



# PUBLIC POLICY COMMITTEE

## Virtual Meeting

Monday, April 4, 2022

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

\*Meeting Agenda + Packet will be available on our website at:  
<http://hiv.lacounty.gov/Public-Policy-Committee>

### REGISTER VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://tinyurl.com/5n6c4djr>

*\*Link is for non-Committee members only*

### JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001 US Toll Access Code: 2599 752 6032

For a brief tutorial on how to use WebEx, please check out this  
video: <https://www.youtube.com/watch?v=iQSSJYcrgIk>

*\*For those using Apple iOS devices - a new version of the WebEx app is now available and is optimized for mobile devices.  
Visit your Apple App store to download or click [here](#) for WebEx updates.*

## PUBLIC COMMENTS

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](mailto:hivcomm@lachiv.org) -or- submit your Public Comment electronically via [https://www.surveymonkey.com/r/PUBLIC\\_COMMENTS](https://www.surveymonkey.com/r/PUBLIC_COMMENTS).

All Public Comments will be made part of the official record.

## LIKE WHAT WE DO?

Apply to become a Commissioner at <http://tinyurl.com/HIVCommApplication>



**AGENDA FOR THE VIRTUAL MEETING OF THE  
LOS ANGELES COUNTY COMMISSION ON HIV  
PUBLIC POLICY COMMITTEE**

**MONDAY, APRIL 4, 2022 | 1:00 PM – 3:00 PM**

To Join by Computer: <https://tinyurl.com/5n6c4djr>  
*\*Link is for non-committee members only\**

To Join by Phone: 1-415-655-0001  
Access code: 2599 752 6032

Public Policy Committee Members:			
Katja Nelson, MPP Co-Chair	Lee Kochems, MA Co-Chair	Alasdair Burton, (Alternate)	Felipe Findley
Jerry D. Gates, PhD	Eduardo Martinez (Alternate)	Isabella Rodriguez (Alternate)	Ricky Rosales
Martin Sattah, MD			
<b>QUORUM: 5</b>			

AGENDA POSTED March 30, 2022

**VIRTUAL MEETINGS:** Assembly Bill (AB) 361 amends California’s Ralph M. Brown Act Section 54953 to allow virtual board meetings during a state of emergency. Until further notice, all Commission meetings will continue to be held virtually via WebEx. For a schedule of Commission meetings, please click [here](#).

**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](mailto:hivcomm@lachiv.org) -or- submit your Public Comment electronically via [https://www.surveymonkey.com/r/PUBLIC\\_COMMENTS](https://www.surveymonkey.com/r/PUBLIC_COMMENTS). 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](mailto: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 a [HIVComm@lachiv.org](mailto:HIVComm@lachiv.org), por lo menos setenta y dos horas antes de la junta.

**SUPPORTING DOCUMENTATION** can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>.

The Commission Offices are located at 510 S. Vermont Ave. 14<sup>th</sup> Floor, one building North of Wilshire on the eastside of Vermont just past 6<sup>th</sup> Street. Validated parking is available.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission’s standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs’ discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

External stakeholders who would like to participate in the deliberation of discussion of a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission’s Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Commission leadership and staff will make every effort to accommodate reasonable scheduling and timing requests - from members or other stakeholders - within the limitations and requirements of other possible constraints.

Call to Order, Introductions and Check-in, Conflict of Interest Statements 1:00 PM – 1:05 PM

**I. ADMINISTRATIVE MATTERS** 1:05 PM – 1:08 PM

- 1. Approval of Agenda **MOTION #1**
- 2. Approval of Meeting Minutes **MOTION #2**

**II. PUBLIC COMMENT** 1:08 PM – 1:10 PM

- 3. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission.

**III. COMMITTEE NEW BUSINESS ITEMS** 1:10 PM – 1:15 PM

- 4. 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.

**IV. REPORTS**

- 5. Executive Director/Staff Report 1:15 PM – 1:20 PM
  - a. Operational Updates
  - b. Comprehensive HIV Plan 2022-2026
- 6. Co-Chair Report 1:20 PM – 1:45 PM
  - a. Act Now Against Meth (ANAM) Update

b. Public Hearings Follow-up

**V. DISCUSSION ITEMS**

- 7. Legislative Docket 1:45 PM – 1:55 PM
- 8. Policies Priority – Priorities 1:55 PM – 2:20PM
- 9. State Policy & Budget Update 2:20 PM – 2:30 PM
- 10. Federal Policy Update 2:30 PM – 2:35 PM
- 11. County Policy Update 2:35 PM – 2:50 PM
  - a. COH Response to the STD Crisis

**VI. NEXT STEPS**

2:50 PM – 2:55 PM

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

**VII. ANNOUNCEMENTS**

2:55 PM – 3:00 PM

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

**VIII. ADJOURNMENT**

3:00 PM

- 15. Adjournment for the meeting of April 4, 2022

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



LOS ANGELES COUNTY  
COMMISSION ON HIV



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

**Draft**

*Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote.*

*Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.*

**PUBLIC POLICY COMMITTEE  
FIRST ANNUAL VIRTUAL PUBLIC POLICY PRIORITIES STAKEHOLDER  
COMMUNITY CONSULTATION  
MEETING MINUTES**

March 7, 2022

<b>COMMITTEE MEMBERS</b>			
P = Present   A = Absent   EA = Excused Absence			
Katja Nelson, MPP, Co-Chair	P	Eduardo Martinez (Alternate)	A
Lee Kochems, MA, Co-Chair	P	Isabella Rodriguez (Alternate)	P
Alasdair Burton (Alternate)	P	Ricky Rosales	P
Felipe Findley	P	Martin Sattah, MD	P
Jerry Gates, PhD	P		
Gerald Garth	A		
<b>COMMISSION STAFF AND CONSULTANTS</b>			
Carolyn Echols-Watson, AJ King, Consultant, Jose Rangel-Garibay, Catherine Lapointe, Sonja Wright			

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

Meeting agenda and materials can be found on the Commission's website at <https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/a3f44255-277a-4569-8441-6d3e4193910c/Pkt-Community%20Consultation%20-03072022-Final-merged.pdf>

**CALL TO ORDER-INTRODUCTIONS-MEETING OBJECTIVES-DESIRED OUTCOME**

Katja Nelson and Lee Kochems, Public Policy Committee (PPC) Co-Chairs, called the meeting to order, led introductions, and discussed the meeting objectives and desired outcomes. The purpose of the PPC Community Consultation was to identify key policy priorities utilizing feedback from the community.

**I. OVERVIEW OF PUBLIC POLICY PURPOSE AND CHARGE**

**a. Overview of Current Policy Priorities**

- K. Nelson and L. Kochems presented an overview of the PPC, found in the meeting packet. The presentation included examples of Commission on HIV (COH) policy accomplishments, PPC responsibilities, and policy priorities.
- K. Nelson highlighted the current PPC policy priorities, found in the meeting packet. The policy priorities are racism, housing, mental health, sexual health, consumers, aging, women, transgender, general health care, service delivery, criminalization, and data.

**II. SPEAKER PRESENTATIONS (INVITED)**

**a. Black AIDS Institute**

Toni Newman, Interim President and CEO, Black AIDS Institute (BAI), discussed the work of the BAI. Key points are as follows:

- BAI is a Black think tank focused on ending the HIV epidemic by 2030. Priority populations for the organization are cisgender women and transgender individuals, specifically Black and Latinx transgender women.
- Mental health, substance use, women, and transgender individuals are policy priorities for BAI.
- BAI supports SB 923 (Wiener): Gender-affirming care, also known as the transgender, gender non-conforming, and intersex (TGI) Inclusive Care Act.
- BAI encourages increased funding for minority-led HIV organizations in Los Angeles County to provide more wraparound services such as housing and food security.

K. Nelson inquired about barriers to obtaining funding faced by minority-led organizations.

T. Newman discussed the need for funding for mental health and substance use services such as hiring highly qualified social workers, substance use and mental health counselors, and provide in-house case management.

L. Kochems asked how the PPC can gain support from BAI to ensure harm-reduction strategies, such as needle exchange services, safe injections sites, and overdose prevention sites, are in place. BAI supports a harm reduction model.

Martin Sattah, MD, discussed difficulty providing whole-person care to patients who test positive for HIV. Mental health professionals and addiction treatment specialists are needed to address this issue.

**b. Black Lives Matter**

There was no speaker available.

**c. Justice Los Angeles Coalition**

Ambrose Brooks, Justice Los Angeles Coalition (JusticeLA) Coordinator, provided an

overview of the program. Key points are as follows:

- JusticeLA was formed in 2017 as a coalition in partnership with grassroots organizations and impacted communities.
- Goals of the coalition are to stop jail expansion, reduce the footprint of incarceration, and to reinvest dollars away from incarceration and into community-led alternatives to incarceration.
- JusticeLA works to end incarceration; reform pre-trial incarceration; develop incarceration alternatives; incorporate a community-based system of care; improve district attorney, law enforcement, and judicial accountability; and advocate for budget changes.
- PPC policy priorities that align with the work of JusticeLA include decarceration [the action or process of reducing the number of people imprisoned as part of a criminal justice system] of the pre-trial population, harm reduction approaches, diversion out of jail and into community-based services, budget advocacy, racism and health equity, mental health, substance use, general health care, decriminalization, and gender justice.
- JusticeLA supports Measure J, also known as Care First Community Investment, which allocates funding to underserved populations in LA County. Measure J requires that by 2024, no less than 10% of the county's locally generated revenue be allocated to improve conditions of underserved communities.
- Justice LA prioritizes budget reinvestment to communities in need.
- JusticeLA supports AB 1670 (Bryan): Criminal justice: Commission on Alternatives to Incarceration and AB 2534 (Bryan): Survivor Support and Harm Prevention Pilot Program Act

Felipe Findley echoed the importance of recognizing mass incarceration as a driver of the HIV epidemic and expressed support for including decarceration efforts to the work of the Commission on HIV (COH).

**d. The BREATHE Act**

There was no speaker available.

**e. USC Street Medicine**

Brett Feldman, Director of Street Medicine, USC, presented on the street medicine program.

Key points are as follows:

- The USC Street Medicine program provides medication, labs, ultrasounds, EKGs, mental health services, and substance use disorder treatment to LA County's homeless population.
- PPC priorities that align with the program are equity and service delivery. Other policy suggestions include funding and new policies to support direct delivery of comprehensive care on the street; training and workforce development to increase the



number of street medicine programs in LA County.

K. Nelson inquired about barriers to accessing health services for the homeless population. B. Feldman noted medical mistrust, financial barriers, lacking documentation needed to apply for health insurance, and missed appointments attributed to the time/space disassociation people experience in unsheltered homelessness. He also stressed the need to support policies that recognize the street as a legitimate place to deliver care to receive Medi-Cal reimbursement for services provided.

