the case of an emergency or if there is an out-of-network benefit. Delays implementation of this bill for an individual and small group health plan contract or insurance policy until 1/1/2025</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB427</p>	Watch	<p>26-FEB-24</p> <p>From inactive file. Ordered to third reading.</p>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 367 (Maienschein)	Controlled Substances: Enhancements	<p>This bill, until 1/1/2029, applies the “great bodily injury” enhancement to any person who sells, furnishes, administers, or gives away fentanyl or an analog of fentanyl when the person to whom the fentanyl was sold, furnished, administered, or given suffers a significant or substantial physical injury from using the substance.</p> <p>Follow-up questions: The bill applies a 3-year sentence enhancement. Provides that the enhancement does not apply to juvenile offenders.</p> <p>https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=202320240AB367</p>	Watch	<p>01-FEB-24</p> <p>Filed with the Chief Clerk pursuant to Joint Rule 56.</p>
AB 1022 (Mathis)	Medi-Cal: Program of All-Inclusive Care for the Elderly	<p>This bill, among other things relating to the Program of All-Inclusive Care for the Elderly (PACE) would require those capitation rates to also reflect the frailty level and risk associated with those populations. The bill would also expand an approved PACE organization’s authority to use video telehealth to conduct all assessments, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1022</p>	Support	<p>01-FEB-24</p> <p>Filed with the Chief Clerk pursuant to Joint Rule 56.</p>
AB 1314 (Essayli and Gallagher)	Gender identity: parental notification	<p>This bill would, notwithstanding the consent provisions described above, provide that a parent or guardian has the right to be notified in writing within 3 days from the date any teacher, counselor, or employee of the school becomes aware that a pupil is identifying at school as a gender that does not align with the child’s sex on their birth certificate, other official records, or sex assigned at birth, using sex-segregated school programs and activities, including athletic teams and competitions, or using facilities that do not align with the child’s sex on their birth certificate, other official records, or sex assigned at birth.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1314</p>	Oppose	<p>01-FEB-24</p> <p>Filed with the Chief Clerk pursuant to Joint Rule 56.</p>
AB 1431 (Zbur)	Housing: the California Housing Security Act	<p>This bill would establish the California Housing Security Program to provide a housing subsidy to eligible persons to reduce housing insecurity and help Californians meet their basic housing needs. To create the program, the bill would require the Department of Housing and Community Development to establish a 2-year pilot program in up to 4 counties, as specified. The bill would require the department to issue guidelines to establish the program that include, among other things, the amount of the subsidy that shall be the amount necessary to cover the portion of a person’s rent to prevent homelessness but shall not exceed \$2,000 per month.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1431</p>	Support	<p>01-FEB-24</p> <p>Filed with the Chief Clerk pursuant to Joint Rule 56.</p>
AB 1549 (Carrillo)	Medi-Cal: federally qualified health centers and rural health clinics	<p>This bill revises the prospective payment system (PPS) per-visit rate calculation to account for staffing and care delivery models for Medi-Cal services provided by Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) (collectively, health centers).</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1549</p>	Support	<p>01-FEB-24</p> <p>Filed with the Chief Clerk pursuant to Joint Rule 56.</p>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
SB 36 (Skinner)	Out-of-state criminal charges: prosecution related to abortion, contraception, reproductive care, and gender-affirming care	This bill would prohibit the issuance of warrants for persons who have violated the laws of another state relating to abortion, contraception, reproductive care, and gender-affirming care, that are legally protected in California. The bill would also prohibit apprehending, detaining, or arresting a bail fugitive based on such offenses, and impose criminal and civil liability for doing so. In addition, the bill would restrict the sharing of information by law enforcement related to such protected activity and provide that convictions in other states would not result in ineligibility for state benefits. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB36	Support	01-FEB-24 Returned to Secretary of Senate pursuant to Joint Rule 56.
SB 37 (Caballero)	Older Adults and Adults with Disabilities Housing Stability Act	This bill establishes the Older Adults and Adults with Disabilities Housing Stability Pilot Program to provide housing subsidies to older adults and adults with disabilities who either are experiencing or at risk of experiencing homelessness, in up to five geographic regions or counties. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB37	Support	29-JAN-24 In Assembly. Held at Desk.
SB 524 (Caballero)	Pharmacists: furnishing prescription medications	This bill authorizes a pharmacist to furnish medications to treat various diseases and conditions based on the results of a federal Food and Drug Administration test the pharmacist ordered, performed, or reported and adds these additional pharmacy services to the Medi-Cal schedule of benefits. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB524	Support	01-FEB-24 Returned to Secretary of Senate pursuant to Joint Rule 56.

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 957 (Wilson)	Family law: gender identity	<p>Requires a court to consider a minor's gender identity or gender expression when determining the best interest of the child, as specified.</p> <p><u>Governor's Veto Message:</u></p> <p>This legislation would require a court, when determining the best interests of a child in a child custody or visitation proceeding, to consider, among other comprehensive factors, a parent's affirmation of the child's gender identity or gender expression. I appreciate the passion and values that led the author to introduce this bill. I share a deep commitment to advancing the rights of transgender Californians, an effort that has guided my decisions through many decades in public office. That said, I urge caution when the Executive and Legislative branches of state government attempt to dictate - in prescriptive terms that single out one characteristic - legal standards for the Judicial branch to apply. Other-minded elected officials, in California and other states, could very well use this strategy to diminish the civil rights of vulnerable communities. Moreover, a court, under existing law, is required to consider a child's health, safety, and welfare when determining the best interests of a child in these proceedings, including the parent's affirmation of the child's gender identity.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB957</p>	Support	<p>22-SEP-23</p> <p><u>Vetoed by Governor.</u></p>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 1060 (Ortega)	Health care coverage: naloxone hydrochloride (NH)	<p>Requires coverage of prescription or nonprescription NH under a health plan contract or health insurance policy, and the Medi-Cal program and prohibits a them from imposing any cost-sharing requirements exceeding \$10/package of NH or another drug approved by the U.S. Food and Drug Administration (FDA) for the complete or partial reversal of an opioid overdose.</p> <p><u>Governor's Veto Message:</u></p> <p>This bill would require health plans to cover prescription and over the counter naloxone and all other U.S. FDA approved drugs for opioid overdose reversal, with a maximum of \$10 cost sharing. Combating the opioid crisis is one of my top priorities. I appreciate the author's shared commitment to this critical public health and public safety imperative. Together with the Legislature, we have invested more than \$1 billion to combat overdoses, support those with opioid use disorder, raise awareness, and crack down on trafficking. Further, the 2023 Budget Act included \$30 million for the CalRx Naloxone Access Initiative, to support partners in developing, manufacturing, procuring, and distributing a low-cost naloxone nasal product. While I support providing access to opioid antagonists to individuals with opioid use disorder or other risk factors, this bill would exceed the state's set of essential health benefits, which are established by the state's benchmark plan under the provisions of the federal Affordable Care Act. As such, this bill's mandate would require the state to defray the costs of coverage in Covered California. This would not only increase ongoing state General Fund costs, but it would set a new precedent by adding requirements that exceed the benchmark plan. A pattern of new coverage mandate bills like this could open the state to millions to billions of dollars in new costs to cover services relating to other health conditions. This creates uncertainty for our healthcare system's affordability. For these reasons, I cannot sign this bill.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1060</p>	Support	<p>07-OCT-23</p> <p><u>Vetoed by Governor.</u></p>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 1432 (Carrillo)	Health insurance: policy	<p>This bill subjects an out-of-state policy, or certificate of group health insurance that is marketed, issued, or delivered to a Californian resident to specified provisions of the Insurance Core requiring coverage of abortion, abortion-related services, and gender-affirming care, regardless of the origin of the contract, subscriber, or master group policyholder.</p> <p><u>Governor's Veto Message:</u></p> <p>This bill would require any out-of-state health insurance plan regulated by the California Department of Insurance that is marketed, issued, or delivered to a California resident to provide coverage for abortion, abortion-related services, and gender-affirming care. I commend the author for working to provide additional assurances that California residents can access abortion services and gender affirming care. It is a priority of my Administration to ensure that abortion and gender-affirming care are safe, legal, and accessible. However, it is not evident that out-of-state health insurance plans serving Californians do not already cover this care. Further, though well intentioned, this bill could invite litigation where an adverse ruling would outweigh a potential benefit.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1432</p>	Support	<p>07-OCT-23</p> <p><u>Vetoed by Governor.</u></p>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 1645 (Zbur)	Health care coverage: cost sharing	<p>Prohibits a large group health plan contract or health insurance policy issued, amended, or renewed on or after 1/1/2024, or an individual or small group contract or policy issued, amended, or renewed on or after 1/1/2025, from imposing a cost-sharing requirement for office visits of specified preventive care services and screenings and for items or services that are integral to their provision. Prohibits health plan contracts and insurance policies from imposing a cost-sharing requirement, utilization review, or other specified limits on a recommended sexually transmitted infections (STI) screening, and from imposing a cost-sharing requirement for any items and services integral to a STI screening, as specified. Requires a health plan or insurer to directly reimburse specified nonparticipating providers or facilities of STI screening, specified rates for screening tests and integral items and services rendered and prohibits the nonparticipating provider from billing or collecting a cost-sharing amount for a STI screening from an enrollee or insured.</p> <p><u>Governor's Veto Message:</u></p> <p>This bill would prohibit health plans from imposing cost sharing for specified preventive or screening services and associated office visits and would require plans to directly reimburse nonparticipating essential community providers for STI screenings and services. I appreciate the author's efforts to increase access to preventive health care, including HIV and STI testing, colorectal screening, and other services. However, components of this proposal depart from structures in federal and state law, such as the existing policies for reimbursement to non-contracted providers. Further, because this bill exceeds the cost-sharing provisions under the Affordable Care Act, it would result in increased costs to health plans passed on to consumers through premiums. The State must weigh the potential benefits of all new mandates with the comprehensive costs to the entire delivery system.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1645</p>	Support	<p>07-OCT-23</p> <p><u>Vetoed by Governor.</u></p>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
SB 541 (Menjivar)	Sexual Health: contraceptives: Immunization	<p>This measure seeks to address the sexually transmitted infection epidemic among California youth and improve equitable public health outcomes statewide by expanding teen access to condoms and the HPV vaccine.</p> <p>Governor's Veto Message:</p> <p>This bill requires all public high schools to make free condoms available to students and would prohibit retailers from refusing to sell condoms to youth. While evidence-based strategies, like increasing access to condoms, are important to supporting improved adolescent sexual health, this bill would create an unfunded mandate to public schools that should be considered in the annual budget process. In partnership with the Legislature, we enacted a budget that closed a shortfall of more than \$30 billion through balanced solutions that avoided deep program cuts and protected education, health care, climate, public safety, and social service programs that are relied on by millions of Californians. This year, however, the Legislature sent me bills outside of this budget process that, if all enacted, would add nearly \$19 billion of unaccounted costs in the budget, of which \$11 billion would be ongoing. With our state facing continuing economic risk and revenue uncertainty, it is important to remain disciplined when considering bills with significant fiscal implications, such as this measure.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB541</p>	Support	<p>08-OCT-23</p> <p><u>Vetoed by Governor.</u></p>
ACA 5 (Low)	Marriage Equality	<p>This measure would express the intent of the Legislature to amend the Constitution of the State relating to marriage equality.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA5</p>	Support	<p>20-JUL-23</p> <p><u>Chaptered by Secretary of State.</u></p>
AB 5 (Zbur)	The Safe and Supportive Schools Program	<p>Requires the California Department of Education to complete the development of an online training curriculum and online delivery platform by 7/1/2025 and requires local educational agencies to provide and require at least one hour of training annually to all certificated staff, beginning with the 2025-26 school year through the 2029-30 school year, on cultural competency in supporting lesbian, gay, bisexual, transgender, queer, and questioning students.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB5</p>	Support	<p>23-SEP-23</p> <p>Approved by Governor.</p>
AB 223 (Ward)	Change of gender and sex identifier	<p>This bill enhances protections for minors seeking changes of name or gender by making the proceedings presumptively confidential.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB223</p>	Support	<p>23-SEP-23</p> <p>Approved by Governor.</p>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 254 (Bauer-Kahan)	Confidentiality of Medical Info. Act: reproductive or sexual health application info.	This bill includes “reproductive or sexual health application information” in the definition of “medical information” and the businesses that offer reproductive or sexual health digital services to consumers in the definition of a provider of health care for purposes of the Confidentiality of Medical Information Act. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB254	Support	27-SEP-23 Approved by Governor.
AB 352 (Bauer-Kahan)	Health Information	This bill limits the sharing of information related to sensitive services in electronic health records without specific authorization from the patient. This bill also requires a specified stakeholder advisory group to include providers of sensitive services and to identify policies and procedures to prevent electronic health information related to sensitive services from automatically being shared with individuals and entities in another state. Follow-up questions regarding phrasing: “Sensitive services” are gender affirming care, abortion and abortion-related services, and contraception. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB352	Support with follow-up questions	27-SEP-23 Approved by Governor.
AB 470 (Valencia)	Continuing medical education: physicians and surgeons	This bill specifies how an association that accredits continuing medical education courses taken by Medical Board of California licensed physicians and surgeons should update standards for those courses, if they choose to update any standards. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB470	Support	07-OCT-23 Approved by Governor.
AB 760 (Wilson)	California State University and University of California: records: affirmed name and gender identification	This bill would require California State University (CSU) and requests the Regents of the University of California (UC), to implement a process by which students, staff, and faculty can declare an affirmed name, gender, or both name and gender identification to be used in records where legal names are not required by law. Support w/Amendments: Due to the constitutional autonomy of the UC system, the Donahue Higher Education Act, which governs postsecondary education in the State of California, does not apply to the UC system. As a result, a bill must request the UC Regents to make education code provisions applicable to the UC system. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB760	Support with Amendments	23-SEP-23 Approved by Governor.
AB 1078 (Jackson)	Instructional materials: removing instructional materials and curriculum: diversity	Makes various changes to the adoption of instructional materials for use in schools, including a provision that would prohibit a governing board from disallowing the use of an existing textbook, other instructional material, or curriculum that contains inclusive and diverse perspectives, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1078	Support	25-SEP-23 Approved by Governor.