### **COMMUNITY CONSULTATION/PUBLIC COMMENTS**

**a. How do you envision changing or expanding the Public Policy Committee's (PPC) current policy priorities to best align with efforts to end the HIV epidemic? Please share any recommendations.**

- M. Sattah suggested more funding towards care coordination services to provide patients with non-medical care and support services.
- B. Feldman discussed the Street Medicine model and how it could be enhanced by adding a housing navigator to their teams, keeping clients engaged while they wait for housing, and changing the Service Prioritization Decision Assistance Tool (VI-SPDAT) to measure the severity of medical need and thus a greater need for housing.
- K. Nelson discussed the need for updated language in the policy priorities such as decarceration and street medicine.

**b. Upon review of the PPC's policy priorities, and in relation to your organization's mission, please identify the top 3 priorities that the committee should focus on this year.**

- K. Nelson identified mental health, substance use and harm reduction strategies, transgender health, equity, racism, and coordination of care as common policy priorities.
- L. Kochems identified decarceration, housing, and street medicine as holistic HIV care strategies.
- F. Findley discussed the need to decriminalize homelessness and reduce policing and incarceration.

**c. In order to achieve the priorities identified today, what are some concrete policy and advocacy actions the PPC can undertake to support the Commission's efforts to end the HIV epidemic.**

- K. Nelson identified letters to the Board of Supervisors and meetings with health deputies as concrete policy advocacy actions the PPC can take to support the Commission's efforts to end the HIV epidemic.

### **III. CLOSING REMARKS AND NEXT STEPS**

- The April meeting will include further discussion on policy priorities and implementation



strategies.

- The PPC will initiate a review of local, state, and federal bills for inclusion in the 2022 legislative docket.
- K. Nelson, L. Kochems, and COH staff will develop a summary of the Community Consultation in preparation for the April meeting.
- The PPC will continue to request input from Black Lives Matter LA and The BREATHE Act who were unable to present at the Community Consultation.



## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/15/22

The following list identifies "conflicts-of-interest" for Commission members who represent agencies with Part A/B –and/or CDC HIV Prevention-funded service contracts with the County of Los Angeles. According to Ryan White legislation, HRSA guidance and Commission policy, Commission members are required to state their "conflicts-of-interest" prior to priority- and allocation-setting and other fiscal matters concerning the local HIV continuum of care, and to recuse themselves from discussions involving specific service categories for which their organizations have service contracts.

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CIELO	Mikhaela	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	Frankie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
Transportation Services			
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FULLER	Luckie	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
Nutrition Support			
GARTH	Gerald	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
MINTLINE (SBP Member)	Mark	Western University of Health Sciences	No Ryan White or prevention contracts
MORENO	Carlos	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention Oral Healthcare Services
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based Benefits Specialty HIV Testing Storefront HIV Testing Social & Sexual Networks STD Screening, Diagnosis and Treatment Sexual Health Express Clinics (SHEX-C) Health Education/Risk Reduction Health Education/Risk Reduction, Native American Biomedical HIV Prevention Oral Healthcare Services Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) HIV and STD Prevention Services in Long Beach Transportation Services Nutrition Support
OROZCO	Jesus ("Chuy")	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	Juan	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM) Benefits Specialty Medical Care Coordination (MCC) Oral Healthcare Services Mental Health Biomedical HIV Prevention STD Screening, Diagnosis and Treatment Transportation Services
ROBINSON	Mallery	We Can Stop STDs LA	No Ryan White or prevention contracts
RODRIGUEZ	Isabella	No Affiliation	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
<b>SAN AGUSTIN</b>	<b>Harold</b>	L.A. County Department of Health Services  JWCH, INC.	Medical Care Coordination (MCC) HIV Testing Storefront HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV) STD Screening, Diagnosis and Treatment Health Education/Risk Reduction Mental Health Oral Healthcare Services Transitional Case Management Ambulatory Outpatient Medical (AOM) Benefits Specialty Biomedical HIV Prevention Medical Care Coordination (MCC) Transportation Services
<b>SPENCER</b>	<b>LaShonda</b>	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM) HIV Testing Storefront HIV Testing Social & Sexual Networks Medical Care Coordination (MCC)
<b>STALTER</b>	<b>Kevin</b>	Unaffiliated consumer	No Ryan White or prevention contracts
<b>STEVENS</b>	<b>Reba</b>	No Affiliation	No Ryan White or prevention contracts
<b>THOMAS</b>	<b>Damone</b>	Unaffiliated consumer	No Ryan White or prevention contracts
<b>VALERO</b>	<b>Justin</b>	Unaffiliated consumer	No Ryan White or prevention contracts
<b>VEGA</b>	<b>Rene</b>	Unaffiliated consumer	No Ryan White or prevention contracts
<b>WALKER</b>	<b>Ernest</b>	Men's Health Foundation	Biomedical HIV Prevention Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) Promoting Healthcare Engagement Among Vulnerable Populations Sexual Health Express Clinics (SHEX-C) Transportation Services





## LOS ANGELES COUNTY COMMISSION ON HIV



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

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

### CODE OF CONDUCT

We welcome commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. We create a safe environment that celebrates differences while striving for consensus and is characterized by consistent, professional, and respectful behavior. Our common enemies are HIV and STDs. We strive to be introspective and understand and clarify our assumptions, while appreciating the complex intersectionality of the lives we live. We challenge ourselves to be self-reflective and committed to an ongoing understanding. 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 strive for consensus and compassion in all our interactions.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen, don't repeat what has already been stated, avoid interrupting others, and allow others to be heard.**
- 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) We give and accept respectful and constructive feedback.**
- 7) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 8) We have no place in our deliberations for homophobic, racist, sexist, and other discriminatory statements and "-isms" (including misogyny, transphobia, ableism, and ageism).**
- 9) We give ourselves permission to learn from our mistakes.**

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19; 3/3/22)**



**BARBARA FERRER, Ph.D., M.P.H., M.Ed.**  
Director

**MUNTU DAVIS, M.D., M.P.H.**  
County Health Officer

**MEGAN McCLAIRE, M.S.P.H.**  
Chief Deputy Director

**RITA SINGHAL, M.D., M.P.H.**  
Director, Disease Control Bureau

**MARIO J. PÉREZ, M.P.H.**  
Director, Division of HIV and STD Programs  
600 South Commonwealth Avenue, 10th Floor  
Los Angeles, CA 90005  
TEL (213) 351-8001 • FAX (213) 387-0912

[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)



**BOARD OF SUPERVISORS**

**Hilda L. Solis**  
First District  
**Holly J. Mitchell**  
Second District  
**Sheila Kuehl**  
Third District  
**Janice Hahn**  
Fourth District  
**Kathryn Barger**  
Fifth District

February 15, 2022

Dear HIV/STD, Public Policy and Community Planning Colleagues:

On behalf of the Los Angeles County Department of Public Health's Division of HIV and STD Programs (DHSP), I am pleased to share that Courtney Armstrong has joined our team and will serve as our Senior Policy Officer.

Prior to joining DHSP, Courtney worked as the Vice President of Policy for the San Francisco AIDS Foundation, responsible for directing the foundation's local and statewide legislative, budget, and administrative advocacy work, and aligning the organization with partnership opportunities. In this role, she advocated for full funding of vital HIV and hepatitis C care and prevention programs, responsive legislation and policies intended to ensure that broader health care systems can appropriately care for people living with HIV and hepatitis C.

She also provided leadership and coordination of the California HIV Alliance, a statewide coalition of organizations that have a policy presence in Sacramento, and the California End the Epidemics Coalition, a coalition of organizations and health departments from across the state calling on the Governor and Legislature to end the HIV, hepatitis C and STD epidemics.

Prior to joining the San Francisco AIDS Foundation, Courtney worked at the Centers for Medicare and Medicaid Services (CMS) on the implementation of Medicare Part D, with a focus on transitioning people with HIV/AIDS and providing outreach to their providers. She received her Master of Public Health degree with an emphasis on Health Policy from the School of Public Health at the University of California at Berkeley.

Please join me as we welcome Courtney to her new role and as we work to advance policies that improve our response to HIV and STDs. Courtney can be reached at [CArmstrong@ph.lacounty.gov](mailto:CArmstrong@ph.lacounty.gov).

Sincerely,

Mario J. Pérez, MPH  
Director  
Division of HIV and STD Programs  
Los Angeles County Department of Public Health



## 2022 WORK PLAN – PUBLIC POLICY

Committee Name: <b>PUBLIC POLICY COMMITTEE (PPC)</b>			Co-Chairs: Katja Nelson, Lee Kochems	
Committee Adoption Date: January 3, 2022			Revision Dates:	
<b>Purpose of Work Plan:</b> To focus and prioritize key activities for COH Committees and subgroups for 2022				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Develop the Comprehensive HIV Plan 2022-26	The Committee will gather, discuss and provide policy issues for inclusion in the plan.	10/2022	The Committee will agendize the CHP and information will flow to the consultant on an ongoing basis.
2	Address Areas of Improvement from the HealthHIV Planning Council Effectiveness Assessment	The Committee will hold public hearing(s) to encourage community engagement and representation in Commission legislative policy making. Public Policy priorities will be streamlined and barriers for community participation reduced.	06/2022	The Committee is scheduled to hold a public hearing in February or March of 2022.
3	Continue to advocate for an effective County-wide response to the STD epidemic. Assess and monitor federal, state, and local government policies and budgets that impact HIV, STD, STIs, Hep C and other sexual health issues.	The Committee will better inform the development of legislative and policy priorities with public hearings. The Committee will review government actions that impact funding and implementation of sexual health and HIV services.	Ongoing	The Committee has included Public Hearing preparation as a standing item on their meeting agenda.
4	Prepare Policy Priorities for 2022 to include the alignment of priorities with the Black/African American Community (BAAC) Task Force, Women Caucus, Aging Task Force, Consumer Caucus, Prevention Workgroup and Trans-gender Caucus recommendations.	The Committee will discuss and craft policy priorities for 2022, ensuring policy efforts prioritize recommendations.	04/2022	Once established policy recommendations are submitted to the Commission for approval



## 2022 WORK PLAN – PUBLIC POLICY--Draft

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
5	Develop 2022 Legislative Docket	Review legislation aligned with information gathered from public hearing(s) as well as recommendations from Commission taskforces, caucuses and workgroups to develop the Commission docket, and discuss legislative position for each bill.	5/2022	The Committee will begin legislative bill review in 2/2022. Once the docket is established it will be submitted to the Commission for approval.
6	Monitor and support the City of Los Angeles safe consumption site project.	Coordinate with the City of LA AIDS Coordinator's Office	03/2022 - Ongoing	The Committee is scheduling a presentation with the City of Los Angeles Safe Consumption site providers.