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 1163 (Luz Rivas)	Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act	This bill expands the data collection requirements in the Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act, to additionally apply to the State Department of State Hospitals, the Department of Rehabilitation, the State Department of Developmental Services, and the Department of Community Services and Development. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1163	Support	13-OCT-23 Approved by Governor.
SB 339 (Wiener)	HIV preexposure prophylaxis and postexposure prophylaxis	This bill authorizes a pharmacists to furnish up to a 90-day course of preexposure prophylaxis (PrEP), or beyond 90-days if specified conditions are met and requires the Board of Pharmacy to adopt emergency regulations to implement these provisions by 7/1/2024. This bill requires a health care service plan and health insurer to cover PrEP and postexposure prophylaxis (PEP) furnished by a pharmacist, including costs for the pharmacist's services and related testing ordered by the pharmacist. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB339	Support	06-FEB-24 Approved by Governor.
SB 372 (Menjivar)	Department of Consumer Affairs: licensee and registrant records: name and gender changes	This bill requires a board within the Department of Consumer Affairs to update licensee or registrant records with that individual's updated legal name or gender upon receiving government-issued documentation, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB372	Support	23-SEP-23 Approved by Governor.
SB 525 (Durazo)	Minimum wages: health care workers	This bill (1) enacts a phased in multi-tiered statewide minimum wage schedule for health care workers employed by covered healthcare facilities, as defined; (2) requires, following the phased-in wage increases, the minimum wage for health care workers employed by covered healthcare facilities to be adjusted, as SB 525; (3) provides a temporary waiver of wage increases under specified circumstances; (4) and establishes a 10-year moratorium on wage ordinances, regulations, or administrative actions for covered health care facility employees, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB525	Support with Amendments	13-OCT-23 Approved by Governor.

FEDERAL BILLS				
Bill	Title	Description / comments	Recommended position	Status
H.R. 62 (Jackson Lee)	SHIELD Act	SHIELD = Safeguarding Healthcare Industry Employees from Litigation and Distress This bill establishes a framework to limit interference with persons seeking to provide or access reproductive health services at the state level. The bill reduces the allocation of funds under certain law enforcement grant programs for a state that has in effect a law authorizing state or local officers or employees to interfere with persons seeking to provide or access reproductive health services. The bill authorizes civil remedies for a violation, including damages and injunctive relief. Additionally, it authorizes criminal penalties for a violation involving the use of deadly or dangerous weapon or the infliction of bodily injury. https://www.congress.gov/bill/118th-congress/house-bill/62/actions?s=8&r=5&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D	SUPPORT	09-Jan-23 Introduced in House. Referred to the Committee on Energy Commerce, and in addition to the Committee on the Judiciary.
H.R. 73 (Biggs)	No Pro-Abortion Task Force Act	This bill prohibits federal funding of the Reproductive Healthcare Access Task Force. The Department of Health and Human Services launched the task force on January 21, 2022, to identify and coordinate departmental activities related to accessing sexual and reproductive health care. https://www.congress.gov/bill/118th-congress/house-bill/73?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=7	OPPOSE	09-JAN-23 Introduced in House. Referred to Committee on Energy and Commerce.
H. Res. 185 (Hayes)	Declaring racism a public health crisis	This resolution declares racism a public health crisis and support efforts to address health disparities and inequities across all sectors. https://www.congress.gov/bill/118th-congress/house-resolution/185/text?s=1&r=15&q=%7B%22search%22%3A%5B%22%5C%22HIV%5C%22%22%5D%7D	SUPPORT	10-MAR-23 Referred to the Subcommittee on Health.
H.R. 407 (Clyde)	Protect the UNBORN Act	UNOBORN: Undo the Negligent Biden Orders Right Now This bill prohibits federal implementation of and funding for specified executive orders that address access to reproductive care services, including services related to pregnancy or the termination of a pregnancy. https://www.congress.gov/bill/118th-congress/house-bill/407?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=6	OPPOSE	27-JAN-23 Introduced in House. Referred to the Subcommittee on Health.

H.R. 445 (Williams)	HHS Reproductive and Sexual health Ombuds Act of 2023	<p>This bill creates a position within the Department of Health and Human Services to support access to reproductive and sexual health services (including services relating to pregnancy and the termination of a pregnancy) that are evidence-based and medically accurate. Functions of the position include (1) educating the public about medication abortions and other sexual and reproductive health services, (2) collecting and analyzing data about consumer access to and health insurance coverage for those services, and (3) coordinating with the Federal Trade Commission on issues related to consumer protection and data privacy for those services.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/445?q=%7B%22search%22%3A%22%5C%22sexual+health%5C%22%22%7D</p>	SUPPORT	27-JAN-23 Introduced in House. Referred to the Subcommittee on Health.
H.R. 459 (Eshoo)/ S. 323 (Hirono)	SAFER health Act of 2023	<p>SAFER: Secure Access For Essential Reproductive Health</p> <p>This bill would ensure the privacy of pregnancy termination or loss under the HIPAA privacy regulations and the HITECH Act.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/459/text?s=8&r=8&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D</p> <p>https://www.congress.gov/bill/118th-congress/senate-bill/323/text?s=8&r=9&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D</p>	SUPPORT	09-FEB-23
H.R. 517 (Mace)	Standing with Moms Act	<p>This bill requires the Department of Health and Human Services (HHS) to disseminate information about pregnancy-related resources. Specifically, HHS must maintain a public website (life.gov) that lists such resources that are available through federal, state, and local governments and private entities.</p> <p>The bill excludes from life.gov, the portal and the hotline resources provided by entities (1) perform, induce, refer for, or counsel in favor of abortions; or (2) financially support such entities. The bill also requires HHS to report on traffic to life.gov and the portal, gaps in services available to pregnant and postpartum individuals, and related matters.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/517?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=19</p>	OPPOSE	03-FEB-23 Referred to the Subcommittee on Health.
H.R. 561 (Lee)	EACH Act of 2023	<p>This bill requires federal health care programs to provide coverage for abortion services and requires federal facilities to provide access to those services. The bill also permits qualified health plans to use funds attributable to premium tax credits and reduced cost sharing assistance to pay for abortion services.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/561?q=%7B%22search%22%3A%5B%22%5C%22transgender%5C%22%22%5D%7D&s=8&r=8</p>	SUPPORT	21-FEB-23 Introduced in House. Referred to the Subcommittee