# ActNOW

## Against Meth

LOS ANGELES COUNTY PLATFORM  
ADDRESSING THE METH EPIDEMIC

2022



RESEARCH PARTNER



**CHIPTS**  
Center for HIV Identification, Prevention  
and Treatment Services

[thewalllasmemorias.org/ANAM](http://thewalllasmemorias.org/ANAM)



## LOS ANGELES COUNTY PLATFORM ADDRESSING THE METH EPIDEMIC 2022

### Table of Contents

3	History of Act Now Against Meth
4	Recommendations Related to Prevention
7	Recommendations Related to Treatment
9	Recommendations Related to Policy



## HISTORY OF ACT NOW AGAINST METH

In the summer of 2005, as the Los Angeles County Department of Public Health moved slowly to address the crystal methamphetamine (meth) outbreak, The Wall Las Memorias created the Act Now Against Meth Coalition. The aim of the coalition was to demand a strong public health response to rapidly increasing meth use in vulnerable communities across LA County. The coalition consisted of a variety of community-based organizations, private businesses, public high schools, and community leaders, including the Asian Pacific AIDS Intervention Team (APAIT), Being Alive, Lincoln High School, Midtowne Spa, and the Metropolitan Community Church.

The Act Now Against Meth Coalition developed a petition demanding funding be allocated specifically for meth use prevention projects. Coalition members held support groups, educational meetings, community forums, and media conferences to increase public awareness of meth and its impact on the community at large. The coalition conducted outreach at a variety of venues such as night clubs, festivals, high schools, and public spaces.

By September 2006, the coalition had gathered over 10,000 petition signatures. A press conference was held on the steps of the Los Angeles County Hall of Administration prior to presenting the petition to the LA County Board of Supervisors.

As a result of the coalition presenting the petition, the members of the Board of Supervisors introduced a motion to allocate \$1.5 million to fund new prevention and treatment programs. This was a major accomplishment in which the community advocated and received action upon a request.

In 2020, following the arrest of Ed Buck and reports of crystal meth use back on the rise, The Wall Las Memorias reinitiated Act Now Against Meth to meet the dire need to confront the meth epidemic in Los Angeles County. Community members were invited to attend virtual roundtable meetings to discuss the current state of meth and listen to community concerns about the meth crisis. As a result of this grassroots outreach, a new coalition was formed, with 15 community partners committing their support.

Following a virtual Act Now Against Meth Community Summit in March 2021, the coalition established a workgroup to draft the Los Angeles County Platform Addressing the Meth Epidemic. The workgroup met for over 54 cumulative hours to draft a list of recommendations to better address crystal meth in LA County, reflecting the needs community stakeholders have expressed throughout the past two years. **We are delighted to submit the following platform, which details recommendations for meth prevention, treatment, and policy.**



## RECOMMENDATIONS RELATED TO PREVENTION

It is self-evident that preventing the initiation of methamphetamine use offers optimal individual and community benefits. The Act Now Against Meth Coalition, henceforth referred to as ANAM, explicitly acknowledges that social stressors, unmet necessities, ignorance, denial of the problem, and blaming the user all impede prevention efforts. A robust, LA County-wide strategy to tackle methamphetamine use must address the social determinants of health through investment in our public health and social services infrastructure, effective services that follow harm reduction principles, awareness and education, and grassroots community engagement.

ANAM offers the following methamphetamine use prevention recommendations:

1. **We call upon the LA County Board of Supervisors to: 1) Improve coordination among the Los Angeles Department of Health Services, Department of Public Health, Department of Mental Health, Department of Children and Family Services, Department of Probation, Sheriff's Department, Homeless Services Authority, Department of Public Social Services, and other affiliated agencies, and 2) Direct the County of Los Angeles Alliance for Health Integration to help support and facilitate this coordinated approach across County Agencies.** The multiple needs of people at risk of using meth require concerted coordination among County agencies to ensure a comprehensive approach to primary and secondary meth use prevention. As part of this coordinated effort, all County departments that provide services to the public should be required to include substance use navigation services in their contracts to the extent feasible. Additionally, all County department personnel should be trained on the various substance use resources that are available in the community.
2. **We call upon the LA County Department of Mental Health to allocate Prevention and Early Intervention (PEI) funds for meth prevention activities and implement holistic prevention efforts in collaboration with the Department of Public Health's Substance Abuse Prevention and Control (SAPC) program.** Meth use frequently intersects with mental health disorders. It is critical that the Department of Mental Health and SAPC provide collaborative leadership to address the meth crisis in LA County.
3. **Improve coordination among community-based organizations, prevention providers, treatment programs, medical providers, and community health centers/Federally Qualified Health Centers.** As people at risk for meth use or currently using meth engage with community organizations and service providers across the County, it is imperative that they encounter a coordinated service system to ensure continuity of support. To that end, LA County should

require funded organizations to demonstrate that they work collaboratively with service providers to prevent and address methamphetamine and other drug use.

4. **Expand housing capacity for unhoused residents in LA County.** Homelessness is strongly correlated with methamphetamine use. In addressing the root causes of methamphetamine use, housing opportunities for residents of LA County regardless of drug use status or the ability to pay rent must be expanded to decrease the likelihood of methamphetamine use and to promote the dignity of the person.
5. **Expand and promote access to navigation services for unhoused people who are placed into temporary housing facilities.** Navigation services are critical to expanding access to substance use prevention and treatment services for unhoused people, which will increase the health and wellness of both the individual and the community. It is essential that these services be provided to unhoused people where they are located to ensure accessibility.
6. **Prioritize funding for prevention case management as part of harm reduction efforts.** Linking individuals at risk of using or currently using meth to the services they need to establish stable housing, food security, employment, health care, and substance use and mental health support is critical to primary and secondary meth use prevention efforts. Prioritizing funding for prevention case management is essential to addressing the meth epidemic.
7. **Ensure substance use prevention and treatment referrals are offered to clients accessing HIV, STI, and viral hepatitis screening, as well as HIV Pre-Exposure Prophylaxis/Post-Exposure Prophylaxis (PrEP/PEP) services, to promote a holistic approach to wellness.** When using meth and other drugs, individuals often engage in sexual behaviors that are primary risk factors for HIV transmission. Sexual health screening and PrEP programs offer prime opportunities for referrals to substance use prevention and treatment services.
8. **Incorporate comprehensive HIV, STI, and viral hepatitis screening, as well as PrEP/PEP navigation services, in substance use prevention and treatment programs through collaboration with clinical service providers across LA County.** Despite substance use being a key risk factor for and frequent comorbid condition with HIV, individuals in meth and other substance use prevention and treatment programs are not routinely offered prevention or screening services for HIV and related conditions. Incorporating these auxiliary services is critical to optimizing meth use prevention efforts.
9. **Increase the availability and accessibility of effective mental health services across Los Angeles County.** Mental illness is a key contributor to initial and continued methamphetamine use. Therefore, LA County should pursue a robust approach to addressing mental illness alongside

meth use. Mental health services must be culturally proficient and provide appropriate assessment, diagnosis, and treatment. Further, mental health intake services should be available to methamphetamine users within three business days of initial contact to support tertiary prevention and ensure urgent needs are addressed.

10. **Improve cultural proficiency among County departments and service providers.** County departments and service providers must be culturally proficient in the areas of race, ethnicity, language, sexual orientation, gender identity, and religious beliefs. These characteristics each intersect with methamphetamine use in unique ways that service providers should be aware of and be competent to address. County departments and service providers should be required to receive annual training in these areas to ensure that clients receive culturally proficient services. Training should follow curricula approved by the Los Angeles County Center for Health Equity.
11. **Continue and increase support for those returning to the community after incarceration.** Those returning to the community after a period of incarceration are at risk for meth and other substance use. These individuals should have a menu of services that they can access to improve their health and wellness. Reentry services must include navigation support to assist clients with proper referrals to housing, workforce placement, and substance use and mental health prevention and treatment programs. Additionally, all individuals exiting incarceration should receive education on fentanyl and overdose prevention, including provision of Naloxone and fentanyl test kits to help prevent overdoses.
12. **Provide evidence-based, age-appropriate substance use curricula from K-12.** Substance use prevention must be addressed from K-12 and should not be delayed until middle or high school. Early education is essential to promote the importance of connections with others and address the needs of children who may experience the harms of meth use by caretakers or parents. Youth involvement in collaborative learning during K-12 or engagement in making social connections with others who have prosocial behaviors will slow the use of meth and other drugs. Students should learn about harm reduction concepts and strategies, in addition to abstinence, that will empower them to make healthy choices for themselves and others regarding substance use.
13. **Fund community-based, grassroots prevention efforts that specifically address methamphetamine.** It is essential for public health to value the work of grassroots organizations that are grounded in the community and work with the target population daily. Therefore, funding must be prioritized to support community-based, grassroots, locally developed programs that focus on preventing meth use.

## RECOMMENDATIONS RELATED TO TREATMENT

When it comes to treating meth dependency, effective treatment must encompass a “macro” approach that moves away from blaming the person with a substance use disorder for their behavior and toward addressing the factors that are negatively impacting their health and wellbeing.

ANAM offers the following methamphetamine treatment recommendations:

- 1. Fund, invest in, and promote the use and expansion of evidence-based behavioral and interventions to treat methamphetamine addiction.** Currently, evidence-based behavioral treatment options for methamphetamine addiction include contingency management, cognitive behavioral (individual and group counseling) interventions, motivational enhancement therapy, and community reinforcement. Very few places currently offer contingency management, which has the strongest evidence of success. Investing in these evidence-based approaches to treating methamphetamine use disorder is critical to addressing the methamphetamine epidemic in Los Angeles County
- 2. Expand efforts to explore, formalize, and fund biomedical treatments.** Biomedical treatment options are just now coming on-line. Two clinical trials support the use of mirtazapine (30 mg per day), and one large trial demonstrates positive outcomes for a combination of extended-release naltrexone and high-dose bupropion, for reducing methamphetamine use over placebo (Trivedi et al, New England Journal of Medicine 2021). According to Dr. Steve Shoptaw at UCLA, “The agreement between the two trials of mirtazapine is impressive. The combination of Vivitrol and high-dose bupropion is outstanding. These findings require us as a community to make available mirtazapine and/or extended-release naltrexone plus high-dose bupropion to help people reach their methamphetamine use goals.”
- 3. Require physicians, counselors, behavioral health providers, social workers, educators, judicial system, law enforcement officers, and others across the County service system to participate in annual trainings on trauma-informed approaches to addressing methamphetamine use.** Many individuals who use meth have experienced significant trauma. Individuals who experience negative interactions with County services when seeking care may disengage in care and have detrimental outcomes. Successful treatment of methamphetamine use requires a holistic, trauma-informed approach to care across the County service system.
- 4. Promote and normalize the use of naloxone, fentanyl strips, syringe services and other harm-reduction measures as meth treatment tools across the County.** These evidence-based harm-reduction tools have been proven effective and must be readily available to all who need them.

5. **Implement harm reduction principles.** It is crucial for LA County to require and promote harm reduction principles in all meth treatment programs to prevent and reduce the negative individual and community consequences of meth use. To that end, all meth treatment services across the County must be delivered in accordance with training in harm reduction principles and trauma-informed care.
6. **Fund, invest in, and increase the number of certified detox facilities throughout each Service Planning Area, and ensure no patient shall be turned away due to lack of financial ability.** Clients are often unable to access services when ready due to lack of service availability or limited financial resources. Additional, subsidized services must be made available across the County.
7. **Fund, invest in, and increase coordination of treatment efforts between mental health and substance use providers.** We call upon the Los Angeles County Department of Public Health and Department of Mental Health to streamline and implement coordinated services to adequately address co-occurring disorders impacting those using meth. When services are managed by different departments in silos, clients are less likely to have their health needs met.
8. **Ensure meth treatment programs address the complex, holistic needs of marginalized racial and ethnic communities by investing in and expanding the capacity of service providers who reflect the racial and ethnic identities of those communities.** Increasing the capacity of service providers from Latinx, Black, Asian, Native Hawaiian and other Pacific Islander, Indigenous, and other marginalized racial and ethnic communities is critical to improving the engagement and outcomes of clients from these communities.
9. **Invest in and increase the number of LGBTQ+ meth treatment centers specifically designed for LGBTQ+ patients in all Service Planning Areas to ensure treatment services are culturally and linguistically proficient and accessible to people of all identities within the LGBTQ+ community.** These centers should employ staff that are knowledgeable about the higher rates of meth and other substance use due to societally imposed obstacles that LGBTQ+ populations encounter daily. Co-occurring disorders common to the LGBTQ+ community such as anxiety, depression, self-harming tendencies, suicide/suicide attempts, compulsive sexual behavior, and trauma resulting from sexual abuse and assault must be addressed during treatment to support and sustain health and wellbeing.

## RECOMMENDATIONS RELATED TO POLICY

Legislative and regulatory barriers impede wide-scale implementation and sustainable funding of more expansive prevention and treatment services for methamphetamine use. Effectively addressing the current crisis will require active engagement and support from federal, state, and local government officials to amend or eliminate these statutory and regulatory barriers.

At the same time, government officials must commit the resources and additional funding that will be needed to effectively scale up programs and services for communities affected by methamphetamine use. This effort includes ensuring adequate, sustainable funding for outreach and education, provider training, evidence-based interventions, harm reduction services, and low-barrier treatment options.

ANAM offers the following key policy recommendations to expand access to effective prevention and treatment options and develop a more robust, compassionate response to the methamphetamine crisis in LA County:

1. **Increase access to comprehensive health coverage.** Ensuring that all LA County residents, regardless of legal status, have access to affordable, high-quality health care and achieving universal health care coverage are among the most important steps to effectively address methamphetamine use. Policymakers must ensure that both public and private payors cover and provide adequate reimbursement for effective prevention and treatment interventions, including contingency management.
2. **Expand access to contingency management services.** Contingency management is an evidence-based intervention for methamphetamine use that encourages positive behavior through the use of rewards or incentives. The California Department of Health Care Services (DHCS) recently received approval to cover contingency management in the Medi-Cal program through a pilot that will run from July 1, 2022, through March 31, 2024. DHCS will launch the contingency management benefit in select Drug Medi-Cal Organized Delivery System (DMC-ODS) counties using county-contracted providers. We urge the LA County Board of Supervisors to fully participate in the pilot program and develop a robust network of County-contracted providers so that contingency management services are widely available. Further, we urge LA County to develop an effective communications and outreach strategy so that impacted communities are aware of this new benefit for Medi-Cal beneficiaries.
3. **Support the creation of a new safe harbor provision to the federal anti-kickback statute.** Despite its demonstrated effectiveness in reducing methamphetamine use, contingency management is rarely available, due in part to federal policy limiting the type and allowable cash

value of incentives that can be used. The Biden-Harris administration’s drug policy platform cites the need to end “policy barriers related to contingency management interventions (motivational incentives) for stimulant use disorder” as part of its effort to expand evidence-based treatment. Establishing a safe harbor for contingency management, with guardrails in place to ensure its appropriate use, would allow for the further implementation of these effective programs.

4. **Increase funding for effective prevention and treatment interventions.** Increased funding to support effective prevention and treatment interventions is paramount to addressing methamphetamine use in LA County. Funding must also be allocated to support provider education and training on evidence-based, culturally responsive approaches to methamphetamine use. In 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced that State Opioid Response Grant dollars could be used to support evidence-based prevention, treatment, and recovery support services to address methamphetamine use. It will be critical for LA County to maximize these federal and state resources while addressing any remaining funding gaps.
  
5. **Increase funding for low-barrier harm reduction services, including syringe service programs, and work to increase public awareness of the effectiveness of harm reduction to reduce stigma.** Harm reduction organizations, including syringe service programs, are often the first point of contact for people who use drugs. These programs offer lifesaving services including Naloxone, sterile syringes, and testing for HIV, STIs, and other communicable diseases. Harm reduction organizations are also trusted community partners, and they remain critical resources to connect people who use drugs with treatment, recovery services, and health care. Increased funding is needed to support the further expansion of low-barrier harm reduction services across LA County. Increasing public awareness of the effectiveness of harm reduction will help to reduce the stigma and change the public perception of harm reduction to reflect its important role as a tool to curb problematic drug use.
  
6. **Continue to support statewide and local efforts to authorize and establish supervised consumption services.** Supervised consumption services are designated overdose prevention services where people can use pre-obtained drugs under the supervision and support of trained personnel. These programs have been extensively researched and shown to reduce health and safety problems associated with drug use, including overdose deaths. Senate Bill 57, by Senator Scott Wiener (D-San Francisco), would give LA County the ability to implement and evaluate these promising programs. We applaud the LA County Board of Supervisors for supporting this important legislation and urge the Board to continue moving toward establishing supervised consumption services.



7. **Support efforts to decriminalize drug possession and increase diversion programs.** Data from the U.S. and around the world indicate that treating drug use as a health issue, instead of as a criminal issue, is a more successful model for keeping communities healthy and safe. Using diversion programs aimed at addressing drug use in place of criminal prosecution for drug possession would save money by reducing prison and jail costs, free up law enforcement resources to be used for effective prevention and treatment services and prioritize health and safety over punishment for people who use drugs. Oregon recently became the first state in the nation to decriminalize drug possession, including methamphetamine. We support these efforts and urge the LA County Board of Supervisors to take appropriate steps toward decriminalizing drug possession.
8. **Advance racial equity policy and legislation.** The War on Drugs of the 1970s and '80s and its continued legacy of discriminatory policies has had a profoundly disproportionate impact on Black, Indigenous, and People of Color (BIPOC) communities. Higher arrest and incarceration rates for these communities are not reflective of increased prevalence of drug use, but rather of law enforcement's focus on communities of color. At the same time, BIPOC communities experience disparate access to health care, differential treatment, and poorer health outcomes. We urge policymakers at all levels of government to take steps to advance racial equity policy and legislation to address the harmful effects of the War on Drugs and eliminate health inequities in BIPOC communities.
9. **Endorse legislation to declare methamphetamine an emerging drug threat.** In 2021, Senators Dianne Feinstein (D-CA) and Chuck Grassley (R-IA) and Representatives Scott Peters (D-CA) and John Curtis (R-UT) introduced the Methamphetamine Response Act, a bill declaring methamphetamine an emerging drug threat which would require the Office of National Drug Control Policy (ONDCP) to develop, implement, and make public a national emerging threats response plan that is specific to methamphetamine. The plan would be required to be updated annually and include short- and long-term goals, performance measures, and the funding needed to implement the plan. We urge the LA County Board of Supervisors to endorse this important legislation.
10. **Create a Meth Awareness Day in the County of Los Angeles.** Greater awareness efforts are needed to educate LA County residents about the dangers of methamphetamine use. A countywide Meth Awareness Day would allow community-based organizations and LA County residents to have conversations about the impacts of methamphetamine use and increase awareness of available prevention and treatment services.



**DRAFTED BY THE ACT NOW AGAINST METH COALITION WORKGROUP:**

Richard Zaldivar, Guilmar Perdomo, Elena Rosenberg-Carlson, Tim Young, Rangell Oruga, Craig Pulsipher, Katja Nelson, Kevin Sitter, Everardo Alvizo, Dean Ambrosini, and Sarah Blanch.

Approved by the Act Now Against Meth Coalition on December 8, 2021.

**[thewallasmemorias.org/ANAM](http://thewallasmemorias.org/ANAM)**

## Coalition Partners





**2022-2023 Legislative Docket**

**DRAFT**

**POSITIONS:** SUPPORT | OPPOSE | SUPPORT w/AMENDMENTS | OPPOSE unless AMENDED | WATCH  
| County bills noted w/asterisk

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 4 (Arambula)	Medi-Cal: eligibility	The bill would extend eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status.  <a href="http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB4">http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB4</a>	Support	26-AUG-21 In Committee: Held Under Submission.
AB 15 (Chiu)	COVID-19 relief: tenancy: Tenant Stabilization Act of 2021	This bill would extend the definition of "COVID-19 rental debt" as unpaid rent or any other unpaid financial obligation of a tenant that came due between March 1, 2020, and December 31, 2021. The bill would also extend the repeal date of the act to January 1, 2026. The bill would make other conforming changes to align with these extended dates. By extending the repeal date of the act, the bill would expand the crime of perjury and create a state-mandated local program.  <a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB15">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB15</a>  <i>Per Assembly Chiu Office the Assembly person will hold the bill until the next legislative cycle. Due to the passing of AB 3088, SB 91 and AB 832 which prevent eviction due to non-payment of rent for those whose income was negatively impacted by the pandemic.</i>	Support with questions	<i>01-FEB-22 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56(1)</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 16 (Chiu)	Tenancies: COVID-19 Tenant, Small Landlord, and Affordable Housing Provider Stabilization Act of 2021	<p>This bill would establish the Tenant, Small Landlord, and Affordable Housing Provider Stabilization Program.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB16">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB16</a></p> <p><i>Per Assembly Chiu Office the Assembly person will hold the bill until the next legislative cycle. Due to the passing of AB 3088, SB 91 and AB 832 which prevent eviction due to non-payment of rent for those whose income was negatively impacted by the pandemic.</i></p>	Watch	<p><i>01-FEB-22 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56(1)</i></p>
AB 65 (Low)	California Universal Basic Income Program: Personal Income Tax	<p>This bill would declare the intent of the Legislature to enact legislation to create a California Universal Basic Income Program, with the intention of ensuring economic security for all Californians.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB65">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB65</a></p>	Watch	<p><i>01-FEB-22 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56(1)</i></p>
AB 77 (Petrie-Norris)	Substance use disorder treatment services	<p>This bill would declare the intent of the Legislature to enact Jarrod’s Law, a licensure program for inpatient and outpatient programs providing substance use disorder treatment services, under the administration of the State Department of Health Care Services.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB77">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB77</a></p>	Support	<p><i>01-FEB-22 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56(1)</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 240 (Rodriguez)	Local health department workforce assessment	<p>This bill would require the department to contract with an appropriate and qualified entity to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources, in order to accurately and adequately fund local public health.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB240">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB240</a></p>	Support with Questions	26-AUG-21 In Committee: Held under Submission
AB 328 (Chiu)	Reentry Housing and Workforce Development Program	<p>This bill would establish the Reentry Housing Program. The bill would require the Department of Housing and Community Development to, on or before July 1, 2022, take specified actions to, upon appropriation by the Legislature, provide grants to counties and continuums of care, as defined, for evidence-based housing and housing-based services interventions to allow people with recent histories of incarceration to exit homelessness and remain stably housed.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB328">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB328</a></p>	Support	<i>01-FEB-22 Filed with the Chief Clerk pursuant to Joint Rule 56. (1)</i>
AB 835 (Nazarian)	Hospital emergency departments: HIV testing	<p>This bill would require every patient who has blood drawn at a hospital emergency department to be offered an HIV test, as specified. The bill would specify the manner in which the results of that test are provided. The bill would state that a hospital emergency department is not required to offer an HIV test to a patient if the department determines that the patient is being treated for a life-threatening emergency or if they determine the person lacks the capacity to consent to an HIV test.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB835">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB835</a></p>	Support	26-AUG-21 In Committee: Held Under Submission