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
				on Indian and Insular Affairs
H.R. 1224 (Trahan)	INFO for Reproductive Care ACT OF 2023	<p>INFO= Informing New Factors and Options</p> <p>This bill requires the Department of Health and Human Services to carry out a campaign to educate health care professionals (and health care professions students) about assisting patients to navigate legal issues related to abortions and other reproductive health care services.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/1224?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=4</p>	SUPPORT	<p>27-FEB-23</p> <p>Introduced in House. Referred to the House Committee on Energy and Commerce.</p>
S. 644 (Markey)	Modernizing Opioid Treatment Access Act	<p>This bill expands access to methadone for an individual's unsupervised use to treat opioid use disorder (OUD). The bill (1) waives provisions of the Controlled Substances Act that require qualified practitioners to obtain a separate registration from the Drug Enforcement Administration (DEA) to prescribe and dispense methadone to treat OUD, and (2) requires the Substance Abuse and Mental Health Services Administration and the DEA to jointly report on the waiver. Additionally, the bill directs the DEA to register certain practitioners to prescribe methadone that is dispensed through a pharmacy for an individual's unsupervised use. Qualified practitioners must be licensed or authorized to prescribe controlled substances, and they must either work for an opioid treatment program or be a physician or psychiatrist with a specialty certification in addiction medicine. Individuals who receive methadone for unsupervised use must continue to have access to other care through an opioid treatment program.</p> <p>https://www.congress.gov/bill/118th-congress/senate-bill/644</p>	SUPPORT	<p>01-FEB-2024</p> <p>Placed on Senate Legislative Calendar under General Orders.</p>
S. 701 (Baldwin)	Women's Health Protection Act of 2023	<p>To protect a person's ability to determine whether to continue or end a pregnancy, and to protect a health care provider's ability to provide abortion services.</p> <p>https://www.congress.gov/bill/118th-congress/senate-bill/701</p>	SUPPORT	<p>09-MAR-23</p> <p>Placed on Senate Legislative Calendar under General Orders.</p>

Footnotes:

(1) Under Joint Rule 56, bills introduced in the first year of the regular session that do not become carry-over bills shall be returned to the Chief Clerk of the Assembly or the Secretary of the Senate.

Notes:

Items italicized in blue indicate a new status or a bill for consideration for inclusion in the docket.

Harris vs Trump: A Non-Partisan Primer on Their Dramatic Health Policy Differences

Physicians have clear voting choices this fall. Here are the issues to consider.

Aug 30, 2024 |  5 Min Read Norbert Goldfield, M.D.

Healthcare is one of the many clear ideological fault lines in this year's Harris vs. Trump race. The differences run deep between the Democratic and Republican parties. These stark differences, which are in part about economics and the role of government in our lives, provide physicians with clear voting choices. We, as physicians, also have an opportunity to influence the communities we live in on policy questions riven with intense emotions and economic anxiety.

Four Key Health Care Issues to Consider

There are four major issues each of which is of interest to significant voter segments.

Reproductive Rights

Number 1 is reproductive rights, and it gets the greatest play by Democrats because they believe it is a winning issue for them. [Burnishing his pro-life credentials](#), Trump appointed three of the Supreme Court justices resulting in the reversal of Roe. While Trump has stated that he is leaving abortion up to the [states](#), he is also open to [banning mifepristone](#) and enacting a [national 15- or 16-week abortion ban](#). Harris is a passionate [pro-choice politician](#) since her days as Attorney General of California. Harris's position aligns with [mainstream medical organizations](#).

Healthcare Access

Number 2 is affordable health insurance. The number of uninsured has dramatically [decreased](#) since Congress passed the Affordable Care Act (ACA). Harris will push to maintain the ACA via reauthorizing 2025 expiring [premium tax credits](#), maintaining protections for individuals with [pre-existing conditions](#), and decreasing the uninsured via Medicaid expansion. In an effort to strengthen the role of the private sector in healthcare, [Trump has wanted to do away with the ACA](#) and he has offered no replacement as of now. During his term as President, Trump, in an effort to promote deregulation, [weakened protections](#) for individuals with pre-existing conditions.

Drug Prices

High pharmaceutical prices are the number 3 issue on everyone's mind. Patients and the public are likely unaware that Medicare had been forbidden to negotiate prices, despite being the largest bill payer for drugs. After casting the [pivotal tie-breaking vote](#) in the 2022 Inflation Reduction Act legislation, Harris would like to expand government negotiating power to more drugs, not just the 10 recently successfully implemented. She

would also like to extend the benefits of, for example, max \$35 insulin, to all Americans, not just Medicare enrollees. While in 2018, Trump spoke about [controlling drug prices](#) in very forceful terms, little came of these efforts.

Gun Safety

Gun control, the number 4 issue, represents another fault line between the two parties (an issue that [historically was not as divisive](#) as it is today). Trump, in his passionate defense of the Second Amendment, is not in favor of any form of gun control, even after the assassination attempt on him. In the past, for example, he [reversed Obama-era regulations](#) that blocked guns from individuals receiving social security for [mental health](#) disabilities. Harris, who is a gun owner herself, has openly [supported](#) a [red flag law](#), universal background checks, and an assault weapons ban, although major initiatives require Congressional authorization.

Table I: Stance of Harris and Trump on Key Healthcare Issues.

SCROLL RIGHT FOR MORE

Issue	Harris	Trump
Reproductive Rights	<ul style="list-style-type: none">• Supports• Supports medication abortion	<ul style="list-style-type: none">• Takes credit for overturning Roe v. Wade; leave it to states; unclear on national abortion ban• Unclear on medication abortion
Affordable Care Act (ACA)	<ul style="list-style-type: none">• Supports Medicaid expansion• Renew/reduce premium tax credits	<ul style="list-style-type: none">• Against Medicaid expansion• No premium tax credit renewal• Increase private health sector role
Prescription Drug Prices	<ul style="list-style-type: none">• Increased government regulation• Expand government price controls	<ul style="list-style-type: none">• Decreased government regulation• Decreased government price control
Gun Control	Supports	Against
Medical Debt	Government engagement establishing collection rules and other assistance for debtors	Defer to the private sector
LGBTQIA+ Health Services and Gender-Affirming Care	Increased government protection	Decreased government protection
Substance Use Disorder/Addiction Recovery	Multipronged approach	Faith-based approach
Medicare Solvency	Increased taxes on the wealthy	Increased taxes on the wealthy
Pandemic Preparedness	<ul style="list-style-type: none">• Global Health Security Strategy with Biden• Initiative on vaccine disinformation	<ul style="list-style-type: none">• Operation Warp Speed vaccine development• No vaccine mandates during presidency
Climate Change	Supports increase government regulation, including private sector incentives and major investments in the Inflation Reduction Act	<ul style="list-style-type: none">• Supports increased offshore drilling• Withdrew the US from international Paris Agreement on climate change

Additional Health Issues that Distinguish the Campaigns

There are other important health issues that distinguish the campaigns. Harris has proposed rules for [barring the use of medical debt in credit card reporting](#) and is exploring options for the [cancellation of medical debt](#) though this will require federal legislation and state involvement. Trump has not taken a position on this issue.

With respect to LGBTQ issues, in an effort to promote “family values” Trump [has weakened](#) and will continue to decrease LGBTQ protections. Starting in her term as [Attorney General in California](#), through her work as Vice President, Harris has fought in favor of LGBTQ protections. She, for example, has [removed Trump-era regulations](#) allowing for conscience-based discrimination against LGBTQ individuals.

While neither side has emphasized pandemic preparedness, there are differences. While Trump led [Operation Warp speed](#), he also said he would [defund school districts with vaccine mandates](#). Harris has presided over [reorganization of the Centers for Disease Control](#), and placed modest emphasis on combatting [health disinformation](#).

Both Harris and Trump have vowed to protect Medicare and its solvency. During his term in office, Trump raised [Medicare premiums for the wealthy](#), and Harris-Biden [have proposed the same](#).

Regarding the drug misuse and abuse epidemic, Trump during his first term signed the Support Act which [expanded opioid treatment and recovery programs](#). Trump currently appears to emphasize a more [faith-based](#) and/or law-and-order approach that will attempt to stem the flow of narcotics by [attacking drug cartels](#). Harris has encouraged a [multipronged approach](#), including for example, [harm reduction](#) and [diminution of cartel power](#) which may be engendering results with recently announced [slight decreases](#) in the unacceptably high rate of substance-use related deaths.

Harris and Trump have taken different approaches to long-term care. Harris has announced, for example, [nursing home minimal staffing levels](#). Trump, in contrast, in an effort to promote deregulation relaxed regulations during his term for [oversight of nursing homes](#) and [suspended inspections](#) of nursing facilities at the start of the COVID-19 pandemic.

Lastly, climate change and its impact on health is critical for our future. It seems to not be uppermost in the minds of most voters. However, as the election approaches, the [dramatic differences](#) between the campaigns on this topic may garner greater attention.

What Next?

As health professionals, we may be understandably wary of stating a political opinion about abortion or universal coverage with our patients. In the office, we can engage our patients in non-partisan ways by [encouraging people to vote](#). Outside our offices, in our local big and small town newspapers, hopefully this primer will encourage you to write a non-partisan op-ed or letter to the editor that outlines the health reform issues at stake in this election.

[Contact us](#) at Ask Nurses and Doctors, especially if you are from a swing state or district, if you would like help on your efforts and/or would like to be more involved in the November election. Take advantage of your social credibility within your community and highlight the profound healthcare stakes in November’s election!

Editor's Note: Ask Nurses and Doctors is a bipartisan venture whose mission is to help elect Congressional representatives and a President of the United States who prioritize the solution of US health care problems.

This article was originally published on Aug. 28, 2024 on [MedCentral](#), a HealthCentral Corporation site dedicated to informing, supporting, and connecting clinicians across medical disciplines.

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Three Immediate Ways the Fight Against HIV Is Likely to Change in the Biden-Harris Administration

Nov 12, 2020 | ⌚ 8 Min Read Larry Buhl



Drew Angerer via GettyImages

Despite ongoing attempts to throw out legally cast votes in key states and continued Republican denial of the presidential election results, Joseph R. Biden will take office as president on Jan. 20. On that date, he and Vice President Kamala Harris will inherit multiple health crises.

Public health advocates are eagerly awaiting opportunities for new ways to fight HIV/AIDS and other infectious diseases in a post-Trump landscape. While they'll be grateful not to wake up to irrelevant, inflammatory all-caps

tweets from their president every morning, they say they'll also be looking for actions from Biden that match his promising rhetoric on the campaign trail.

Here are a few ways that top HIV and health advocates think U.S. efforts to eliminate HIV/AIDS could improve starting next year.

Antiviral Teamwork: Fighting Both COVID-19 and HIV

Congress is likely to appropriate more money to fight COVID-19 and help people whose lives have been upended by the pandemic. There are lawmakers who think such funding could provide a chance to further the fight against HIV at the same time.