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1038 (Gipson)	California Health Equity Program	This bill would establish the California Health Equity Program, a competitive grant program administered by the Office of Health Equity to community-based nonprofit organizations, community clinics, local health departments, and tribal organizations to take actions related to health equity. The bill would establish the California Health Equity Fund.  <a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1038">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1038</a>	Support	26-AUG-21 In Committee: Held Under Submission
AB 1400 (Kalra)	Guaranteed Health Care for All	This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state.  <a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1400">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1400</a>	Support	<i>01-FEB-22 Died on third reading file.</i>
AB 1928 (McCarty)	<i>Hope California: Secured Residential Treatment Pilot Program</i>	<i>This bill authorizes San Joaquin, Santa Clara, and Yolo Counties to create a voluntary locked treatment programs for individuals with substance use disorders (SUD) in lieu of incarceration.</i>  <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1928">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1928</a>		<i>30-MAR-22 Committee location: Assembly Appropriations</i>
SB 17 (Pan)	<i>Office of Racial Equity</i>	This bill would state the intent of the Legislature to enact legislation to require the department to address racism as a public health crisis.  <a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB17">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB17</a>	Support	26-AUG-21 Set for First Hearing Canceled at the Request of Author.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 56 (Durazo)	Medi-Cal: eligibility	<p>This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status.</p> <p><a href="http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB56">http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB56</a></p>	Support	23-June-21 From Committee: Do Pass and Re-refer to Committee on Approp- riation
SB 57 (Wiener)	Controlled Substances: Overdose Prevention Program	<p>This bill would, until January 1, 2027, authorize the City and County of San Francisco, the County of Los Angeles, and the City of Oakland to approve entities to operate overdose prevention programs for persons that satisfy specified requirements, including, among other things, providing a hygienic space supervised by trained staff where people who use drugs can consume preobtained drugs, providing sterile consumption supplies, and providing access or referrals to substance use disorder treatment.</p> <p><a href="http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB57">http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB57</a></p> <p><i>The City of Los Angeles approved a pilot site for this program and requested a bill amendment to include the City of Los Angeles. The sponsor held the bill for this legislative session and will continue the legislative process in January 2022 (Legislative Session 2022-23).</i></p>	Support	<i>18-JAN-22 Read second time and amended. Re-referred to Committee on Public Safety</i>
SB 217 (Dahle)	Comprehen- sive sexual health education and human immuno- deficiency virus (HIV) prevention education.	<p>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.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB217">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB217</a></p>	Opposed Unless Amended	<i>01-FEB-22 Returned to Secretary of Senate pursuant to Joint Rule 56(1)</i>



BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 225 (Wiener)	Medical procedures: individuals born with variations in their physical sex characteristics	<p>This bill would prohibit a physician and surgeon from performing certain sex organ modification procedures on an individual born with variations in their physical sex characteristics who is under 12 years of age unless the procedure is a surgery required to address an immediate risk of physical harm, as specified.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB225">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB225</a></p>	Support	<p><i>18-JAN-22 In Assembly. Read first time. Held at Desk.</i></p> <p><i>Canceled at the Request of the Author.</i></p>
SB 316 (Eggman)	Medi-Cal: federally qualified health centers and rural health clinics	<p>This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB316">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB316</a></p>	Support	<p><i>02-FEB-22 Assembly Inactive File.</i></p>
SB 357 (Wiener)	Crimes: loitering for the purpose of engaging in a prostitution offense	<p>Existing law prohibits soliciting or engaging in an act of prostitution. This bill would repeal those provisions related to loitering with the intent to commit prostitution and would make other conforming changes.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB357">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB357</a></p>	Support	<p><i>02-FEB-22 Senate Held at the Desk.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 464 (Hurtado)	California Food Assistance Program: eligibility <i>and benefits</i>	This bill, commencing January 1, 2023, would instead make a noncitizen applicant eligible for the California Food Assistance Program if the noncitizen satisfies all eligibility criteria for participation in the CalFresh program except any requirements related to immigration status.  <a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB464">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB464</a>	Support	01-July-21 From Committee: Do Pass and Re-refer to Committee on Appropriation. Re-referred to Committee Appropriation
SB 523 (Leyva)	Health care coverage: contraceptives	This bill would make various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy issues, amended, renewed, or delivered on and after January 1, 2022.  <a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB523">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB523</a>	Support	26-AUG-21 August 26 Hearing Postponed by Committee.
SB 1234 (Pan)	<i>Family Planning, Access, Care, and Treatment Program</i>	<i>This bill seeks to advance health equity and address the alarming rise of sexually transmitted infection (STI) rates statewide; aims to close gaps in access to STI services for uninsured LGBTQ+ Californians with low-incomes, and other patients who currently lack access to affordable or confidential STI prevention and treatment.</i>  <a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB1234">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB1234</a>		<i>24-MAR-22 Committee location: Senate Appropriations</i>
<b>FEDERAL BILLS</b>				
BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
H.R.5 (Cicilline)	Equality Act	<p>This bill prohibits discrimination based on sex, sexual orientation, and gender identity in areas including public accommodations and facilities, education, federal funding, employment, housing, credit, and the jury system.</p> <p><a href="https://www.congress.gov/bill/117th-congress/house-bill/5">https://www.congress.gov/bill/117th-congress/house-bill/5</a></p>	Support	17-March-2021 Senate Committee on the Judiciary Hearings Held
H.R. 1201 (Lowenthal-Markey)	International Human Rights Defense Act of 2021	<p>The bill is to establish in the Bureau of Democracy, Human Rights, and Labor of the Department of State a Special Envoy for the Human Rights of LGBTQI Peoples. The Special Envoy shall serve as the principal advisor to the Secretary of State regarding human rights for LGBTQI people internationally.</p> <p><a href="https://www.congress.gov/bill/117th-congress/house-bill/1201/text">https://www.congress.gov/bill/117th-congress/house-bill/1201/text</a></p>	Support	02-APRIL-21 Referred to the Subcommittee on Africa, Global Health and Global Human Rights
H.R. 1280* (Bass)	George Floyd Justice and Policing Act of 2021	<p><i>This bill addresses a wide range of policies and issues regarding policing practices and law enforcement accountability. It increases accountability for law enforcement misconduct, restricts the use of certain policing practices, enhances transparency and data collection, and establishes best practices and training requirements.</i></p> <p><i>The Commission on HIV refer this bill back to the Committee because funding for the police is included in the bill. This is at odds with the movement for Black Lives which opposes the bill.</i></p> <p><a href="https://www.congress.gov/bill/117th-congress/house-bill/1280?q=%7B%22search%22%3A%5B%22George+Floyd+Justice+and+Policing+Act+of+2021%22%5D%7D&amp;s=2&amp;r=1">https://www.congress.gov/bill/117th-congress/house-bill/1280?q=%7B%22search%22%3A%5B%22George+Floyd+Justice+and+Policing+Act+of+2021%22%5D%7D&amp;s=2&amp;r=1</a></p>	Referred Back to Committee in Discussion	09-March-21 Received in the Senate

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
<p><i>Federal Bill** Proposal (Sponsored Movement for Black Lives)</i></p>	<p><i>The BREATHE Act</i></p>	<p><i>Divesting Federal Resources from Policing and Incarceration &amp; Ending Federal Criminal-Legal System Harms</i></p> <p><i>Investing in New Approaches to Community Safety Utilizing Funding Incentives</i></p> <p><i>Allocating New Money to Build Healthy, Sustainable &amp; Equitable Communities for All People</i></p> <p><i>Holding Officials Accountable &amp; Enhancing Self-Determination of Black Communities</i></p> <p><a href="file:///S:/2021%20Calendar%20Year%20-%20Meetings/Committees/Public%20Policy/07%20-%20July/Package/The-BREATHE-Act-V.16_.pdf">file:///S:/2021%20Calendar%20Year%20-%20Meetings/Committees/Public%20Policy/07%20-%20July/Package/The-BREATHE-Act-V.16_.pdf</a></p>	<p><i>Referred Back to Committee in Discussion</i></p>	
<p><i>HR 5611 (Blunt Rochester)/ S. 1902 (Cortez Masto)</i></p>	<p><i>Behavioral Health Crisis Services Expansion Act</i></p>	<p><i>This bill establishes requirements, expands health insurance coverage, and directs other activities to support the provision of behavioral health crisis services along a continuum of care.</i></p> <p><a href="https://www.congress.gov/bill/117th-congress/house-bill/5611?q=%7B%22search%22%3A%5B%22hr5611%22%2C%22hr5611%22%5D%7D&amp;s=1&amp;r=1">https://www.congress.gov/bill/117th-congress/house-bill/5611?q=%7B%22search%22%3A%5B%22hr5611%22%2C%22hr5611%22%5D%7D&amp;s=1&amp;r=1</a></p> <p><a href="https://www.congress.gov/bill/117th-congress/senate-bill/1902?q=%7B%22search%22%3A%5B%22S1902%22%2C%22S1902%22%5D%7D&amp;s=2&amp;r=1">https://www.congress.gov/bill/117th-congress/senate-bill/1902?q=%7B%22search%22%3A%5B%22S1902%22%2C%22S1902%22%5D%7D&amp;s=2&amp;r=1</a></p>		<p><b>HR 5611</b> 02-NOV-21 House Referred to the Subcommittee on Health</p> <p><b>S. 1902</b> 27-MAY-21 Read Senate twice and referred to the Committee on Health, Education, Labor, and Pensions</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
S.1 (Merkley)	For the People Act	This bill addresses voter access, election integrity and security, campaign finance, and ethics for the three branches of government.  <a href="https://www.congress.gov/bill/117th-congress/senate-bill/1?q=%7B%22search%22%3A%5B%22S+1%22%5D%7D&amp;s=1&amp;r=1">https://www.congress.gov/bill/117th-congress/senate-bill/1?q=%7B%22search%22%3A%5B%22S+1%22%5D%7D&amp;s=1&amp;r=1</a>	Support	11-AUG-21 Placed on Senate Legislative Calendar Under General Orders. Calendar No. 123
SB 854 (Feinstein)	<i>Methampheta -mine Response Act of 2021</i>	<i>This bill designates methamphetamine as an emerging drug threat (a new and growing trend in the use of an illicit drug or class of drug). It directs the Office of National Drug Control Policy to implement a methamphetamine response plan.</i>  <a href="https://www.congress.gov/bill/117th-congress/senate-bill/854">https://www.congress.gov/bill/117th-congress/senate-bill/854</a>		<i>14-DEC-21 Message on Senate action sent to the House</i>
S.4263/ H.R.4 (Leahy)	John Lewis Voting Rights Advancement Act 2021	To amend the Voting Rights Act of 1965 to revise the criteria for determining which States and political subdivisions are subject to section 4 of the Act, and for other purposes.  <a href="https://www.congress.gov/bill/117th-congress/house-bill/4?q=%7B%22search%22%3A%5B%22H.4%22%2C%22H.4%22%5D%7D&amp;r=1&amp;s=4">https://www.congress.gov/bill/117th-congress/house-bill/4?q=%7B%22search%22%3A%5B%22H.4%22%2C%22H.4%22%5D%7D&amp;r=1&amp;s=4</a>	Support	14-SEP-20 Received in the Senate.