In June, Sen. Tammy Baldwin (D-WI) [urged Senate leadership](#) to include federal funding for HIV treatment, prevention, and housing programs in the next COVID-19 pandemic response package. That included \$500 million for the Ryan White HIV/AIDS Program, \$100 million for the Division of HIV/AIDS Prevention within the Centers for Disease Control and Prevention (CDC), \$65 million for the Housing Opportunities for Persons with AIDS (HOPWA) program, and \$58 million for the CDC's Infectious Disease and Opioid Program.

Jeremiah Johnson, HIV Project director with Treatment Action Group, says that there can be a synergistic approach to fighting COVID-19 and HIV. In fact, he notes that our efforts to fight HIV within the U.S. have already given us knowledge and tools that have been useful in combating COVID-19: "The historic investment in [HIV research](#) has helped us [with COVID-19] as far as testing and tracing," he says. "We look for where we can build upon a COVID response, and that includes building a sustained public health workforce to also address STIs and HIV and hepatitis."

In one of his first acts as president-elect, Biden [unveiled a COVID-19 task force](#) that would, he said in a statement, shape his administration's approach "to managing the surge in reported infections; ensuring vaccines are safe, effective, and distributed efficiently, equitably, and free; and protecting at-risk populations."

One member of the task force, Eric Goosby, M.D., has a long history of leadership in HIV/AIDS: Currently the United Nations Special Envoy on Tuberculosis, he formerly served as the U.S. Global AIDS Coordinator in the Obama administration and led the Obama-era implementation of the President's Emergency Plan for AIDS Relief (PEPFAR).

Although the potential synergy between HIV and COVID-19 seems to create opportunities for making inroads against both viruses, advocates are also concerned that the opposite might happen: that COVID-19 funding might come at the expense of HIV-fighting dollars. An early test for Biden may be whether he will let congressional deficit hawks, and their demands for austerity, hamper his ability to respond to COVID-19 alongside HIV and other health crises.

"The GOP has a record of blocking priorities of Democratic presidents," Joe Huang-Racalto, the director of government relations and public policy at NMAC, tells TheBodyPro. "All of us in the community must put as much pressure as we can on those who don't agree with us. It will help if we remind them that EHE [the Ending the HIV Epidemic in America plan] is a Trump plan."

One major wild card is control of the Senate, which will hinge on two January runoff elections in Georgia. Senate Majority Leader Mitch McConnell (R-KY) just won his own reelection bid, and would stay in his position if the Senate remains in Republican hands. Although he has stated that a “targeted” coronavirus stimulus bill would be a top priority in the lame duck session, he refused to consider the \$3 trillion HEROES Act passed by the Democratic-controlled House of Representatives in May, while a \$500 billion GOP-led package failed to pass in October.

Nevertheless, there have been some early signs of bipartisan action from Congress on HIV/AIDS budgeting. On Nov. 10, Senate appropriators proposed an increase of \$207 million in fiscal year 2021 for ramping up efforts to end HIV, according to the HIV+Hepatitis Policy Institute. In a statement, the institute noted that the increase builds on \$300 million Congress previously approved for the first year of the EHE and is considerably greater than the \$55 million increase initially proposed by the House of Representatives—but is also far less than the \$412 million increase in the president’s initial budget proposal.

Johnson says he is encouraged by the bipartisan support for the funding increase. In particular, he notes that there are additional resources for [HIV prevention](#) earmarked in the proposed budget, “which isn’t usually prioritized.”

Such budget proposals are almost always intended more as starting points for negotiations than as firm commitments, but they point to the wide range of possible outcomes as a new administration takes office in a tough political climate.

In Biden, a More Humane, Inclusive Approach to Health Policy

Few public health experts think the outgoing administration’s response to the coronavirus pandemic has been anything but disastrous. From Trump’s downplaying the seriousness of the pandemic, to his politicization of the CDC and the U.S. Food and Drug Administration (among other agencies), his repeated trumpeting of inaccurate information, his touting of potentially harmful unproven treatments for COVID-19, and his sidelining of his own Coronavirus Task Force even as new infections break daily records, a new emphasis on sound, science-driven policy from a Biden administration will be welcomed.

Trump has had little to say about HIV during his presidency, though he paid lip service to the Department of Health and Human Services’ EHE plan aiming to reduce new transmissions by at least 90% by 2030. Biden, for his part, has discussed moving up that milestone to 2025, and he also proposed new funding to support it.

Globally, Trump’s approach to health—as it’s been to many issues—has been both anti-science and highly isolationist, advocates say. “Biden-Harris shouldn’t only undo the harms Trump has set up on global AIDS responses on HIV and COVID, they must blaze a path, using science and evidence-based policies,” says Asia Russell, executive director of Health GAP (Global Access Project).

One of those harms has been the so-called global gag rule, an executive order that prohibits U.S. federal funding from benefiting any organization outside the U.S. that provides or promotes abortion services. The order has been a hallmark of Republican administrations in this century, and it was one of Trump’s first acts in office—though he also expanded it to include more organizations working in global health, including HIV. AIDS

advocates have highlighted the harmful impact the gag rule has had on the HIV response in countries like Cambodia and Malawi. Biden has repeatedly pledged to immediately revoke this order.

In addition, on Nov. 9, Biden's transition team confirmed that the president-elect will, on his first day in office, reverse Trump's decision to withdraw from the World Health Organization (WHO).

That said, beyond the likely reversal of Trump's gag order and WHO withdrawal, global funding for HIV/AIDS remains a question mark. For example, PEPFAR has been flat-funded under Trump—but to be fair, that trend had already begun under President Obama.

Biden Is Likely to Reinvigorate the Affordable Care Act

Within a day after being sworn in, President Trump issued an executive order pledging to repeal the Affordable Care Act (ACA) and directing the government to “take all actions consistent with law to minimize the unwarranted economic and regulatory burdens of the act.”

But though the ACA, or Obamacare, has been battered, it has stayed, escaping elimination even despite the GOP briefly controlling both houses of Congress. And on Oct. 10, when the Supreme Court heard oral arguments on the Trump administration's latest attempt to end the ACA, two key Republican appointees signaled a likelihood that they'd leave the law standing.

Of course, there's no guarantee that more challenges to the ACA won't make their way to the now strongly conservative Supreme Court with more convincing arguments. But, from the executive branch at least, the law, which provides health coverage for more than 20 million Americans, is safe.

Biden, who helped wrangle the votes to get the ACA passed 10 years ago, doubled down on his support for it during his presidential campaign, vowing to expand the scope of the law. Speaking on Oct. 10, Biden said, “Come January, we're going to work quickly with Congress to dramatically ramp up health care protections, to get Americans universal coverage, and lower health care costs as soon as humanly possible.” He left out the details on how that would happen, though several times on the campaign trail he pledged support for a Medicare-like public option.

In a [questionnaire his campaign completed for AIDS United](#) earlier this year, Biden said that expansion of the ACA was central to his plan to end HIV. He also went further, tying improved health care to issues of systemic racism, education, climate change, and housing, saying that he would address disparities in all of these areas to “ensure that all Americans have a fair shot [at] living a healthy life.”

Of course, as with any efforts that require congressional approval, any push by Biden to build off the ACA's foundation could be blocked by Mitch McConnell if the Senate retains its Republican majority.

At the moment, 38 U.S. states and Washington, D.C. have opted to expand Medicaid as part of the ACA, which is crucial to lowering the overall costs of health insurance coverage. Unfortunately, the 12 states that have not yet opted to do so—most of which are run by Republican legislatures and governors—are also the states with some of the highest HIV infection rates. That's not something the Biden administration can directly do anything about—

nor can his administration remove work requirements for Medicaid benefits, which some states have implemented.

Biden could, however, issue new rules to roll back access to inadequate, short-term, non-ACA plans touted by the Trump administration in an attempt to weaken the ACA. He could also roll back Trump-era policies that have made it harder to enroll in ACA coverage and eroded the value of marketplace subsidies. The end result would allow more people living with or at risk of HIV to access necessary health care and services.

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BROOKINGS

COMMENTARY

Project 2025: What a second Trump term could mean for media and technology policies

Roxana Muenster

July 22, 2024

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- Project 2025 echoes Donald Trump's critical view of the media. As a result, it proposes to strip public broadcasting of its funding and legal status, thus endangering access to reliable news for American citizens.
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- The authors allege that Big Tech colluded with the government to attack American values and advance "wokeism." In response, they envision sweeping antitrust enforcement not on economic grounds, but for socio-political reasons.
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- On artificial intelligence policy, Project 2025 remains vague and fails to propose solutions for key policy areas such as privacy, safety, and the information ecosystem. Lagging on AI oversight and dismantling existing protections is dangerous for individuals and democracies alike.
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- Trump denies involvement with Project 2025 despite close ties to its authors. His policy proposals, Agenda47, closely mirror those outlined in Project 2025.
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INTRODUCTION

In a [900-page volume](#) titled Project 2025, [a conservative movement of over 400 scholars led by the Heritage Foundation](#) has outlined a comprehensive policy vision for what a conservative administration could implement upon taking office in January 2025. The writers and contributors make recommendations regarding foreign and domestic policy, education, and the economy to give the administration a running start into a short four-year term. Critics have called it a blueprint for [autocratic takeover](#). This blog will look at a key aspect of Project 2025's blueprint: Its plans for technology,

media, and communications policies and the potential implications on the future of existing public policies.

PROJECT 2025: A VISION FOR CONSERVATIVE ADMINISTRATIONS

Since Ronald Reagan's first presidential candidacy in 1981, experts from the Heritage Foundation have collated comprehensive policy agendas for prospective conservative administrations in a series titled "Mandate for Leadership." Their suggestions have been successful: According to the authors, Reagan enacted 60% of the original volume's recommendations in his first year in office,¹ and in 2018 then-President and current candidate Donald Trump boasted he had accomplished 64% of the 2016 Mandate's policy plans.

This time around, Project 2025 aims to provide a potential incoming Republican administration with a detailed policy agenda and "an army of aligned, vetted, trained, and prepared"² personnel so that the president can accomplish as much as possible in the short presidential term.³ This proposed transition plan contains sweeping reforms to dismantle the bureaucracy of the so-called "Administrative State"⁴ and the civil service,⁵ bring independent agencies under [White House control](#),⁶ and address what they term the Biden administration's "economic, military, cultural, and foreign policy turmoil"⁷ by fighting the political elite's⁸ "totalitarian cult" of the "Great Awakening."⁹

A spokesperson for Trump has said he is [not affiliated](#) with the project and does not necessarily endorse its recommendations. However, much of the team behind Project 2025 is closely connected to the president or served in his previous administration, among them John McEntee, director of the White House Presidential Personnel Office under Trump and a [senior advisor to Project 2025](#); Jonathan Berry, Chief Counsel to the Trump presidential transition team;¹⁰ Ken Cuccinelli, former Acting Deputy Secretary for Homeland Security under Trump;¹¹ and Peter Navarro, a currently [jailed](#) Trump advisor. Brendan Carr, a sitting Federal Communications Commissioner (FCC) who was appointed by Trump, is also the author of Project 2025's section on the FCC. In his first term, Trump boasted about enacting many of the 2016 Mandate's suggestions.¹² And the [MAGA SuperPAC](#) itself is funding messaging about Trump and Project 2025. These and other reasons are why the assertions in Project 2025 should be taken seriously.

Compiling a policy agenda [ahead of taking office is not unique](https://www.brookings.edu/articles/what-now-staffing-the-white-house/) (<https://www.brookings.edu/articles/what-now-staffing-the-white-house/>) to one party. Democrat-aligned organizations have done the same thing in past elections. Nor is the hiring of [talented, loyal staff](https://www.brookings.edu/articles/what-now-confirmation-battles/) (<https://www.brookings.edu/articles/what-now-confirmation-battles/>) who align with the president's vision—each [administration only has four years](https://www.brookings.edu/articles/what-now-choosing-your-cabinet/) (<https://www.brookings.edu/articles/what-now-choosing-your-cabinet/>), after all, and the [77 days](https://www.brookings.edu/articles/what-now-getting-started/) (<https://www.brookings.edu/articles/what-now-getting-started/>) between the election and inauguration leave little room to plan. Project 2025, however, is different, [its critics say](#) ⁷, because its recommendations are so comprehensive, radical, and risky, and therefore could endanger democratic institutions, dismantle civil liberties, and [concentrate presidential power](#). ⁷ Its implications on media and technology are similarly daunting, and worth further exploring.

THE MEDIA AS THE “ENEMY OF THE AMERICAN PEOPLE”

In 2019, then-President Trump called the press “[the enemy of the people](#).” ¹³ Project 2025 seems to share that view. According to the authors, the next conservative president must reform media wherever possible. Commercial news outlets do not fall under presidential control, but a dire fate might befall the domestic public broadcast service if Trump is elected. The authors of Project 2025 allege public broadcasting can no longer be classified as educational (in fact, they see it as “noneducational” ¹³ and claim it is a biased liberal forum engaged in suppressing conservative views). ¹⁴ To end what they consider unjustly privileged outlets, ¹⁵ they say outlets that include the Public Broadcasting Service (PBS) and the National Public Radio (NPR) should be defunded and stripped of their status as noncommercial, educational stations, and thereby required to pay hefty licensing fees. ¹⁶ The authors also suggest the next administration should reconsider their relationship with news media more broadly, such as by reexamining the relationship between the White House and the Correspondents Association, and investigating whether journalists should even be granted space on White House grounds. ¹⁷

Though they are correct in their assertion that the White House has no legal requirement to internally house and host media, ¹⁸ the suggestion to restrict journalists’ access to executive decision-making and relevant public discussions should send alarming signals about the willingness of Project 2025’s authors to let government be held accountable. In fact, it was a rumor that then-President [Wilson](#) ⁷

was considering halting the tradition of press conferences which led to the Correspondents' Association creation in 1914, whose mission was to ensure fair and continuous reporting on the president's politics and activities. Access to the president, their press secretary, and the White House is beneficial for both the administration and the press—one gets to communicate their policies to the public; for the other, news gathering and questioning of said policies is more readily facilitated. Both, in turn, make for a more informed public, which is vital to the democratic system. A "reexamination" of the relationship with the Correspondents' Association—an organization that comprises journalists from a variety of outlets including Fox News, the New York Times, and the BBC—as suggested by "Mandate for Leadership" could encourage an administration to grant access only to journalists who are favorable to its agenda, not those who will question or push back.

Project 2025's attacks on public broadcasting similarly signal a hostile attitude toward news media. Considering the former president's rhetoric about them, it is not surprising that his advisors and staffers share his negative views of the "mainstream news."¹⁹ In April, Mr. Trump himself called for NPR funding to be rescinded via his social media platform Truth Social, alleging, without providing evidence, the network is "a liberal disinformation machine." Still, Project 2025's policy recommendations should be cause for concern: Congress enacted the 1967 Public Broadcasting Act because they believed an educated and informed citizenry was in the public, local, and national interest and that, freed from commercial constraints, public service would be able to support these goals through creative, high quality, and diverse programming. Its status as an organization separate from the government is instrumental in ensuring its independence, as is its consideration as a public, not commercial, entity.

Though the question of what is in the [public interest](https://www.brookings.edu/articles/revisiting-the-broadcast-public-interest-standard-in-communications-law-and-regulation/) (<https://www.brookings.edu/articles/revisiting-the-broadcast-public-interest-standard-in-communications-law-and-regulation/>) is one that [has long been discussed](#) [↗](#) in regulatory, legal, and philosophical terms, it should not be political, or so we think. Disagreement with independent, free reporting should not be the cause for the punishment of media organizations. Defunding public broadcasting would be disastrous for many rural communities, which depend on radio and television stations funded by the [Corporation for Public Broadcasting](#) [↗](#) and in which there is relatively high, albeit declining, bipartisan [trust](#) [↗](#). Public broadcasting also allows newer, long-marginalized journalistic voices to be heard, provides educational entertainment for children, and includes programming which blurs the line between concepts of 'hard news' and what was long relegated to less important '[soft news](#). [↗](#)' And research shows a clear [benefit](#) [↗](#) of public media overall: When [well-funded and independent](#), [↗](#) they are associated with healthy democracies. A diet of public news media leads to

[better-informed](#) ⁷ publics on hard news matters than a reliance on commercial news, and countries with a mix of public and private systems have a [higher voter turnout](#) ⁷ than private-only media environments. For the 2024 fiscal year, [\\$525 million](#) ⁷ were allocated for public broadcasting. This amounts to roughly \$1.60 per U.S. citizen—a small price to pay for a commitment to an informed public at a time when, on average, the U.S. [loses 2.5 newsrooms](#) ⁷ per week.

Nonetheless, editors at NPR should not ignore declining audience numbers and debates around bias that have received renewed attention after an editor penned an essay deriding [what he diagnosed](#) ⁷ as an encroachment of progressive advocacy into journalism. But lack of trust in mass media is a problem beyond public media, [especially among conservatives](#) ⁷, and accusations of bias are [levelled also at private media companies](#) ⁷. Audiences generally agree that to establish trust, [news outlets should be](#) ⁷ transparent and conduct themselves in line with high ethical standards to produce fair and unbiased reporting. Public media should also prioritize coverage of issues that are [relevant to their audience](#) ⁷ and that they, in their function as a public broadcaster, are uniquely positioned and mandated to report on, such as reporting on rural regions which are often underserved by commercial interests. Politicians can help solve the problem by refraining from accusations of propaganda and bias over unfavorable coverage, which is a driver for mis- and disinformation. [Governments](#) ⁷ (<https://www.brookings.edu/articles/how-to-combat-fake-news-and-disinformation/>) can also support efforts to strengthen the information ecosystem and media literacy.

PROJECT 2025'S COMPLAINTS ABOUT BIG TECH AND SOCIAL MEDIA PLATFORMS

On Big Tech, Project 2025 is confrontational. From its authors' viewpoint, tech companies have harmed the U.S. in three ways: national security, health, and freedom of speech.

On national security, short-video platform TikTok takes center stage in the all-out assault. The authors, much like the [Biden administration](#) ⁷ (<https://www.brookings.edu/articles/the-tiktok-debacle-distinguishing-between-foreign-influence-and-interference/>), assert that the app must be banned.²⁰ A similar fate would befall the messaging app WeChat.²¹ Both apps, the authors say, present a serious national security threat due to the opportunities for data collection and influence it offers the Chinese government.²² American social media, they say, should

be prohibited from censoring Chinese users at the behest of the Chinese government and fined²³ if they are found to support Chinese surveillance, censorship, or the “Great Firewall”.²⁴ Fears surrounding the threat of Chinese influence extend beyond Project 2025’s social media policy: The U.S. should end dependency on Chinese chips and technology manufacturing²⁵ by reviving American industry,²⁶ ban the equipment used to spy on Americans by Chinese manufacturers,²⁷ and replace parts that are already in place.²⁸ The authors also consider restricting Chinese individuals or companies from investing in “cutting edge” technology firms²⁹ and funding research at American universities³⁰ to prevent national security threats, theft of intellectual property, and aid China in “unwittingly or wittingly” supporting Chinese tech ambitions.³¹

Concerns about privacy, data collection, and sales of data are valid. In fact, it would do either administration well to enact comprehensive data privacy protections across digital platforms as opposed to focusing only on Chinese companies’ practices, as well as to [address foreign interference \(https://www.brookings.edu/articles/the-tiktok-debacle-distinguishing-between-foreign-influence-and-interference/\)](https://www.brookings.edu/articles/the-tiktok-debacle-distinguishing-between-foreign-influence-and-interference/) by any entity on any social media platform. A TikTok ban alone would be [insufficient \(https://www.brookings.edu/articles/tiktok-bans-wont-guarantee-consumer-safety/\)](https://www.brookings.edu/articles/tiktok-bans-wont-guarantee-consumer-safety/) in addressing any of these concerns. But privacy overall receives little attention beyond complaints that privacy legislation enforced by the European Union is tantamount to an allied “betrayal,”³² assertions that the Privacy Act should be carefully enforced to protect U.S. citizens and permanent residents only,³³ and calls to withdraw “politicized” HIPAA guidance on abortion privacy as HIPAA should protect the fetus.³⁴

For the authors of the current volume of “Mandate for Leadership,” social media platforms have fared little better on child protection online, and the next administration should address what they term “industrial-scale child abuse.”³⁵ The authors allege that platforms, which they liken to drug dealers,³⁶ have made Americans less happy³⁷ and children mentally ill.³⁸ That Project 2025’s technology policy focuses on children’s media use should come as no surprise. A computational analysis of speeches held by the Chairs of the FCC spanning over the past two decades revealed that Republican [FCC Chairs are more likely to prioritize topics related to media and children ↗](#) than their Democrat counterparts. But concern over children’s use of technology is bipartisan: Vivek Murthy, Surgeon General under both Biden and Obama, has named the health effects of social media as one of his administration’s [priorities ↗](#) and in June called for [warning labels ↗](#) for social media platforms, citing concerns about youth mental health. While the effect of social media on adolescent mental health is [contested ↗](#), [protecting children](#)

[https://www.brookings.edu/articles/patchwork-protection-of-minors/#:~:text=At%20the%20federal%20level%2C%20the,2.0\)%20by%20a%20unanimous%20v](https://www.brookings.edu/articles/patchwork-protection-of-minors/#:~:text=At%20the%20federal%20level%2C%20the,2.0)%20by%20a%20unanimous%20v) from online data exploitation, exposure to harmful content, or being targeted through [explicit AI-generated images](#) are important policy goals. Project 2025's rhetoric, however, provides few clear policy suggestions to do so and instead echoes language surrounding [libraries and book bans](#), (<https://www.brookings.edu/articles/politics-and-school-libraries-what-shapes-students-access-to-controversial-content/>) another battlefield in the culture wars.