- \* The bill was not approved by the Commission on HIV
- \*\* Commission on HIV recommended bill for the Legislative docket

**Footnotes:**

(1) 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.



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748  
HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

## **PUBLIC POLICY COMMITTEE (PPC)**

### **2021 POLICY PRIORITIES**

(Approved 04/08/2021)

HIV has been raging in communities across the world for almost 40 years and with advancements in biomedical interventions, research and vaccines, the time for the HIV cure 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 care and supportive services to ensure that all people living with HIV and communities most impacted by HIV and STDs, live, full, productive lives.

The COVID-19 global pandemic has demonstrated that with political will, funding, and most important of all, urgency, rapid and safe vaccine development is possible. The COVID-19 global pandemic is severely impacting the delivery of HIV prevention and care services. The PPC is compelled to encourage and support innovative efforts to reduce bureaucracy, increase funding and enhance HIV prevention and care service. This effort is to address negative impacts pre-COVID service levels, as well exceed the quantity and quality of HIV and prevention services.

The PPC recommends the Commission on HIV endorse the prioritization of the following issues. PPC will identify support legislation, local policies, procedures, and regulations that address Commission priorities in calendar year 2021: (Issues are in no particular order.)

#### **Racism**

- a. Health equity, 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; and income/wealth gaps.
- 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.

#### **Housing**

- a. 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.



- b. Improve systems, strategies, and proposals that prevent homelessness for people living with, affected by, or at risk of contracting HIV/AIDS.
- c. Promote Family housing and emergency financial assistance as a strategy to maintain housing.

### **Mental Health**

- a. Mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.

### **Sexual Health**

- a. Access to prevention, care and treatment and bio-medical intervention (such as PrEP and PEP) services. Promote the distribution of services to people at risk for acquiring HIV and people living with HIV/AIDS.
- b. Comprehensive HIV/STD counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.
- c. Maximize HIV prevention to reduce and eliminate syphilis and gonorrhea cases, among young MSM (YMSM), African American MSM, Latino MSM, transgender persons and women of color.
- d. Advance and enhance routine HIV testing and expanded linkage to care.
- e. Maintain and expand funding for access and availability of HIV, STD, and viral hepatitis services.
- f. Promote women centered prevention services to include domestic violence and family planning services for women living with and at high risk of acquiring HIV/AIDS.
- g. Preserve full funding and accessibility to Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

### **Substance Abuse**

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

### **Consumers**

- a. Advocate and encourage the empowerment and engagement of People Living with HIV/AIDS (PLWHA) and those at risk of acquiring HIV. This includes young MSM (YMSM), African American MSM, Latino MSM, transgender persons and women of color, transgender and the aging.

### **Aging**

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



### **Women**

- 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.

### **Transgender**

- a. Create and expand medical and supportive services for transgender PLWHA.
- b. Promote and maintain funding for the Transgender Wellness Fund created by the passage of AB2218.

### **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.

### **Service Delivery**

- a. Enhance the accountability of healthcare service deliverables. This would include a coordinated effort between federal, state, and local governments.
- b. Incorporate COVID strategies to reduce administrative barriers, increase access to health services and encourage the development of an HIV vaccine mirroring the COVID 19 vaccine process.

### **Criminalization**

- a. Eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS.

### **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.





The Public Policy Committee 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 Public Policy Committee activities.

---

**From:** Barrit, Cheryl <CBarrit@lachiv.org>  
**Sent:** Saturday, March 5, 2022 9:13 AM  
**To:** Katja Nelson <KNelson@apla.org>; Lee Kochems <LMKanthroconsult@aol.com>  
**Cc:** Echols-Watson, Carolyn <CEchols-Watson@lachiv.org>; Garibay, Jose <JGaribay@lachiv.org>; Lapointe, Catherine <CLapointe@lachiv.org>  
**Subject:** FW: AB 2426

**FYI—a bill for your consideration as you populate your 2022 docket.**

---

**From:** Cheryl Barrit <[cbarrit@gmail.com](mailto:cbarrit@gmail.com)>  
**Sent:** Saturday, March 5, 2022 7:31 AM  
**To:** Barrit, Cheryl <[CBarrit@lachiv.org](mailto:CBarrit@lachiv.org)>  
**Subject:** AB 2426

Legislation holds promise for a healthier South L.A.

A PATIENT with COVID-19 at Martin Luther King Jr. Community Hospital. A bill introduced in the state Legislature aims to boost funding that the hospital could spend on prevention and disease management. (Photographs by Francine Orr Los Angeles Times) HOSPITAL CHIEF Dr. Elaine Batchlor has a vision: offer integrated healthcare in South L.A. ()

ERIKA D. SMITH

Dr. Elaine Batchlor always knew this day would come.

On Friday, Los Angeles County officially lifted its mask mandate for indoor businesses, including stores, bars, restaurants, gyms and movie theaters.

Although many people will surely continue to wear masks and many businesses will no doubt continue to require them, doing away with the blanket mandate marks a major departure from the hell of sickness and death that has been the past two years.

Still, Batchlor is understandably a bit uneasy about it. She is chief executive of the South L.A. hospital that for months was the most overrun in the county with COVID-19 patients.

“At some point,” she acknowledged, “we have to start getting more back to normal. The number of patients that are hospitalized is way, way down,” including at her Martin Luther King Jr. Community Hospital.

But, she added, “communities like South L.A. that have been hit hard and disproportionately affected by COVID remain at higher risk.”

That’s why, even as most Angelenos celebrate being able to ditch their masks, Batchlor has started pushing a deeper solution to the still dangerous disease, far beyond the use of masks and even vaccines.

As my colleagues Rong-Gong Lin II and Luke Money reported earlier this week, Black and Latino residents of the county’s poorest neighborhoods are still getting severely sick and dying of COVID-19 at disproportionate rates.

These disparities have persisted even as coronavirus cases have plummeted in recent weeks. And, more important, they’ve persisted regardless of the population’s vaccination status.

You read that right.

According to recent data analysis by L.A. County public health officials, vaccinated and boosted Latino and Black residents ended up in the hospital for COVID-19 at more than twice the rate of

vaccinated and boosted white people.

Hospitalization rates were even more stark for the unvaccinated, of course, but the disparities remained.

That's because ultimately, beyond masks and beyond vaccines, much of the blame lies with the underlying health conditions of the people contracting COVID-19. Black and Latino Angelenos lack preventive care for the simple reason that a disproportionate number live in poor neighborhoods where doctors, nurses, pharmacies, hospitals, even urgent care clinics are impossible to find. Neighborhoods such as Willowbrook in South L.A., where Batchlor runs Martin Luther King Jr. Community Hospital.

"It's really clear that where you live and where you work has an impact on your health status. It's no different for COVID than it is for a host of other illnesses," L.A. County Public Health Director Barbara Ferrer said at a recent briefing. "Certainly where you live has a tremendous impact on what's available to help you be as healthy as possible."

So what's the solution?

Batchlor insists she has one — at least for South L.A.

Currently making its way through the California Legislature is Assembly Bill 2426, which, if passed, would increase funding for Martin Luther King Jr. Community Hospital. Introduced by Assemblymember Mike Gipson (D-Carson), AB 2426 would make it easier for Batchlor and her staff to spend money on prevention and disease management.

"Our vision is to create an integrated healthcare system that provides affordable, accessible, high-quality healthcare to people who live in South L.A.," she told me. "You have doctors in the community, you have programs that address people who have chronic conditions like diabetes and high blood pressure and heart disease. They're getting the medication and the education they need to manage those conditions and to prevent those conditions from getting worse."

That sounds like what every neighborhood should have but is sorely lacking on the streets around Martin Luther King Jr. Community Hospital.

By Batchlor's count, the surrounding neighborhoods — home to hundreds of thousands mostly Black and Latino residents — need an additional 1,300 doctors.

That means that when people get sick, they don't go see a physician. Instead, they wait, and then they have to go to the emergency room as their primary source of care. All of which explains why so many diabetics in South L.A. have to get their limbs amputated — a procedure of last resort, as my colleagues Joe Mazingo and Francine Orr have reported.

Under Martin Luther King Jr. Community Hospital's current funding formula, which is heavily dependent on Medicaid, it is losing money on emergency room visits.

"The hospital was initially designed to care for about 40,000 to 45,000 patients a year in our emergency department. And we're seeing close to 100,000," Batchlor explained. "We also see the results of people going without medical care in the community. So we have people coming in with chronic illnesses that have progressed to serious complications because of the lack of access to doctors."

If AB 2426 passes, the hospital would have more money to recruit and actually pay doctors enough beyond the low payments by Medicaid to practice in South L.A.

"Ultimately," Batchlor said, "our goal is to reduce the number of people who need to come to the emergency room."

A South L.A. where people have widespread access to preventative care is a South L.A. where people are healthier and aren't as vulnerable to being hospitalized or dying from COVID-19, or whatever the

next plague that comes our way.

So far, Batchlor said, the response to Gipson's bill has been mostly positive. She is "hopeful" it will pass.

In many ways, mask mandates and vaccines are just short-term fixes for the longer-term disparities that have yet to be meaningfully addressed.

"The pandemic highlighted the lack of healthcare in underserved communities and the vulnerabilities of these communities," Batchlor said. "It's time for us to move from talking to actually solving the problems, and solving the problems is going to require changes in policy and investment."

With the mask mandate ending and coronavirus transmission dropping, there's definitely a risk of Los Angeles moving on from COVID-19 and leaving the residents of South L.A. to suffer. But Batchlor insists she is cautiously optimistic.

"I think that people are motivated to address these inequities," she said.

"There's got to be a will to do that."

**From:** [Barrit, Cheryl](#)  
**To:** [Lee Kochems](#); [Katja Nelson](#); [Garibay, Jose](#); [Lapointe, Catherine](#)  
**Cc:** [Echols-Watson, Carolyn](#)  
**Subject:** FW: Washington – President Signs H.R. 2471 to Provide Federal Fiscal Year (FFY) 2022 Appropriations Funding and Aid to Ukraine - 3/15/22  
**Date:** Wednesday, March 16, 2022 8:54:35 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)

---

FYI—there are some information on STD and other issues aligned with the policy priorities. Thanks.

---

**From:** Espinoza, Ricky <[REspinoza@bos.lacounty.gov](mailto:REspinoza@bos.lacounty.gov)>  
**Sent:** Wednesday, March 16, 2022 8:10 AM  
**To:** Espinoza, Ricky <[REspinoza@bos.lacounty.gov](mailto:REspinoza@bos.lacounty.gov)>  
**Subject:** Washington – President Signs H.R. 2471 to Provide Federal Fiscal Year (FFY) 2022 Appropriations Funding and Aid to Ukraine - 3/15/22

## **Washington – President Signs H.R. 2471 to Provide Federal Fiscal Year (FFY) 2022 Appropriations Funding and Aid to Ukraine**

### **Executive Summary**

Today, President Joseph R. Biden Jr. signed into law [H.R. 2471](#) – the *Consolidated Appropriations Act of 2022*, which contains \$1.5 trillion in omnibus spending consisting of all 12 Federal Fiscal year (FFY) 2022 appropriations bills, in addition to \$13.6 billion in supplemental funding to support Ukraine. Additionally, the Joint Explanatory Statements accompanying H.R. 2471 contains Community Project Funding and Congressional Directed Spending (also known as earmarks).

As previously reported, on Wednesday, March 9, 2022, the House of Representatives passed H.R. 2471 by a vote of 361-69. Subsequent to that, the Senate passed H.R. 2471 on Thursday, March 10, 2022, by a vote of 68-31.

On Friday, March 11, 2022, President Biden signed into law [H.J. Res. 75](#), a four-day continuing resolution that would extend current funding through Tuesday, March 15, 2022, to allow enough time for H.R. 2471 to get enrolled and forwarded to President Biden without triggering a brief partial federal government shutdown. The previous Continuing Resolution ([PL 117-86](#)) expired Friday, March 11, 2022.

In total, the 12 annual appropriations bills provide \$730 billion in non-defense funding, a \$46 billion –

6.7 percent – increase over FFY 2021; and \$782 billion in defense funding, a \$42 billion – 5.6 percent – increase over FFY 2021 enacted levels.

The measure includes funding to: 1) expand childcare and early learning programs; 2) expand access to homeownership; 3) provide broadband to rural communities; 4) create jobs by rebuilding the nation’s infrastructure; 5) provide help for small businesses, create green energy jobs, training, and apprenticeship programs; 6) strengthen nutrition assistance, increase affordable housing; and 7) address gender-based violence.

While the initial bill released did include supplemental COVID-19 funding, these provisions have been eliminated and are now part of a standalone bill, [H.R. 7007](#).

### **Community Funding Projects and Congressionally Directed Spending Requests Included in [H.R. 2471](#)**

Los Angeles County requested Community Funding Projects and Congressionally Directed Spending, also known as earmarks, by Members of Congress. The following requests were adopted into the final package:

#### **Health and Human Services**

- \$1.5 million – Mental Health Hub on the Olive View-UCLA Medical Center Campus (Senator Dianne Feinstein and Senator Alex Padilla)

#### **Community Development**

- \$1.5 million – Affordable Housing in Chinatown (Rep. Jimmy Gomez)
- \$1.5 million – MacLaren Community Park Project (Rep. Grace Napolitano)
- \$1.5 million – San Gabriel Valley Park Project (Rep. Grace Napolitano and Senator Alex Padilla)

#### **Transportation**

- \$1.5 million – Rosemead Blvd. Complete Streets (Rep. Linda T. Sanchez)
- \$1.0 million – Florence-Firestone Bus Stop Improvements (Rep. Lucille Roybal-Allard)

### **Programmatic Appropriations Requests and Appropriations Report Language Included in [H.R. 2471](#)**

Los Angeles County requested the following Programmatic Funding and Report Language for FFY 2022, that were adopted into the final package:

#### **Programmatic Funding: Army Corps of Engineers**

- \$219.591 million – Whittier Narrows Dam (Construction)
- \$20,220,000 – Los Angeles County Drainage Area (LACDA) (Operations and Maintenance) \*
- \$565,000 – LACDA Disposition (Investigations)

\*Note that LACDA O&M funding in the bill is in addition to \$8,860,000 already received in the Bipartisan Infrastructure Law (BIL) workplan that was announced in mid-January 2022.

#### **Report Language:**

- **Administrative Fees for Public Housing Authorities** – The Los Angeles Community Development Authority (LACDA) requested report language urging Department of Housing and Urban Development (HUD) to direct greater Administrative Fees to high-performing public housing authorities (PHA) that are prioritizing homeless and special needs populations. H.R. 2471 includes language directing HUD to consult with PHAs, advocates, and researchers; and provide a report to the House and Senate Committees on Appropriations, within 180 days, on ways to make the administrative fee formula more relevant to what it costs to administer a high-performing and efficient voucher program today.

## Highlights of County-Advocacy Items Included in [H.R. 2471](#)

### Housing and Homelessness

- **U.S. Department of Housing and Urban Development (HUD) Appropriations** – County-supported provisions to provide \$53.7 billion in annual appropriations for HUD, an increase of \$4 billion above the FFY 2021 enacted level. This amount reflects increases in funding across key affordable housing and homelessness programs, including:
  - \$27.4 billion for Tenant-Based Rental Assistance (includes \$200 million for new incremental housing vouchers and an additional \$50 million for HUD-Veterans Affairs Supportive Housing for Homeless Veterans);
  - \$8.45 billion for Public Housing capital and operating funds;
  - \$3.3 billion for Community Development Block Grants (CDBG);
  - \$3.2 billion for Homeless Assistance Grants; and
  - \$1.5 billion for the HOME Investment Partnerships program.

### Health and Public Health

- **Emergency Preparedness** – County-supported provisions to provide \$715 million, an increase of \$20 million above the FFY 2021 enacted level, for the Public Health Emergency Preparedness (PHEP) Cooperative Agreements.
- **Infrastructure** – County-supported provision to provide \$200 million in a new, flexible funding stream for public health infrastructure and capacity nationwide.
- **Sexually Transmitted Disease (STD)** – County-supported provisions to provide \$164.3 million, an increase of \$2.5 million above the FFY 2021 enacted level, for STD prevention.

### Behavioral Health

- **Mental Health** – County-supported \$2.0 billion, an increase of \$288.8 million over the FFY 2021 enacted level for Mental Health, including:
  - A \$100.0 million increase to the Mental Health Block Grant (MHBG), for behavioral health continuum to support prevention, screening, treatment, and other services.
- **Substance Abuse** – County-supported provisions to provide \$1.85 billion, an increase of \$50 million above the FFY 2021 enacted level, for the Substance Abuse Prevention and Treatment Block Grant.
- **Mental Health Crisis Systems** – County-supported provisions that:
  - Increase the mental health crisis systems set-aside in the MHBG to 5 percent of the total; and
  - Creates a new Mental Health Crisis Response Partnership Pilot Program, which will provide \$10 million to help communities create mobile behavioral health crisis response teams.

### Food and Nutrition

- **Supplemental Nutrition Assistance Program (SNAP)** – County-supported provisions to provide \$140.4 billion in required mandatory spending for SNAP. This would fully fund participation, as well as the SNAP enhanced allotments authorized by the Families First Coronavirus Response Act ([P. L. 116-127](#)).

### Workforce Development

- **Workforce Innovation and Opportunity Act (WIOA) State Grants** – County-supported provisions to provide \$2.9 billion, an increase of \$34 million above the FFY 2021 enacted level, to support employment and training activities for adults, youth, and dislocated workers.

### Sexual Assault Prevention

- **Sexual Assault Prevention and Response Programs** – County-supported provisions to provide a total of \$539.7 million, including:
  - \$97 million for implementation of the Independent Review Commission on Sexual Assault in the Military;
  - \$47 million for the Special Victims' Counsel; and

An increase of \$7.5 million above the request for the Department's Sexual Assault Prevention and Response Office.

### Public Safety

- **Urban Area Security Initiative (UASI)** – County-supported provisions to provide \$615.0 million for UASI (excluding a set aside to non-profit entities). Los Angeles is one of six large metropolitan regions that receive funding from this program, which is used to purchase equipment and support training for local public safety agencies.
- **State Homeland Security Grant Program (SHSGP)** – County-supported provisions to provide \$415.0 million for SHSGP, excluding set-asides. The County receives a direct allocation of these funds from the State, most of which are used to support regional interoperable communications for the Sheriff and Fire departments, and other law enforcement and fire departments in the County.

### Immigration

- **U.S. Citizenship and Immigration Services (USCIS)** – County-supported provisions to provide \$409.5 million for USCIS to reduce immigration, refugee, and asylum application backlogs, including:
  - \$275 million for application processing; and
  - \$20 million for the Citizenship and Integration Grant program.
- **Executive Office for Immigration Review (EOIR)** – County-supported provisions to provide \$760 million to the EOIR, including \$24 million for the Legal Orientation Program.

### Miscellaneous Items

#### Temporary Assistance For Needy Families (TANF)

- **Extension of TANF Funding.** Extends funding for TANF through September 30, 2022.

#### Violence Against Women Act

- **Violence Against Women Act (VAWA) Reauthorization Act of 2022** – Incorporates County-supported legislation, [H.R. 1620](#), to reauthorize the VAWA. This bill, which the House of Representatives passed last year, modifies and reauthorizes through FFY 2026 programs and activities under the VAWA that seek to prevent and respond to domestic violence, sexual assault, dating violence, and stalking. It also authorizes new programs, makes changes to federal firearms laws, and establishes new protections to promote housing stability and economic security for victims of domestic violence, sexual assault, dating violence, and stalking.