Lastly, social media platforms receive criticism for their role in undermining democratic processes and free speech. Project 2025 alleges several firms colluded with the Biden administration on censorship and illegally curtailed free expression under the guise of combatting mis- and disinformation.³⁹ Though the Supreme Court recently rejected this argument, the writers claim social media platforms represent a threat to American values, free speech, and the family.⁴⁰ Project 2025 argues that Big Tech, in cooperation with the Department of Justice, has shut down “politically disfavored speech” under the guise of combatting mis- and disinformation;⁴¹ lent their capabilities to authoritarian regimes to spread propaganda,⁴² and present a risk to the livelihood of American business and individuals through their discriminatory moderation and content ranking practices.⁴³

To rein in Big Tech, Project 2025 envisions an overhaul of the FCC to halt Big Tech's abuse of its dominance in the market through interferences in democratic processes and suppression of diverse opinions.⁴⁴ It is useful to point out, here, that the FCC has limited jurisdictional authority and thus may not be very effective in curtailing Big Tech's market power. Project 2025 suggests using antidiscrimination provisions to protect “undesirable” political views and radically reforming the application of Section 230.⁴⁵ While Project 2025's authors acknowledge companies should not be required to host illegal or profane content, they say Big Tech—including social media and service providers—should also not be able to rely on the protection of Section 230 if they censor protected political speech.⁴⁶ This regulation, the authors say, should focus on dominant platforms and exclude specialized platforms, newspapers' comment sections, or subcommunities of larger platforms which moderate themselves.⁴⁷ Project 2025 also suggests that users should be able to curate their own experience, such as through the selection of their preferred content filters or fact checking agents.⁴⁸ This invocation of antidiscrimination runs counter to their text on the obliteration of diversity, equity, and inclusion efforts, especially given the myopic viewpoints of the document.

[Much of the public ↗](#) shares fears about the impact of social media on democratic processes and the information ecosystem. But the suggestions outlined in Project 2025 would do little to alleviate these fears. Users are already free to rely on their own fact checkers and disregard fact checks they do not consider worthy—this has not helped “[post-truth \(https://www.brookings.edu/articles/covering-politics-in-a-post-truth-america/\)](https://www.brookings.edu/articles/covering-politics-in-a-post-truth-america/)” America. Some platforms also offer users the choice to [mute ↗](#) or filter out certain phrases. And to some extent, algorithms might already end up curating timelines of content that reinforces the users’ existing beliefs. Further institutionalizing what would, in effect, be partisan existences on digital platforms would only reinforce polarization and ultimately hamper democracy.

[Section 230 \(https://www.brookings.edu/articles/interpreting-the-ambiguities-of-section-230/\)](https://www.brookings.edu/articles/interpreting-the-ambiguities-of-section-230/), which governs whether internet platforms should be held responsible for the content they post, remains a topic of debate across the political aisle. Courts and Congress must balance the risks of mandating platform over-moderating, thereby removing content for fear of litigation, and under-moderating, which could allow illegal or harmful content to flourish. Focusing legislation on large, dominant platforms is a [common policy approach ↗](#): Placing the same requirements on smaller, alternative platforms could stifle budding competition. Still, the law, as it is set out in Project 2025, could protect a number of small social media platforms associated with the authors of the paper and the administration that they envision, such as Trump’s own [Truth Social ↗](#), the user base of which pales in comparison to Meta’s mega-platforms, and [r/The_Donald ↗](#), one of the most active self-moderated subcommunities on Reddit prior to being banned for disregarding platform policy.

The antidiscrimination protections that Project 2025 speaks of refer to the must-carry laws enacted by Texas and Florida that posit platforms discriminated against viewpoints by removing COVID-19 misinformation. Both cases were considered by the Supreme Court but [remanded back to lower courts ↗](#). Leaving aside the danger misinformation presents to public health if allowed to spread unencumbered, must-carry laws could force platforms to host all manner of harmful content. Must carry-laws place political speech under protections which are intended to protect identities and to ensure algorithms do not discriminate against [racialized ↗](#) or [marginalized ↗](#) communities. This could create a paradox in which [discriminatory speech is protected on platforms under antidiscrimination laws \(https://www.brookings.edu/articles/the-long-reach-of-taamneh-carriage-and-removal-requirements-for-internet-platforms/\)](https://www.brookings.edu/articles/the-long-reach-of-taamneh-carriage-and-removal-requirements-for-internet-platforms/). To see how this kind of lax approach to content moderation turns out for users, companies, and advertisers, one need only to turn to X: Since its acquisition by Elon Musk, the platform has taken a hands-off approach to content moderation. As a result,

[users ↗](#) and [advertisers ↗](#) alike have turned their back on a platform on which hate speech, spam, and explicit content prevail.

Additional policy priorities for the FCC, according to Project 2025, include increasing agency accountability while decreasing wasteful spending, and promoting national security and economic prosperity.⁴⁹ While the authors lament that regulation on media ownership is outdated and stifles competition,⁵⁰ they also say adversary ownership of above 10% in any American entity should be transparently disclosed to ensure national security.⁵¹ To support economic prosperity, the administration should reduce the digital divide and expand connectivity for every American by supporting the expansion of 5G⁵² and satellites such as StarLink.⁵³ And the authors want Big Tech to pay up: The Universal Service Fund, currently funded through telephone bills, should be supported by the companies which benefit from them.⁵⁴

Project 2025 suggests a similar overhaul for the Federal Trade Commission's (FTC) approach to Big Tech, which has been the agency leading the charge on antitrust enforcement. For the authors of "Mandate for Leadership," Big Tech represents a significant departure from previous industries, one which requires hitherto accepted economic theory and antitrust law to be rethought and applied anew.⁵⁵ They see in Big Tech's power the "possibility of real injury to the structure of important American institutions such as democratic accountability and speech," and suggest this gives reason to apply antitrust laws more rigorously than previously.⁵⁶ They see evidence for collusion between the Biden White House and Big Tech on the censorship of scientific fact, "uncomfortable political truths," and criticism.⁵⁷ Though disagreement among the authors of the volume is acknowledged on this point, Project 2025 argues that business concentration should no longer be considered in strictly economic terms, but also in the socio-political sense.⁵⁸ Environmental, social, and governance (ESG) and diversity, equity, and inclusion (DEI) practices;⁵⁹ "cancel culture";⁶⁰ and the use of market power to advance a "leftist" agenda,⁶¹ they argue, all point to one conclusion: Big Tech poses a threat to American happiness and democracy, and antitrust law should consider this.⁶² There is some overlap with public sentiments and Democrat positions, here: People from both parties believe that social media companies censor certain viewpoints, and the Democratic Party, like the Republicans, recognize that Big Tech's [gatekeeping role ↗](#) in information sharing and public opinion building is fraught, though they reject assertions of collusion or censorship against Republican viewpoints. Democrats also agree that Big Tech's [monopoly ↗](#) power must be curbed. Project 2025's plan, however, would privilege the ideological, social, and political concerns of Trump's Republican Party and discriminate against other viewpoints.

Project 2025 correctly identifies that digital platforms function differently from [earlier industries based on which antitrust law was conceptualized](#).⁷ Today, leading companies' reach extends far into the private life of individuals and many democratic processes. The power this affords them should be monitored carefully and curtailed when they are found to abuse their economic prowess. In fact, there is [bipartisan agreement](#)⁷ on the role they have played in democratically erosive processes such as disinformation. "Mandate for Leadership," however, proposes a dramatic overreach of the FTC's responsibilities without providing substantive evidence of the collusion and censorship they are alleging. Companies are well within their rights to consider values and social considerations in their governance. It seems some in camp Trump would agree. In a post encouraging his followers to buy shares of a SPAC which merged with the "[values-aligned](#)" alternative online marketplace PublicSq in 2023, Donald Trump, Jr. [voiced support](#)⁷ for the parallel economy, alternatives to mainstream corporations based around [American values](#)⁷.

THE NEXT FRONTIER: PROJECT 2025 ON ARTIFICIAL INTELLIGENCE

On the topic of artificial intelligence (AI), Project 2025 focuses on the adversarial relationship with China: The U.S., according to them, must subvert China's goal to become the global leader on AI.⁶³ To do so, the government should invest in and protect American innovation⁶⁴ while barring American companies from helping China achieve technological dominance.⁶⁵ The authors also envision the use of AI to support a variety of processes, such as the detection and disruption of foreign interference on social media⁶⁶ and the detection of Medicare and trade abuses.⁶⁷

Project 2025's AI policy is neither clear nor comprehensive. OpenAI, the key player in the market currently under [FTC investigation](#),⁷ finds no mention in the 920-page volume, neither do its competitors. Privacy and copyright concerns related to the vast amounts of [training data](#)⁷ required to build AI seem to be of little concern, and so are the [risk of job loss](#)⁷ related to AI, the potential harm of AI-generated misleading content such as [deepfakes](#) (<https://www.brookings.edu/articles/deepfakes-and-international-conflict/>), or its impact on [energy](#)⁷ consumption and climate change. [Biden's Executive Order on AI](#) (<https://www.brookings.edu/articles/will-the-white-house-ai-executive-order-deliver-on-its-promises/>) mandates principles such as standards for AI safety, protection of user privacy and civil rights, and promoting healthy competition and innovation. Trump has said he will [reverse](#)⁷ this Executive Order, claiming it is an example of government [overreach](#)⁷. The AI industry is

developing at a rapid pace: Comprehensive policy must be in place to protect individuals and societies, curtail abuses of power, and guide research in beneficial, safe directions.

PROJECT 2025 – OR AGENDA47?

Trump continues to deny involvement in Project 2025 despite harboring close connections to its authors, praising it in the past, and [even acknowledging in a speech in 2022](#) ⁷ that the Heritage Foundation would write a detailed plan for the movement's next administration. And the plans laid out in Agenda47, Trump's own official policy agenda, closely echo those of Project 2025. In short videos on his campaign website former president Trump, though in much less detail than the 900-page volume, outlines his vision for a second term, which, on technology policy issues, includes investigations of Big Tech and the FBI for what he describes as an [anti-American regime of censorship](#); ⁸ intentions to block federal efforts to curb [domestic mis- and disinformation](#), ⁹ and the firing and investigating of employees engaged in this task in the Department of Justice, Homeland Security, or any other agency. He also plans to revise Section 230; [limit social media's ability to both moderate content](#) ¹⁰ and ban individuals from their platforms; and [bring both the FCC and the FTC under presidential authority](#) ¹¹.

On technology and media policy, Project 2025 and Agenda47 have common themes: Plans to expand presidential power and limit departmental agency, accusations that technology companies and the government colluded in what they deem censorship, and [restricting Chinese ownership and investments](#) ¹². Like the language used by the Heritage Foundation, Agenda47 ties Trump's technology and communication policy to conservative values and ideals, [saying](#) ¹³: "The fight for Free Speech [*capitalization in original*] is a matter of victory or death for America—and for the survival of Western Civilization [*capitalization in original*] itself." And both plans fail to provide detailed visions for how to regulate AI. The policy agendas mirror each other closely, and both suggest a vision for technology and communication policy that is both repressive and lax.

THE ULTIMATE VISION: AN END TO PERCEIVED ATTACKS ON AND CENSORSHIP OF CONSERVATISM

The policy agenda outlined in Project 2025 is seemingly motivated by a sense of discrimination against conservative ideology.⁶⁸ The federal government, it says, has been “weaponized against conservative values,”⁶⁹ putting “liberty and freedom under siege.”⁷⁰ In response, the authors aim to weaken those institutions which they consider part of the attack. Their domestic enemies in technology and communication policy range from the mainstream media generally and public broadcasting specifically to Big Tech and includes the agencies which support and regulate them. If enacted, these policies could harm democracy by restricting press access to the administration and defunding those that report on them, create a mainstream internet landscape which mirrors unmoderated breeding grounds for extremism such as 4chan, and miss the opportunity to enact comprehensive and safe data protections and guardrails for AI.

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Footnotes

1. p. 1
2. [2] Ibid., p. xiv
3. [3] Ibid., p. xiv, p. 69



Federal AIDS Policy Partnership

AIDS Budget and Appropriations
Coalition (ABAC)

FY2025 Appropriations for Federal HIV/AIDS Programs

July 9, 2024

(Increases/decreases from previous fiscal years are shown in parenthesis.)

HHS PROGRAM		FY2023 Final	FY2024 Final	FY2025 President's Budget	FY2025 House Subcommittee	FY2025 Coalition Request ¹
C D C	Total – HIV, Hep, STD, TB line	\$1.391 b (+\$46.0 m)	\$1.391 b (+\$0.0 m)	\$1.391 b (+\$0.0 m)	\$1.177 b (-\$213.9 m)	\$2.165 b (+\$774.5 m)
	Division of HIV Prevention	Total	\$1.014 b (+\$27.0 m)	\$1.014 b (+\$0.0 m)	\$1.014 b (+\$0.0 m)	\$1.318 b (+\$304.0 m)
		HIV Prevention	\$755.6 m (+\$0.0 m)	\$755.6 m (+\$0.0 m)	\$755.6 m (+\$0.0 m)	\$822.7 m (+\$67.1 m)
		Ending the Epidemic Plan, incl. National PrEP Program	\$220.0 m (+\$25.0 m)	\$220.0 m (+\$0.0 m)	\$220.0 m (+\$0.0 m)	\$395.0 m (+\$175.0 m) ²
		Division of Adolescent and School Health	\$38.1 m (+\$2.0 m)	\$38.1 m (+\$0.0 m)	\$38.1 m (+\$0.0 m)	\$100.0 m (+\$61.9 m)
	Viral Hepatitis		\$43.0 m (+\$2.0 m)	\$43.0 m (+\$0.0 m)	\$43.0 m (+\$0.0 m)	\$53.0 m (+\$10.0 m)
	STD Prevention		\$174.3 m (+\$10.0 m)	\$174.3 m (+\$0.0 m)	\$174.3 m (+\$0.0 m)	\$164.3 m (-\$10.0 m)
	TB Elimination		\$137.0 m (+\$2.0 m)	\$137.0 m (+\$0.0 m)	\$137.0 m (+\$0.0 m)	\$137.0 m (+\$0.0 m)
	Opioid Related Infectious Diseases		\$23.0 m (+\$5.0 m)	\$23.0 m (+\$0.0 m)	\$23.0 m (+\$0.0 m)	\$29.1 m (+\$6.1 m)
	Opioid Related Infectious Diseases		\$150.0 m (+\$127.0 m)	\$150.0 m (+\$0.0 m)	\$150.0 m (+\$0.0 m)	\$150.0 m (+\$0.0 m)
H R S A	Ryan White Program Total		\$2.571 b (+\$76.2 m)	\$2.571 b (+\$0.0 m)	\$2.581 b (+\$10.0 m)	\$2.381 b (-\$190.0 m)
	Part A		\$680.8 m (+\$10.3 m)	\$680.8 m (+\$0.0 m)	\$680.8 m (+\$0.0 m)	\$680.8 m (+\$0.0 m)
	Part B: Care		\$464.6 m (+\$20.6 m)	\$464.6 m (+\$0.0 m)	\$464.6 m (+\$0.0 m)	\$464.6 m (+\$0.0 m)
	Part B: ADAP		\$900.3 m (+\$0.0 m)	\$900.3 m (+\$0.0 m)	\$900.3 m (+\$0.0 m)	\$900.3 m (+\$0.0 m)
	Part C		\$209.0 m (+\$3.5 m)	\$209.0 m (+\$0.0 m)	\$209.0 m (+\$0.0 m)	\$209.0 m (+\$0.0 m)
	Part D		\$77.9 m (+\$1.1 m)	\$77.9 m (+\$0.0 m)	\$77.9 m (+\$0.0 m)	\$77.9 m (+\$0.0 m)
	Part F: AETCs		\$34.9 m (+\$0.5 m)	\$34.9 m (+\$0.0 m)	\$34.9 m (+\$0.0 m)	\$34.9 m (+\$0.0 m)
	Part F: Dental		\$13.6 m (+\$0.2 m)	\$13.6 m (+\$0.0 m)	\$13.6 m (+\$0.0 m)	\$13.6 m (+\$0.0 m)
	Part F: SPNS		\$25.0 m (+\$0.0 m)	\$25.0 m (+\$0.0 m)	\$25.0 m (+\$0.0 m)	\$25.0 m (+\$0.0 m)
	Ending the Epidemic Plan		\$165.0 m (+\$40.0 m)	\$165.0 m (+\$0.0 m)	\$175.0 m (+\$10.0 m)	\$165.0 m (-\$10.0 m)

¹ Coalition requests, calculated from the FY2023 funding levels, do not reflect the true need for each program and the people they serve.

² This increase includes \$100M request specifically to initiate a national PrEP initiative to support ending the HIV epidemic.

FY2025 Appropriations for Federal HIV/AIDS Programs

July 9, 2024

(Increases/decreases from previous fiscal years are shown in parenthesis.)

HHS PROGRAM		FY2023 Final	FY2024 Final	FY2025 President's Request	FY2025 House Subcommittee	FY2025 Coalition Request ¹
HRSA	Total Community Health Centers³	\$5.8 b (+\$110.0 m)	\$5.8 b (+\$0.0 m)	\$8.2 b (+\$2.4 b)	\$5.8 b (+\$0.0 m)	TBD
	Ending the Epidemic Plan (PrEP)⁴	\$157.3 m (+\$35.0 m)	\$157.3 m (+\$0.0 m)	\$157.3 m (+\$0.0 m)	TBD	\$207.3 m (+\$50.0 m)
	STD Clinical Services	N/A	N/A	N/A	N/A	\$200 m
	Bio-Preparedness Workforce Pilot Prgm.⁵	N/A	N/A	N/A	N/A	\$50 m
Office of the Assistant Secretary for Health	Office of Infectious Disease and HIV/AIDS Policy	\$7.6 m (\$0.0 m)	TBD	\$7.9 m (\$0.3 m)	TBD	\$20 m (+\$11.9 m)
Office of Population Affairs	Title X	\$286.5 m (+\$0.0 m)	\$286.5 m (+\$0.0 m)	\$390.0 m (+\$103.5 m)	\$0.0m (-\$286.5 m)	\$512.0 m (+\$225.5 m)
NIH	Total	\$46.5 b (+\$2.5 b)	\$46.8 b (+\$300.0 m)	\$50.1 b (+\$2.5 b)	\$47.0 b (+\$280.0 m)	TBD
	AIDS Research	\$3.294 b (+\$100.0 m)	TBD	\$3.294 b (+\$0.0 m)	TBD	\$3.953 b ⁶ (+\$659.0 m)
ACF	"Sexual Risk Avoidance" Abstinence-Only Program	\$35.0 m (+\$0.0 m)	\$35.0 m (+\$0.0 m)	\$0.0 m (-\$35.0 m)	\$40.0 m (+ \$5.0 m)	\$0.0 m (-\$35.0 m)
Office of Adolescent Health	Teen Pregnancy Prevention Program	\$101.0 m (+\$0.0 m)	\$101.0 m (+\$0.0 m)	\$101.0 m (+\$0.0 m)	\$0.0 m (-\$101.0 m)	\$150.0 m (+\$49.0 m)
SAMHSA	Total	\$7.5 b (+970.0 m)	\$7.4 b (-\$69.7 m)	\$7.6 b (+199.0 m)	\$7.5 b (+\$95.7 m)	TBD
	Community Harm Reduction and Engagement Initiative	N/A	N/A	\$10 m	N/A	\$50 m
Minority AIDS Initiative	Total⁷	TBD	TBD	TBD	TBD	\$610.0 m (+\$165.9)
	Minority HIV/AIDS Fund	\$60.0 m (+\$3.1 m)	\$60.0 m (+\$0.0 m)	\$60.0 m (+\$0.0 m)	\$45.0 m (-\$15.0 m)	\$105.0 m (+\$48.1 m)
	SAMHSA Minority AIDS	\$119.3 m (+\$3.3 m)	\$119.3 m (+\$0.0 m)	\$119.3 m (+\$0.0 m)	\$0.0 m (-\$119.3 m)	\$160.0 m (+\$40.7 m)
Indian Health Services⁸	Ending the Epidemic Plan	\$5.0 m (+\$0.0 m)	TBD	\$15.0 m (+\$10.0 m)	TBD	\$52.0 m (+\$47.0 m)
White House	Office of National AIDS Policy	N/A	N/A	N/A	N/A	+\$3 m