#### Aid for Ukraine

- **Ukraine Supplemental Appropriations Act, 2022** – Authorizes \$13.6 billion in emergency funding to support the Ukrainian people in response to the Russian War on Ukraine. This includes \$4.0 billion for humanitarian assistance including:
  - \$1.4 billion for Migration and Refugee Assistance to provide humanitarian support for Ukrainian Refugees; and
  - \$2.65 billion through the U.S. Agency for International Development (USAID)'s International Disaster Assistance program to provide emergency food assistance, health care and other urgent support.

#### Community Funding Projects and Congressionally Directed Spending of Major County Interest Included in [H.R. 2471](#)

#### Transportation

- **Los Angeles County Metropolitan Transportation Authority Community Funding Projects**
  - \$5 million – East San Fernando Valley Transit Corridor
  - \$5 million – Inglewood Transit Connector
  - \$3.5 million – Sepulveda Transit Corridor



- \$3 million – State Route 91 Improvements
- \$1 million – West Santa Ana Branch Corridor

## Highlights of Items of Major County Interest Included in [H.R. 2471](#)

### Food and Nutrition

- **Women, Infants, and Children (WIC)** – \$6 billion in discretionary funding for WIC, including \$834 million to increase the amounts of fruits and vegetables in the WIC Food Package.
- **Child Nutrition Programs** – \$26.9 billion in funding for child nutrition programs, an increase of \$1.77 billion above the FFY 2021 enacted level, to support more than 5.2 billion school lunches and snacks. In addition, the bill provides:
  - \$45 million for the Summer EBT program;
  - \$30 million for school kitchen equipment grants; and
  - \$6 million for school breakfast expansion grants.

### Human Services

- **Community Services Block Grant** – \$755 million, an increase of \$10 million above the FFY 2021 enacted level.
- **Low Income Home Energy Assistance Program** – \$3.8 billion, an increase of \$50 million above the FFY 2021 enacted level.

### Aging

- **Administration for Community Living (ACL)** – \$2.3 billion, an increase of \$60 million above the FFY 2021 enacted level, including:
  - **Senior Nutrition Programs** – \$967 million, an increase of \$15 million above the FY 2021 enacted level;
  - **Home and Community-based Supportive Services** – \$399 million, an increase of \$6 million above the FFY 2021 enacted level;
  - **Family and Native American Caregivers Services** – \$205 million, an increase of \$6 million above the FFY 2021 enacted level;
  - **Grants for Native Americans** – \$36 million, an increase of \$1 million above the FFY 2021 enacted level; and
  - **Lifespan Respite Program** – \$8.1 million, an increase of \$1 million above the FY 2021 enacted level.

### Workforce Development

- **Unemployment Insurance:** \$2.9 billion for program operations, an increase of \$285 million above the FFY21 enacted level. The provision includes contingency funding to assist states if there is a spike in unemployment claims.
- **Registered Apprenticeships:** \$235 million for apprenticeships registered under the National Apprenticeship Act, an increase of \$50 million above the FFY21 enacted level.

### Justice

- \$3.9 billion for grants to State and Local Law Enforcement, an increase of \$506.4 million above FFY 2021 enacted levels, including:
  - \$674.5 million for Edward Byrne Justice Assistance Grant (JAG);
  - \$512 million for Community Oriented Policing Services (COPS) programs;
  - \$115 million for Second Chance Act programs;
  - \$572.5 million for grant programs to address substance use disorders; and
  - \$50 million for a new Community Violence Intervention and Prevention initiative; among others.

### Public Safety

- **Assistance to Firefighter Grants** – \$360.0 million to support projects that enhance the safety of the public and firefighters from fire and related hazards.
- **Emergency Management Performance Grants (EMPG)** – \$355.0 million for state and local

management agencies for emergency preparedness.

### Transportation

- Fully implements funding level from the Bipartisan Infrastructure Law (BIL).
- **U.S. Department of Transportation** – \$102.9 billion, an increase of \$16.2 billion above the FFY 2021 enacted level and \$15.9 billion above the President's 2022 budget request, including:
  - \$57.5 billion for the Federal Highway Administration for formula programs funded from the Highway Trust Fund that improve the safety and long-term viability of our nation's highway systems, consistent with the Infrastructure Investment and Jobs Act, and \$2.4 billion for Highway Infrastructure Programs and projects;
  - \$775 million for National Infrastructure Investments (RAISE/TIGER/BUILD), including not less than \$20 million for grants to assist areas of persistent poverty and historically disadvantaged communities. An additional \$25 million is included for a new technical assistance and capacity building program to spur Thriving Communities nationwide; and
  - \$18.1 billion for the Federal Aviation Administration (FAA), \$495 million above fiscal year 2021, including \$1.5 billion for Aviation Safety and \$554 million for discretionary Airport Improvement Grants and projects.

### Army Corps of Engineers

- 8.3 billion, an increase of \$548 million above the FFY 2021 enacted level and an increase of \$1.6 billion above the budget request, including:
  - \$4.57 billion for Operations and Maintenance (O&M);
  - \$2.49 billion for Construction;
  - \$143 million for Investigations;
  - \$35 million for Flood Control and Coastal Emergencies; and
  - \$3 million for Coastal Field Data Collection.

### Elections

- \$75 million for Election Security Grants to augment State efforts to improve the security and integrity of elections for Federal office.

### Census

- \$300 million for Census Surveys and Programs for necessary expenses for collecting, compiling, analyzing, preparing, and publishing statistics.

### Consumer Protection

- \$489 million to the Legal Services Corporation to provide legal assistance to underserved communities.

### Immigration

- \$1.45 billion to help U.S. Border Patrol, U.S. Immigration, Customs and Enforcement, and FEMA manage the high volume of migrants arriving at the southern border.
- Provides no funding for additional immigration enforcement personnel or Immigration hearing facilities to support the Remain in Mexico program. It also prohibits DHS from placing pregnant women in restraints except in extraordinary circumstances.

The CEO's Legislative Affairs and Intergovernmental Relations Branch will continue to work with County Departments to further analyze the impact H.R. 2471 will have on the County.

**From:** [Barrit, Cheryl](#)  
**To:** [Lee Kochems](#); [Katja Nelson](#); [Garibay, Jose](#); [Lapointe, Catherine](#)  
**Cc:** [Echols-Watson, Carolyn](#)  
**Subject:** FW: Los Angeles County Legislative Update - 3/4/22  
**Date:** Wednesday, March 9, 2022 6:22:27 PM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)  
[image004.png](#)  
[image005.png](#)  
[image006.png](#)

---

FYI—

LAC is supporting AB 1670. Thanks.

---

**From:** Espinoza, Ricky <[REspinoza@bos.lacounty.gov](mailto:REspinoza@bos.lacounty.gov)>  
**Sent:** Tuesday, March 8, 2022 11:15 AM  
**To:** Espinoza, Ricky <[REspinoza@bos.lacounty.gov](mailto:REspinoza@bos.lacounty.gov)>  
**Subject:** Los Angeles County Legislative Update - 3/4/22

A picture containing text, sky, outdoor, sign. Description automatically generated



## Legislative Update - 3/4/22

Greetings,

Below is an update on Federal and State legislative items of interest to the County of Los Angeles.

### COUNTY ADVOCACY POSITIONS

Please find a list of recent advocacy positions taken by the County below.

#### Sacramento

- [AB 1670 \(Bryan\)](#) – ALTERNATIVES TO INCARCERATION  
This measure would create the State Commission on Alternatives to Incarceration to study alternatives to incarceration, reducing recidivism, and family reunification in the State prison system. Therefore, consistent with existing policy, the Sacramento Advocates are supporting AB 1670. More details available [here](#).

- **[AB 2175 \(Rubio\)](#)** – CALIFORNIA WANDERING PREVENTION TASK FORCE  
On March 1, 2022, the Board of Supervisors took action to support this measure, which would establish the California Wandering Prevention Task Force under the jurisdiction of the California Department of Justice. More details regarding the motion are available [here](#).
- **State Budget** – PROPOSALS RELATED TO IMMIGRATION & CHILD WELFARE  
The County is advocating on budget proposals related to the Immigrant Child Kinship Navigator Pilot Program and Emergency Child Care Bridge Program for Foster Children. More details are available [here](#).
- **State Budget** – LOS ANGELES REGIONAL INTEROPERABLE COMMUNICATIONS SYSTEM (LA-RICS)  
The LA-RICS Joint Powers Authority is pursuing a budget request for urgent, one-time State funding to complete the Land Mobile Radio (LMR) system. Therefore, consistent with existing policy, the Sacramento Advocates will support the State budget request of \$18.6 million for completion of the LA-RICS LMR system. More details are available [here](#).

### **Washington D.C. & Sacramento**

- **Federal & State Budget** – LA BREA TAR PITS MASTER PLAN PROJECT  
The Natural History Museums of Los Angeles County Foundation is seeking State and federal funding for a major expansion, modernization, and retrofitting of the La Brea Tar Pits campus. Therefore, consistent with existing policy, the Sacramento Advocates and the Washington, D.C. Advocates are supporting the Foundation’s funding requests in the amounts of approximately \$10 million and \$30 million, respectively, to help fund the La Brea Tar Pits Master Plan Project. More details are available [here](#).

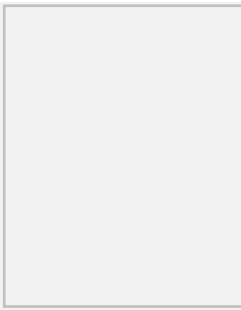
### **OTHER COUNTY ADVOCACY**

- **Housing Advocacy** – HOUSING ELEMENT CERTIFICATION  
On March 1, 2022, the Board of Supervisors took action to advocate in support of the County’s Housing Element certification, to include a retroactive extension to submit its Housing Element, an extension of Assembly Bill 1398 (2021) rezoning requirement deadlines, flexibility to ensure that State funding be conditionally awarded, among other provisions intended to avoid a significant loss of opportunities to access critically needed funding to support the construction of affordable housing. More details regarding the motion are available [here](#).



### **2022 COUNTY SPONSORED LEGISLATION**

This year the County of Los Angeles is sponsoring and/or co-sponsoring several State legislative and budget proposals, including



recently introduced new legislation. This includes proposals to better support individuals suffering from health and behavioral health issues, improvements in our justice system, and support for our youth. Updated details are available [here](#).



## RESOURCES

For more information on the County's positions on legislation, please visit: [County of Los Angeles' Legislative Tracking System](#)

Information regarding the County's legislative policies and priorities can be found at: [Legislative Affairs and Intergovernmental Relations](#)

Please contact us at [legislativeaffairs@ceo.lacounty.gov](mailto:legislativeaffairs@ceo.lacounty.gov) with any questions.



Graphical user interface, text, application, email   Description automatically generated