HUD PROGRAM		FY2023 Final	FY2024 Final	FY2025 President's Request	FY2025 House Subcommittee	FY2025 Coalition Request ¹
HOPWA		\$499.0 m (+\$49.0 m)	\$505.0 m (+\$6.0 m)	\$505.0 m (+\$0.0 m)	\$505.0 m (+\$0.0 m)	\$600.0 m (+\$95.0 m)

The AIDS Budget and Appropriations Coalition (ABAC) is a working group of the Federal AIDS Policy Partnership, a coalition of national and community-based HIV/AIDS and public health organizations that represent people living with HIV/AIDS, HIV medical providers and researchers, and advocates, as well as community organizations that provide critical HIV related health care and support services. ABAC advocates for the necessary resources for domestic HIV/AIDS programs across the federal government. For more information, please contact ABAC Co-chairs Nick Armstrong, The AIDS Institute, narmstrong@tmail.org, Drew Gibson, AIDS United, dgibson@aidsunited.org, Emily Schreiber, NASTAD, eschreiber@nastad.org, or Carl Schmid, HIV+Hep Policy Institute, cschmid@hivhep.org. The most up-to-date version of this chart is available at <http://federalaidspolicy.org/fy-abac-chart/>.

³ These numbers include discretionary appropriations as well as \$4 b in mandatory funding.

⁴ This funding is used to increase PrEP prescriptions, HIV testing, and linkage to HIV care within community health centers.

⁵ A loan repayment program for providing infectious diseases and HIV services.

⁶ Based on FY2025 NIH HIV/AIDS Professional Judgment Budget.

⁷ Total MAI funding is distributed through multiple programs and, in most instances, is included in the funding requests for those programs.

⁸ Indian Health Services funding is appropriated through the Interior, Environment and Related Agencies appropriations bill.



FY25 Appropriations Talking Points

In order to end the HIV epidemic by 2030, it is imperative that we advocate for an FY25 appropriations package that funds HIV programs to the greatest extent possible, supporting programs and institutions dedicated to providing crucial HIV services for our communities. As was the case in FY24, we are once again facing the threat of massive cuts to our federal HIV response in the House Labor-HHS appropriations bill which threaten to undo decades of progress and investments in providing care and support for people living with and affected by HIV in the United States. However, unlike last year, top-line spending numbers coming out of the Senate provide a real avenue towards not just keeping HIV funding level in FY25, but to potentially seeing increases in federal HIV programs that desperately need them.

Support Programs & Institutions Dedicated to PLWH in FY 2025 Appropriations

To address these challenges and opportunities posed by the current appropriations process, here are some recommended policy priorities:

- **Allocate \$3.082 billion in funding for the Ryan White HIV/AIDS Program** and support funding for the Ending the HIV Epidemic Initiative funding in the Ryan White Program and the Special Projects of National Significance in Part F of the Ryan White Program, both of which were entirely stripped of funding in the FY25 House Labor-HHS bill.
- **Provide \$1.318 billion in funding for the CDC's Division of HIV Prevention**, including robust funding for Ending the HIV Epidemic plan efforts within the division that would greatly expand access to PrEP and pave the way for the creation of a National PrEP program.
- **Support housing as an essential aspect of healthcare by funding HOPWA**, the Housing Opportunities for People living With HIV/AIDS program, at \$600 million. While this request does not reflect the community's true need, it would begin a vital investment in support of people living with HIV and towards ending the epidemic.
- **Fully invest in a syndemic approach to addressing the HIV, viral hepatitis, sexually transmitted infection, and overdose crises** through increased investment in the CDC's Division of Viral Hepatitis, Division of STD Prevention and Opioid Related Infectious Disease line at the CDC.
- **Fully fund the Minority AIDS Initiative at \$610 million** to support grassroots Black-led community based organizations, expand access to high quality HIV services and reduce disparities in health outcomes among racial and ethnic minorities.
- **Pass a clean FY25 appropriations package with no new riders** that would cause harm to the communities we serve.
- Continue to **support the Indian Health Service** to meet the health needs of Indigenous people living with and impacted by HIV.
- Include report language in the Ryan White HIV/AIDS Program that meaningfully addresses the unmet needs of older adults living with HIV and **urges the HIV/AIDS Bureau to significantly increase support for programs/models of care that comprehensively service older adults living with HIV.**



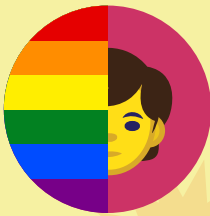
Health & Wellness of LGBTQA+ Youth in School Settings

The SAFETY Act — Newly Passed!

July 2024

The Support Academic Futures & Educators for Today's Youth (SAFETY) Act prohibits school boards from requiring the forced outing of LGBTQA+ youth in school settings

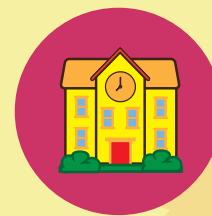
Critical protections include



protecting LGBTQA+ youth against **forced outing** policies



providing **supportive resources** for parents/caregivers



safeguards for teachers against retaliation for fostering supportive environments for LGBTQA+ youth

Existing Legal Protections

While state & local governments have escalated efforts to challenge the health and wellness of LGBTQA+ youth nationwide, California has been a national leader in passing LGBTQA+ protective legislation

Laws include **anti-bullying protections**, education that is **inclusive** of LGBTQA+ people, **comprehensive sexual health education**, a **student's right to participate** in sex-segregated school activities (e.g., sports) and **access to facilities** (e.g. restrooms and locker rooms) consistent with their gender identity regardless of the gender listed on official records, and guaranteeing access to **gender-neutral restrooms**.



2010 *Seth's Law*

2011 *Fair, Accurate, Inclusive, and Respectful Education (FAIR) Act*

2013 *School Success and Opportunity Act (SSOA)*

2016 *California Healthy Youth Act (CHYA)*

2016 *Equal Restroom Access Act (ERAA)*

2023 *Senate Bill 760 (Newman)*

Scan here

for more information on Dr. Rory O'Brien's research on LGBTQA+ youth



Scan here

for more information on the SAFETY Act and other laws mentioned here

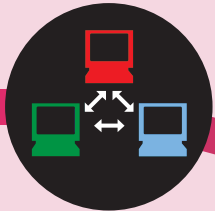


Understanding Policy Gaps

A recent study with 10 participating schools located across 5 different school districts in Los Angeles County has shown that administrators at the state, district, and school levels are tasked with translating policy into practice. They engage in discrete professional decision-making processes leading to differences in interpretation and implementation of these seminal laws. The passage of such legislation is significant in the history of transgender and non-binary adolescent (TNBA) rights, yet the issue of ineffective implementation remains. These "4 Zones" build upon existing laws.

Research Findings

Policy Recommendations



Student Records

- ❑ lack of streamlined school data systems (name changes reflected in all school databases)
- ❑ non-implementation of district policies by schools
- ❑ inconsistent requirements for parental notification/permission

- ❑ ensure data systems can be updated
- ❑ systematic changes to names across systems (e.g., Aries, Canvas, Google Classroom)



Private Accommodations

- ❑ no designated private spaces for students to change for gym
- ❑ private accommodations located within gendered locker spaces
- ❑ lack of student awareness of private facilities

- ❑ ensure private spaces are available and students know processes for how to request them (and not locate them in gendered spaces)
- ❑ publish availability of private spaces in student handbooks



Gender Neutral Restrooms

- ❑ gender neutral restroom locations not identified for students
- ❑ ID or staff permission required to gain access and other barriers to access (e.g. forced outing to school staff)

- ❑ school should prepare for implementation of S.B. 760, requiring facilities to be as accessible as gendered facilities
- ❑ publish availability of gender neutral restrooms in student handbooks
- ❑ state may seek to monitor for compliance



Comprehensive Sex Ed

- ❑ inconsistent instruction regarding comprehensive sexual health education
- ❑ documentation of health content and course offerings
- ❑ non-implementation of district-approved curriculum by schools

- ❑ new bills should strengthen and specify requirements of CHYA
- ❑ need monitoring and data



CALIFORNIA
HIV/AIDS POLICY
RESEARCH CENTERS





LOS ANGELES COUNTY
COMMISSION ON HIV



LONELINESS & SOCIAL ISOLATION

COMMEMORATING
NATIONAL HIV/AIDS
AND AGING
AWARENESS DAY

ADDRESSING THE UNIQUE NEEDS OF WOMEN OVER 50

- Understand social isolation and how it impacts health
- Identify risk factors of social isolation and loneliness
- Learn practices and interventions that can be used to combat social isolation

Raffles | Networking | Resources

REGISTER [HERE](#) OR SCAN THE QR CODE

WHEN: MONDAY, SEPT. 23, 2024
9:30AM - 2PM

LOCATION: 510 S. VERMONT AVE.
LOS ANGELES, CA 90020
TERRACE LEVEL

PARKING: 523 SHATTO PLACE
LOS ANGELES, CA 90020



****UPDATED****

LOS ANGELES COUNTY COMMISSION ON HIV BLACK CAUCUS INVITES BLACK & LATINX SAME-GENDER LOVING MEN

Empower, Engage, Evolve: Sexual Health & HIV Dialogue for Black & Latinx SGL Men

Join us for a transformative dialogue where Black & Latinx same gender loving (SGL) men can address stigma, explore sexual health, and discuss HIV.

Your experiences and insights will help shape culturally responsive HIV prevention and care systems in LA County.

Don't miss this opportunity to make a lasting impact on our community's health and well-being!



Join
Us

WHEN & WHERE

Thursday, September 26, 2024
7:00 pm - 9:00 pm
South Los Angeles

**Venue info will be provided upon confirmed registration*

RSVP REQUIRED

Space is Limited

<https://tinyurl.com/c6appxma>



****Participants Will Receive a \$50 Visa Giftcard, Food & Resources****

These sessions are supported by the Los Angeles County Commission on HIV Black Caucus with generous funding support by UCLA-CDU Center for AIDS Research [Grant AI15250; PI Campbell]